Scottish Hospitals Inquiry
Witness Statement of
Professor Alexander McMahon CBE

1. I am Professor Alexander McMahon CBE.

2. I am retired. Between October 2021 and May 2024 I was Scotland's Chief Nursing Officer ("CNO"). I have previously provided this Inquiry with a witness statement and oral evidence in relation to the Royal Hospital for Children and Young People and Department of Clinical Neurosciences, Edinburgh. This evidence principally concerned my involvement with that hospital in my former role as the Executive Director for Nursing, Midwifery and Allied Health Professionals at NHS Lothian. I refer the Inquiry to that statement for my relevant professional qualifications and experience. I understand that Fiona McQueen has provided the Inquiry with evidence relating to the role and responsibilities of the CNO as a member of the Scottish Government. I confirm that the role and responsibilities of the CNO, as a member of the Scottish Government, remained the same during my tenure, so refer the Inquiry to the evidence of Ms McQueen in this regard.

3. I have been asked to provide this statement to the Inquiry in relation to matters concerning the Queen Elizabeth University Hospital ("QEUH") and Royal Children's Hospital ("RHC") Glasgow Advice and Assurance Review Group ("AARG"). I chaired this group on two of the four occasions upon which it met: 17 December 2021 and 28 February 2022.

4. This statement is prepared based on my own knowledge and experience of the subject matter as well as from review of relevant documentation and consultation with colleagues within the Scottish Government.

5. I understand that the Scottish Government has provided the Inquiry with a "corporate statement" setting out the purpose, function and operation of AARG. I cannot assist the Inquiry in relation to the AARG's operation prior to

the two meetings I chaired. Prior to taking up my role as CNO I was the Executive Director for Nursing, Midwifery and Allied Health Professionals in NHS Lothian. I had no involvement with AARG during my time as an employee of NHS Lothian.

6. I am asked what role did each of the Scottish Government members of AARG play and to what extent can it be said that each hold any personal responsibility for the decision to accept the evidence of NHSGGC that it was implementing or had implemented the "action plan" (the plan prepared by NHSGGC to address the recommendations of the Independent Review, the interim and final reports of the Oversight Board and the Overview Report of the Case Note Review ("CNR")).

7. I note from review of Minutes of AARG meetings that the following persons attended meetings of AARG from the Scottish Government:

SG attendees, 7 June 2021
Prof Amanda Croft, Chief Nursing Officer (chair)
Christine Ward, Deputy Director, Chief Nursing Officer Directorate (CNOD)
Irene Barkby, Professional Nursing Advisor, CNOD
Craig White, Divisional Clinical Lead, Healthcare Quality and Improvement Directorate
Marion Bain, Deputy Chief Medical Officer
Shalinay Raghavan, Head of QEUH Response Team
John Lewis, CNOD (secretariat)

SG attendees, 19 August 2021
John Burns, Officer of Chief Operating Officer (chair)
Christine Ward, Deputy Director, CNOD
Irene Barkby, Professional Nursing Advisor, CNOD
Craig White, Divisional Clinical Lead, Healthcare Quality and Improvement Directorate
John Lewis, CNOD (secretariat)
SG Attendees 17 December 2021:

Alex McMahon, Chief Nursing Officer (Chair)
Christine Ward, Deputy Director, CNOD
Irene Barkby, Professional Nursing Advisor, IPC, CNOD
Shalinay Raghavan, Head of QEUH Response Team
Calum Henderson, QEUH Response Team Leader
John Lewis, QEUR Response Team (secretariat)

SG attendees, 22 February 2022
Alex McMahon, Chief Nursing Officer (chair)
Christine Ward, Deputy Director, CNOD
John Burns, Chief Operating Officer
Irene Barkby, Professional Nursing Advisor, CNOD
Alan Morrison, Deputy Director Infrastructure, Investment and PPE
Shalinay Raghavan, Head of QEUH Response Team
Calum Henderson .QEUH Response Team Leader
Lezli-an Glennie (covering secretariat)

8. Each Scottish Government AARG attendee attended meetings in a professional, not personal, capacity. Some of the attendees' roles were, principally, to provide secretariat support (e.g. Calum Henderson) while others were able to provide relevant professional expertise in relation to matters such as Infection Prevention and Control ("IPC") practices (e.g. Irene Barkby).

9. All the attendees (including those from NHS NSS and NHSGGC) made contributions to the work of AARG that assisted in review and scrutiny of the evidence presented by NHSGGC that demonstrated implementation of the action plan. While I can only speak to what happened at the two meetings I attended, the collective effort of all those who attended AARG meant that the information presented by NHSGGC was scrutinised thoroughly, both before and during meetings.

