Scottish Hospitals Inquiry
Witness Statement of
Jackie Sansbury

WITNESS DETAILS

1. My name is Jackie Sansbury My address is care of NHS Lothian.

OVERVIEW

2. I have previously provided a statement to the Scottish Hospitals Inquiry and can confirm that I am still retired from NHS Lothian.

3. I moved into the project in 2012 to lead the commissioning process to provide a new hospital, the Royal Hospital for Children and Young People. I led Facilities Management ("FM"), commissioning, workforce and equipment. Soft FM was being kept in house, which refers to things like domestics, porters and cleaners. Hard FM, which relates to how the building works, was going to the invitation to participate in dialogue("ITPD") to become the responsibility of the SPD.

4. One of my areas of responsibility was to review all the method statements for soft FM. We had external technical advice and we also had Lothian technical people for the hard FM. I was responsible for the workforce which was looking at the increase in staffing required across the hospital, because it was a bigger facility than before. I also led the negotiations with the South East of Scotland and Tayside planning group, which was all the other health boards who would be sending patients to the RHCYP and who would have a view on the staffing levels. I also led the equipment group, which is equipment required for individual rooms. So Group 1 equipment was provided by Project Co Group 2, who specified with us, and when Project Co Group 3 and 4 was built by us and installed by us.

5. I was also responsible for clinical enabling works inside the Royal Infirmary. It was a very big piece of work. We had several projects to deliver inside the new high dependency unit ("HDU"), new wards and moving people around.

6. I cannot comment on the environmental matrix and ADB sheets or whether they were deemed by NHS Lothian to be of equally quality to room datasheets produced using the ADB system. That did not fall within my remit. The environmental matrix and room datasheets were dealt with by technical advisers.

7. Whilst I did not have any involvement with the environmental matrix I have seen it of course. The very first environmental matrix was produced for the standalone children's hospital, before the decision was made to include the Department of Clinical Neuroscience in the project, which I was the executive for at the time. In terms of reviewing the environmental matrix I wasn't technically qualified to do that. Nor did I use the environmental matrix in my role.

8. It is my understanding that the ITPD was put together by Mott MacDonald. I have no doubt at all that we would review sections but to be perfectly honest I can't remember. I imagine that each project team would review the sections that related to our work, just in case there was information we may want to add.

9. My understanding of what the environmental matrix was used for is that it took information from all the room datasheets and put it together in one place. To offer an easier way of checking rather than flicking through hundreds of pages. Some of the room datasheets might be three, four, five pages long. Rather than looking at each one individually, it extracted the information. I understood it was put together as a kind of easy check.

10. I am asked how the environmental matrix was intended to be used throughout the project. My understanding was that the environmental matrix was put in the tranche of documentation as a helpful aid, but it wasn't validated by NHSL.

It was provided so as not to lose the work that previously been done in relation to the standalone children's hospital. So rather that throw that away and start again, the paperwork and the documentation produced was provided to bidders in a "If you want to have a look at this, you are very welcome," kind of way. But it wasn't deemed to be all correct. It was just a helpful document.

11. In my role as executive lead in the initial project to build a children's hospital I was aware of the environmental matrix, but it would not be accurate to say I was familiar with it. I am not technically qualified to do so.Clinical input would not have been sought to the environmental matrix. It was pulled together from other things and it's technical, the clinical staff wouldn't input to technical data. Although I can't speak for doctors. I don't know if the environmental matrix had become something different to that which was intended by the time we reached financial close.

12. In terms of the procurement process, there were two areas of the documentation that I would review: Strategic and Management, and FM. I was responsible for being in those groups and sat in at the procurement meetings. As a result I was involved in discussions around how the tenders were going to be marked and how they were marked for FM and Strategic Management. Strategic Management was a work stream where they had to respond to strategic questions. It was one of the project work streams which was split into Design, Strategic and Management, FM, etc. Each work stream marked their own area.

