



Witness Name: Gordon James
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Exhibits: GJ/01 – GJ/06
Dated: 08 February 2024

UK COVID-19 INQUIRY

WITNESS STATEMENT OF GORDON JAMES, FORMERLY DIRECTOR OF HEALTH FACILITIES SCOTLAND (HFS)

I, Gordon James, provide this statement as part of a suite of four statements in relation to a Rule 9 request issued to NHS National Services Scotland by Module 3 of the UK Covid Inquiry will say as follows: -

BACKGROUND AND ROLE

1. I held the position of Director of Health Facilities Scotland (“**HFS**”) and Antimicrobial Resistance and Healthcare Associated Infection Scotland (“**ARHAI Scotland**”) at NHS National Services Scotland (“**NHS NSS**”) from March 2019 until April 2021 and then Interim Director of Procurement Commissioning and Facilities (“**PCF**”) Strategic Business Unit (“**SBU**”) at NHS NSS from May 2021 until December 2021. I was then seconded to Scottish Government Health Department as Deputy Chief Operating Officer in January 2022 and appointed Chief Executive of NHS Golden Jubilee in December 2022.

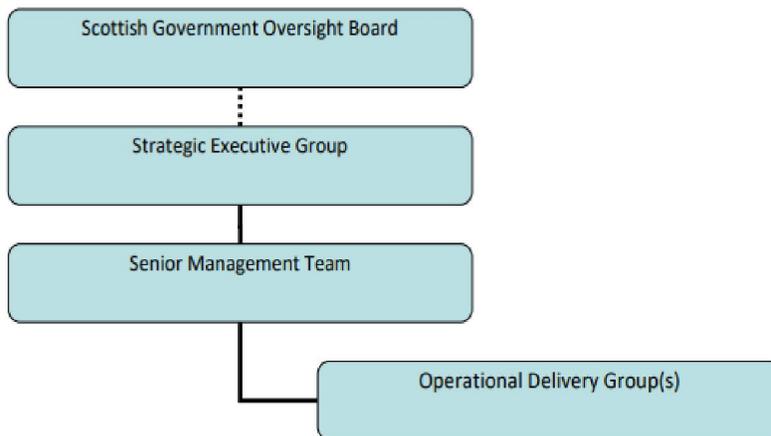
NHS NSS’S INVOLVEMENT IN THE CREATION OF NHS LOUISA JORDAN

2. As Director of HFS, I led the operational effort by NHS NSS to support the Scottish Government in the mobilisation of the NHS Louisa Jordan. Additionally, I was appointed to the function of Director of Facilities of NHS Louisa Jordan. I sat on the Senior Executive Group (SEG) as part of the governance structure of the NHS Louisa Jordan Hospital, not within my capacity at NHS NSS but on behalf of the NHS Louisa Jordan Programme Board.
3. The hospital was organised as a direct delivery arm of Scottish Government. The Oversight Board (decision making group) for the NHS Louisa Jordan was managed and led by Scottish Government and chaired by Fiona McQueen (Chief Nursing Officer for Scotland, at that time). Scottish Government then appointed Jill Young as the Chief Executive of the NHS Louisa Jordan who chaired the SEG. The then Chief Executive of NHS NSS, Colin Sinclair, was a member of the NHS Louisa Jordan Oversight Board. The Board provided assurance and advice to the Director General for Health and Social Care, Scottish Government.
4. The core decision to open the temporary hospital facility at the Scottish Events Campus



(SEC) was taken by Scottish Government M3/GJ/01 - INQ000137440. The factors that led to the core decision was discussed and made by Scottish Government and all records relating to this will be held in Scottish Government systems. The role of NHS NSS was a delivery partner.

5. As of 28th March 2020, Jill Young was formally appointed as the Chief Executive and Accountable Officer of the facility, and in that role, was responsible and accountable for ensuring effective executive governance for all action taken during the build to ensure that the facility was fit for purpose. This also included the responsibility for the propriety and regularity of financial transactions. The organisational chart for the Louisa Jordan is included.



M3/GJ/02 - INQ000137441

6. NHS NSS was the default host Board providing necessary Financial Systems and accounting resource to support the expenditure of the Hospital M3/GJ/03 - INQ000137439.
7. NHS Louisa Jordan was a field hospital in the SEC site in Glasgow. Construction was co-ordinated by NHS NSS on behalf of the Scottish Government. The initial briefed capacity was 300 beds designed to treat COVID-19 patients. However, infrastructure and equipment was provided in order that the operational capacity could be expanded to over 1,000 if required to meet demand.
8. NHS NSS was responsible for obtaining a licence to occupy property and processing the necessary expenditure for constructing and equipping the field hospital. NHS NSS appointed and managed multiple contractors and consultants for design, construction and facilities management.