10. I am asked how I can, as Chair of the final meeting of AARG, be sure that NHSGGC have fully implemented all of the 108 actions from the various reports and reviews (the reports discussed at para 6 above). In short,

NHSGGC presented evidence to show they had implemented, or were in the process of implementing those recommendations. This evidence was scrutinised (collectively) by AARG and, as a consequence of that scrutiny, I was satisfied that the actions detailed in NHSGGC's action plan were either completed or were sufficiently complete such that they did not require further monitoring by AARG. I did not personally review the evidence relating to actions that were accepted as completed prior to taking up my post as Chair. I noted, however, that evidence of the progress and assurance of completion were recorded within NHSGGC's action plan alongside evidence of all associated work undertaken against each recommendation.

11. I am asked what "audit process" was established by the Scottish Government to review the implementation, by NHSGGC, of the 108 actions contained in the NHSGGC action plan (arising from the various reports preceding the establishment of AARG). The purpose of the AARG was to provide advice, assurance and a review of all the reports, recommendations and closed actions, based on NHSGGC's overarching action plan.

12. In my opinion, NHSGGC demonstrated clear and substantial evidence of their progress towards completion of the various actions arising from the reports. They did so through their annotated action plan, production of evidence on their own initiative as well as any additional evidence specifically requested by the Scottish Government to support what was referred to in the action plan. NHSGGC also provided comprehensive and assured articulation of this evidence during robust assurance and review questioning through AARG.

13. I am asked why I, as CNO, saw the recruitment of an Associate Director of IPC by NHSGGC as a significant step in addressing the recommendations [of the reports discussed at para 6 above]. I saw this as a significant action because it represented a managerial and leadership change in IPC at NHSGGC. It was not just my view that this appointment was both significant and important. I believe that this was also the view of the then Chief Executive of NHSGGC, who was responsible for the appointment and who asked that I sit as part of the interview panel for the post. It was also seen as

significant by the then First Minister and Cabinet Secretary for Health and Sport, who I recall were not prepared to de-escalate NHSGGC on the NHS Scotland support and intervention framework until all of the actions on the action plan had been completed. Successful recruitment of an Associate Director of IPC represented completion of NHSGGC's action plan.

14. I am asked whether, given that some of the issues raised by the whistleblowers related to the culture and working relationships within IPC in NHSGGC, was it premature to conclude on 28 February 2022 that the work of the AARG was complete before the actually appointment of an Associate Director of Infection Prevention and Control, given that in fact that person appointed was an existing member of the IPC team who had been part of the events that had prompted the escalation of NHSGGC to Stage 4 and ultimately led to the creation of the AARG? The advert for Associate Director of IPC went live on 25 February 2022 and was due to close on 11 March 2022. The role was to report to Angela Wallace, the then newly appointed Executive Nurse Director. It was discussed at AARG that this reporting structure would be positive as it would offer a degree of continuity in arrangements that had been put in place to improve IPC culture at NHSGGC. In terms of the question of "prematurity", AARG was assured by NHSGGC that it had a contingency plan in place in order to deal with the eventuality that the recruitment process could not to deliver a suitable candidate. I cannot recall, with the passage of time, what that contingency plan was, but I must have been satisfied that it was sufficiently robust. In terms of choice of candidates and any concerns related thereto, while (as I discuss above) I sat on the interview panel for the role, the choice of candidate is an employment decision for NHSGGC to take. It would not have been appropriate for the Scottish Government (or AARG) to mandate who the person appointed to the role should have been.

15. I am asked whether, in February 2022, I gave any consideration to the point of view that the appointment of Sandra Devine as Director of IPC might, in contrast to a hypothetical appointment of an external figure with no history of connection to NHSGGC and the events that had prompted the escalation of

NHS GGC to Stage 4, give rise to concern that NHSGGC had not in a fact changed in its approach to infection prevention and control in light of the conclusions of, in particular, the Case Note Review? As I discuss above, the choice of candidate was an employment decision for NHSGGC to take. The recruitment process was run by NHSGGC and was open to all candidates. I was one of the members of the interview panel. Ms Devine applied for the post along with one other candidate. Both candidates were suitably skilled to perform the roll, however, Ms Devine was successful in her application because she was, through her skills and experience, the best candidate for the job. This was a unanimous decision of the interview panel.