13. I am asked if I had any concerns around the 60/40 split, 60% being allocated to price and 40% to quality. My colleagues and I had discussions about it with Scottish Futures Trust ("SFT") . We were concerned initially about the shift away from 40/60 to 60/40, and that's why we had the mandatory elements. We felt that by having some mandatory elements it would compensate for that shift from 60 to 40 on quality. From memory I think that SFT said that the 60/40 price/quality split had to stay, which was why we moved to the mandatory and non-mandatory to try to compensate for it. In relation to the decision as to what should be mandatory I really can't remember.

14. I am asked how bidders were supposed to comply with the information provided in the four volumes of the ITPD documentation, and whether there was potentially a lack of clarity in relation to the purpose of the environmental matrix. I don't think we did think there was a problem because we had statements in the documentation that said bidders had to comply with SHTMs and HTMs. We also added a statement that the most onerous standard should be applied. If there was ever a conflict in relation to two competing bits of information, the most onerous standard should be the one that was followed. There was also a requirement to flag issues to us if there was a problem.

15. I don't think that stating bidders have to comply with the environmental matrix and SHTM could be deemed confusing because the most onerous standard must be the one that's adhered to. I think that's why it was there because we knew that some documentation and guidance would contradict each other. So there has to be some way to work out the hierarchy of what should happen. Therefore, if faced with an environmental matrix entry versus requirements on SHTM 03-01, and I should say that I don't know the details of them all, the most onerous should stand. I don't think somebody sat and looked at the two standards and went, "It's that one or that one." I think from our perspective the technical advisers, Mott MacDonald, were there to make sure that technically what was coming back was appropriate. Mott MacDonald would feed back any issues that were reported to them to the board.

16. I can't remember looking at the environmental matrix in any detail. As I understand it there are two environmental matrices. The one that we had that was put in the ITPD for information, and the one that ISHL had to prepare. The environmental matrix that was put in as part of the procurement documentation wasn't intended to be taken forward all the way through to the end of the project because that was our document. IHSL had a requirement to produce their own one.

17. The environmental matrix put in to the procurement documentation would have been updated by Mott MacDonald for the project team and I wouldn't

have had anything to do with that. IHSL would then produce an environmental matrix for the project. Whether that would be something they needed to keep revising, I can't comment.

18. I am asked about infection control but that is not within my area and I cannot comment other than to say that we had an infection control nurse and microbiologists advising the project. That would be their remit.

19. I was at the Project Steering board meeting, which took place on 29 November 2013, when the decision was taken to close competitive dialogue [**A32676816 - Project Steering Board Action Notes, 29 November 2013**][1]. In terms of FM and Strategic Management for the three different bids that I was looking at, although I can't remember the exact details there weren't any red flags otherwise I would have raised them. I was only concerned with reviewing bids from a FM and Strategic and Management point of view, I didn't review the other parts. We were split into groups with advisers and NHS personnel. We reviewed and scored our own relevant section, not the whole thing. The other teams included Design, Commercial and Legal. We just did our own work scheme. There was too much for only one work stream to review.

20. Design would be reviewed by Brian Currie and Janice MacKenzie. The mechanical and electrical design would be with be Mott MacDonald and I expect there would be interest from Ernie Bain, in our Estates team. But that wouldn't be my work stream. Each work stream would mark tenders for their relevant area. Although I went on holiday before the end of the process so I would not have been party to any discussion after that point.

21. In relation to the Pre-close of dialogue Key Stage Review, [**A33337058 - Pre-close of dialogue Key Stage Review – 11 February 2015**][2] I am asked if it was the correct decision to close dialogue. Peter Reekie, of SFT, sat in on

[1] Bundle 8 – Scoring & Correspondence Regarding Issues, item 1, p.5
[2] Bundle 9 – Key Stage Reviews, item 2, p.50

that Project Steering board and SFT were always getting reports. SFT were aware of everything as it was going on. My recollection is not great but clearly there were no issues from FM and Strategic and Management or I would have raised those. And I assume that other colleagues would have done the same in their work schemes. SFT would also have had opportunities to raise red flags. This Key Stage Review was written by SFT following discussions with us. If there were any issues around FM and Strategic Management we, as in my work stream, would have raised them.