16. As I discuss above, AARG was satisfied that NHSGGC had demonstrated implementation of the recommendations arising from the various reports that fed into NHSGGC's action plan. Many of these related to improving IPC culture and practice.

17. I have been referred to NHSGGC's core brief (**Bundle 25, Document 61, Page 1260**). I am told that it is the current position of NHSGGC, in its most recent submissions to the Inquiry, that NHSGGC does not accept that anything contained in the CNR Overview Report can properly justify any adverse inference about the safety of the water, drainage or ventilation systems at the QEUH. I am asked whether this lack of acceptance by NHSGGC of the CNR's findings was considered by AARG. I do not recall this being discussed (at the two meetings that I chaired) and cannot see any reference to it in the minutes of its meetings. In so far as the CNR Overview Report is concerned, AARG sought assurance that NHSGGC had implemented its recommendations. Such assurance was provided, regardless of whether or not NHSGGC held the view that any conclusion of the CNR had not been accepted.

18. I understand that, following NHSGGC's de-escalation from level 4 of the NHS Scotland support and intervention framework, the then Cabinet Secretary for Health and Sport, Humza Yousaf MSP, made a statement to Parliament on 13 June 2022, this states:

“Firstly, I want to place on record my thanks to the staff of NHS Greater Glasgow and Clyde who have continued to support the escalation work whilst delivering patient care. I also want to acknowledge and thank the patients and families for their patience and understand during what I know has been a challenging time.

In response to concerns raised in relation to patient safety and healthcare associated infections at the Queen Elizabeth University Hospital (QEUH) and Royal Hospital for Children (RHC), the previous Cabinet Secretary for Health and Sport commissioned a number of investigations into the built environment at the hospitals and a review of clinical cases in relation to children who had been treated there. On 22 November 2019 the then Cabinet Secretary escalated NHS Greater Glasgow and Clyde (NHS GGC) to Stage 4 of the NHS Board Performance Escalation Framework.

The reports from the investigations that were commissioned between 2019 and 2020 include:

- The Independent Review conducted by Dr Andrew Fraser and Dr Brian Montgomery (published June 2020);
- The Oversight Board chaired by Professor Fiona McQueen Interim Report (published December 2020);
- The Oversight Board Final Report (published March 2021);

The Overview Report of the Case Note Reviews led by Professor Mike Stephens (published March 2021).

There has been significant progress made by NHS GGC regarding the actions of these reviews.

NHS GGC has undertaken a detailed and highly complex programme to implement and evidence action against the 108 recommendations outlined in the Independent Review, Oversight Board and Case Note Review reports.

This represents a substantial NHS GGC wide programme of work, with clinical, managerial and support staff all contributing to the successful completion of the recommendations. An audit process has been established, with audit actions being monitored and tracked and a portfolio of evidence being maintained.

All recommendations have now been completed including both Wards 2A/B being successfully re-opened on 9 March 2022, which has allowed the patients and families to return to the wards and receive the quality care provided by the staff.

As NHS GGC have provided the relevant assurance and evidence to support the delivery of the 108 actions. The Scottish Government therefore accepted the closure of all 108 actions. It was on this basis and on this evidence and assurance that NHS GGC will be de-escalated to Level 2 of the NHS Board Performance Escalation Framework.

As part of this Level 2 escalation, measures will remain in place to ensure Scottish Government officials continue to provide support to NHS Greater Glasgow and Clyde as they continue to deliver quality healthcare with the implemented actions and improvements."

19. I am asked whether, Mr Yousaf's statement is consistent with NHSGGC not accepting that anything contained in the CNR can properly justify any adverse inference about the safety of the water, drainage or ventilation systems at the QEUH. In so far as relevant, the statement discusses the work that NHSGGC has undertaken to implement the recommendations set out in the CNR Overview Report. It does not reference any non-acceptance of the findings of the CNR. As far as I am aware, the Cabinet Secretary would not have known about NHSGGC's position (as presented in the question by the Inquiry) at the time he made his statement.

Statement of Truth

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

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

Appendix A

A49585984 – Bundle 25 - Case Note Review Expert Panel, Additional Reports, and DMA Canyon
A50491351 - Bundle 27 - Miscellaneous Documents - Volume 12
A50611329 - Bundle 27 - Miscellaneous Documents - Volume 14
A53429115 - Bundle 49 - Oversight Board, Advice and Assurance Review Group (AARG) and Healthcare Improvement Scotland (HIS)
A53658475 – Bundle 52 - Volume 1 – Miscellaneous Documents