22. I am asked about operational functionality but I cannot comment on that as it was not part of my remit.

23. Whilst I had a general awareness that the environmental matrix existed I was not familiar with the table within it or any specific technical information in relation to ventilation. I wouldn't have been qualified to do anything with it. I am well aware that there are standards to follow and that is what these documents are. But in relation to the detail of any paragraph or table, I could not comment.

24. Any meetings about ventilation would have been held with the people who are qualified to have the conversation, and even if I was there I would not have been qualified to comment. If the project team were alerted to an issue the appropriate people would go and look at it, which would not be me. I can't recall the specific details but I do recall there were issues with opening windows at one point. But again, I would not be present at those meetings. I simply can't comment because I don't know what went on.

25. I am asked my opinion about whether Hulley & Kirkwood leaving the project adversely impacted the technical expertise available to the board. I don't have an opinion on that and cannot comment.

26. I am asked about the decision to appoint IHSL as preferred bidder [**A33337163 - Pre-Preferred Bidder Appointment Key Stage Review dated**

28 February 2014][3] [**A36382455 - Preferred bidder letter from NHSL to IHSL - 5 March 2014**][4] and if I had any concerns about IHSL being appointed when they were. I had no concerns. The financial close deadline had to be extended. I don't think the process was rushed, I think there was a lot of material to get through. We, NHS Lothian, hadn't got to a stage we were comfortable being at with the project as a whole. I can't provide specifics on the project as a whole but I was comfortable that FM, Strategic and Management, my area, was on track.

27. Once IHSL were appointed as preferred bidder my role remained exactly the same. However, at that time I was probably heavily involved in finalising works at the Royal Infirmary because it wasn't finished at that point. That is to say finishing off the clinical and enabling works inside the Royal Infirmary; FM, equipment, workforce and commissioning. We had to create a brand new HDU in the Royal Infirmary and then we had to extend the current critical care in the Royal Infirmary to account for the DCN patients who would need critical care. We were moving groups of people around, decanting work with the building work going on.

28. The contractual discussions with Consort had concluded by that point. But there was the day to day running of the Royal Infirmary to be considered given the works to join the Royal Infirmary to the RHCYP and the DCN. We broke through theatres into the theatre suite in the Royal Infirmary, with the corridor coming from the new building. There was quite a lot of disturbance to services in the Royal Infirmary and we had to do our best to keep that disturbance to a minimum. There was a lot of work going on. Strategically there was a lot to consider with theatres being out of operation. We had to work very closely with the teams in the Royal Infirmary to minimise the impact on patients. We had discussions with the renal team about what they needed in their ward. We had discussions with the critical care team about what they needed in their facilities which had been extended into the old renal HDU,

[3] Bundle 7 – Key Parts of Mosaic's tender marked up Environmental Matrix, item 1, p.3
[4] Bundle 10 – Miscellaneous volume 1 of 1, item 13, p.87

what changes were needed and how we did that when they were actively looking after patients. Janette Richards would have been involved in the infection control aspect of that. But the clinical and the managerial teams in the Royal Infirmary were heavily involved in their section of it. Dealing with a functioning hospital is a different ball game to building the new building, because you're dealing with a hospital which already has patients. I have a lot of experience of strategic management but given there was a lot to manage I didn't review things I didn't need to, because I simply had enough to do. Mine was a very key role but not in relation to M&E ventilation.

29. Once IHSL were appointed I attended weekly meetings with Consort (the company managing the Royal Infirmary works) and the design teams. Clinical people were involved to represent their own area. I tended to deal with managers in the Royal Infirmary and clinical management teams around workforce requirements and would then report back to the Project board. In relation to the period immediately after the preferred bidder was appointed I would have to get access to my emails and diary to tell you exactly what I was doing at which point.

30. I am asked to refer to Board Commentary on the Technical Information Requested by the Board and Technical Information issued by IHSL [**A33044733 - Board Commentary on the Technical Information Requested by the Board and Technical Information issued by IHSL - 19 November 2014**][5]. That was a Special Project Steering Group that took place in August 2014 which I did not attend. I don't know if I was on holiday and I could not say whether I would have been required to attend had I not been on leave. I would have been aware at the time there was some issues but again, design wasn't my portfolio. In attending meetings, unless there were key issues of concern to my area I would not have taken an active role in those discussions. It was a massive project and everybody has their own areas to manage but with a general awareness of the wider project.

[5] Bundle 8 – Scoring & Correspondence Regarding Issues, item 5, p.23

31. I do not recall any issues around ventilation impacting upon my role, if they had I would have been anxious about them and I would actively be involved in discussions and the appropriate groups.

32. I do not recall being asked to provide input to the decision to relax the requirement for provision of 100% of room datasheets prior to financial close. If I was upset about that I would have spoken up. I had a familiarity with room datasheets in so far as I was responsible for reviewing the equipment lists on them, but the rest of them wouldn't fall within my remit.

33. To clarify IHSL would produce the room data sheets and the appropriate sections would then be distributed for review to different teams. So I would review equipment. Janice MacKenzie would be reviewing based on her discussions in relation to room requirements i.e. what type of room is it and how many people should it hold to make sure that matched up with what we had sent in and matched it up with our equipment list. The clinical teams described what the room needed to do and that would be translated by advisers into a room datasheet, and there would be various bits of information which amongst the various teams would review the sections appropriate to us. It was the responsibility of IHSL to produce the Room datasheets and to pull all that together. Mott MacDonald would then check the M&E requirements.

34. I am asked if I had sight of the environmental matrix again after it was taken over by IHSL. It will have been among the suite of documents provided but did I print it out and see it? No, I didn't. The environmental matrix did not contain any information about equipment so I would have no need to review that.

35. I am asked if I have a view on how the decision not to insist upon 100% of room data sheets prior to financial close would affect reviewable design data. I think we felt that there was a process for reviewable design data and that it would be picked up through that process. We just accepted that was what we needed to do during that process to keep the project moving. I don't think I would describe it as a large amount of reviewable design data compared to what would normally be seen. I'm not sure there is a comparison of a project

of this type, that is the difficulty we had. This was a very different project to anything we had dealt with before. So I'm not sure that we had a direct comparison, and I don't think we ever found one that was a direct comparison. So we were pragmatic about what needed to be done and we would get on and do it.

36. Part of the reason for convening these special steering boards was to get senior people together, the likes of Mike Baxter and Peter Reekie, to move things forward. The NPD (non-profit distribution) model that was being used was owned by SFT. Not only was the model a new beast but we were also putting a lot on a current PSI with a different provider with six enabling works outside the Royal Infirmary, and 35 enabling works inside the Royal Infirmary. It was an absolutely huge project. There wasn't a comparable project, in terms of healthcare or a hospital setting, so we had to be pragmatic in relation to what needed to be done.

37. From my recollection I am not sure I had any concerns about IHSL's performance. My work stream was progressing. However, it is clear that Brian Currie and Janice MacKenzie had different issues.

38. I am asked to review a risk register dated 25 August 2014 titled "Technical Risks to Close", [**A36308781 - Technical Risks for Financial Close - 25 August 2014**][6]. I don't think that this is an NHS Lothian risk register. I don't think I have seen this before or in the course of the project. It looks to me like a Mott MacDonald risk register. Our risk register was orientated differently. We would input our concerns to the Lothian Risk Register– I think Sorrel Cosens may have been the keeper of the risk register and maintained it up to date for us - and we would all feed in when we were anxious and we needed a risk escalated, or where litigation was raised for example. But, as I say, I think Sorrel probably managed the actual register.

[6] Bundle 10 – Miscellaneous volume 1 of 2, item 10, p.75

39. In completing Key Stage reviews I think that the Lothians register would be used to complete that. But in relation to the Mott MacDonald register I can't speak for that at all because I don't think that was a register that was shared with the project team on a regular basis. I don't really recognise that and can't comment on individual entries. However, this register is dated six months before financial close so of course the project wouldn't be developed by that stage, and that's the thing. You have to take that into account that there were risks that by the time you got to the financial close would be mitigated or resolved, for example by the reviewable design data process.

40. I am asked to refer to an email dated 24 September 2014 [**A35616470 - E-mail from Brian Currie to Susan Goldsmith - Progress to Financial Close - Areas of Concern - 23 September 2014**][7] in particular para.1. I was not party to this email. I am aware that there had been occasions during the project when relations were frosty. Although dates wise I can't tell you exactly when they were. I suspect those discussions were between the principals rather than the project team. By that I mean Brian Currie, Susan Goldsmith, Ian Graham and the principals of ISHL. That is not a project team discussion. That is a principals' discussion and I was not involved. The project team were certainly aware, we would discuss problems and challenges in the project. Any discussion around not retaining IHSL would be for the principals' not the project team.

41. I would say that, generally, we worked very hard to try to make the project process work. Against the back drop of having had to switch from a capital funded project it was a long, long road to get to this point. It was extremely disappointing to be told in 2010 that our project had moved from being capitally funded to NDP funded. I don't think anyone in the Scottish Government, when they made that decision, truly understood the complexity of putting a PSI on a PSI, or an NPD on a PSI, and how long it would take us before we could even begin to get off the mark. By the time we got to 2014 we

[7] Bundle 8 – Scoring & Correspondence Regarding Issues, item 22, p.89

were eight years into the project. The whole point was we needed a new children's hospital. That is what we were working to deliver.

42. I am asked about the Steering Board Commercial Subgroup. I think I was called into that on a couple of occasions to discuss sessions, which in a hospital setting is a four hour time period. In terms of the general remit of this commercial subgroup I cannot recall. I would have to have a look through my old papers. I cannot comment on whether any latitude was granted to IHSL by the board to enable financial close to happen.

43. I am asked whether the detailed proposals that had to be put forward by IHSL prior to financial close were more detailed than I would ordinarily have expected in any hospital build of this type. I would say that I honestly have no opinion on that and cannot comment.

44. I am asked if I recall any conversations taking place prior to financial close about ventilation issues in critical in relation to single bedrooms and multi bedrooms. I knew there were discussions but I wasn't involved in the discussions or the detail. Looking back over the project I was aware that there were ventilation issues in single bedrooms and issues around opening windows, but I couldn't tell you at what point in the project that came up. I would have to go back and look because it wasn't my area. I am probably thinking of it more towards the certification end of things because that was a big feature later but that was 2017.

45. I am asked to refer to the Wallace Whittle - Air movement Report for Single Bedrooms **[A34225453 - Wallace Whittle - Air movement Report for Single Bedrooms (draft) - 12 January 2015]**[8] which is an air movement report drafted by TUV SUD Wallace Whittle. I don't know if I have seen this before. I have seen a lot of documents that look like that, whether it was that one I don't know as I would not have been involved in the detail.

[8] Bundle 8 – Scoring & Correspondence Regarding Issues, item 15, p.66

46. I am asked about the sequencing of approvals for the full business case and the pre-financial close key stage review [**A33336933 - Pre-Financial Close Key Stage Review - 11 February 2015**][9] and whether it is unusual for the pre-financial close key stage review to be finalised before the Capital Investments Group's recommendation for approval of the full business case. I don't know that we, NHS Lothian, would know the answer to that because SFT didn't exist with previous projects. NPD was a new process so I don't know what the norm was. I would have to look at the Capital Investment manual and see what the order was. That is the trouble we had with this project, it was new, it was different, and SFT didn't use to be involved. We used to have a gateway review which was a different thing to key stage reviews. So I honestly couldn't tell you. With gateway reviews I think it probably was that you did the gateway first and then you would check everything was covered off. I can't really remember but logically you would have that gateway before you submitted your final business key stage so that you would say that the gateway or the key stage review was fine and good to go. Logically that would stack up to me.

47. In relation to whether there was a specific need to achieve financial close by February 2015, I actually think I was on holiday at financial close as we went away every January February. I think my understanding is that there were pressures for IHSL, monetarily I would have thought. The extent to which, I am not party to. As far as financial implications for other parties to the project, including the board, I am not sure and cannot comment.

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

[9] Bundle 9 – Key Stage Reviews, item 1, p.3