9. Subject matter experts from across NHS NSS provided advice on the feasibility and viability to commission and construct a temporary hospital: including; fire safety; architecture and design; and construction delivery. NHS NSS played an active role in the construction, delivery and management of the NHS Louisa Jordan temporary hospital facility at the site of the SEC on behalf of Scottish Government as well as the decommissioning and deconstruction of the NHS Louisa Jordan.
10. The National Fire Safety Advisor and senior fire safety managers from the Scottish Fire and Rescue Service carried out an initial assessment of the facility and agreed on the upgrades and mitigations that would have to be put in place.
11. HFS Engineering liaised with third party organisations to develop design options for the hospital. AECOM were appointed as Electrical Designers; Hully & Kirkwood as Mechanical Designers (incorporating domestic water systems, above ground drainage and medical gases); and Mott MacDonald to provide mechanical and electrical design support for the Mortuary and Ambulance Bays. NHS NSS Authorising Engineers did not have any design, procurement or commissioning responsibility for medical gases, water services including drainage, electrical services or ventilation. Their role was to provide advice, including if systems were safe for handover and ongoing operation and to check compliance against relevant legislation, guidance and agreed design.
12. NHS NSS sourced the beds, critical care equipment, mobile X-rays and CT scanners needed at the hospital.
13. From the announcement of the additional hospital facility at SEC on 30th March, NHS NSS delivered services to set up the facility in a number of ways.

NHS NSS HEALTH FACILITIES SCOTLAND

14. HFS provided operational guidance to NHS Scotland bodies on a range of healthcare facilities topics. HFS delivered and coordinated effective advice and support in relation to national facilities, decontamination, equipping and technical matters which support and improve health and wellbeing services.
15. Throughout the NHS Louisa Jordan setup and decommissioning (design and construction), HFS ran the management and appointment of Principal Supply Chain Partners (PSCPs). This is set out in Version: 1 of 'The Mobilisation, Operations and Decommissioning of NHS Louisa Jordan Hospital facility to support the Covid-19 emergency response in NHS Scotland **M3/GJ/04 - INQ000411180**, Section 6.3 and Section 6.5 of this Report.



16. The HFS Principal Architect gave advice on compliance and quality, including bed spacing; lack of critical support accommodation such as patient accessible toilets and utility spaces; and advice on the need to follow key safety principles such as flows and wellbeing within NHS Guidance.
17. HFS were involved in a client project and design management role, including liaison with all user groups and overall coordination of construction briefing, quality, and commissioning in relation to the Louisa Jordan Hospital. HFS provided design input for the Hydro venue Vaccination Centre. Subsequently, they provided design support into decommissioning programmes for both projects.
18. HFS monitored the fire safety design elements at the Louisa Jordan Hospital, continuing that monitoring during construction. The team were responsible for liaison with the Scottish Fire and Rescue Service to set up and implement an emergency response protocol. They oversaw the implementation of fire safety training and procedures for NHS and other staff. NHS NSS staff were involved in the initial assessment of the building to ascertain if it could be utilised as a healthcare facility for COVID-19 patients and worked with the Scottish Fire and Rescue Service (SFRS).
19. HFS led the mobilisation of the construction partners including the contracting, design, construction and equipping of the facility, and supported the setup of the building following a feasibility study that was completed by the Army.
20. Decisions around the construction of the hospital facility made by NHS NSS were on the more detailed aspects of the design and construction elements and on the first Licence to Occupy the SEC Facility. This included the appointment of private sector partners to deliver the facility and the design team. HFS provided Facilities Management (FM) Services and made decisions associated with the FM provision. Core decision making on the approach to provision of healthcare services and wider operation of the hospital was undertaken by the newly established NHS Louisa Jordan Board and associated governance structure.
21. The HFS Principal Architect attended Clinical Steering Group to provide technical support and was the group's primary technical interface for the design, construction and equipping team coordination. The Clinical Steering Group was formed to take responsibility for the clinical brief and input to the design, specification and building approval processes, including Healthcare Acquired Infection Scribe (Infection Control) risk assessment. IPC measures were discussed and considered at the Clinical Steering Group.
22. Extensive work was undertaken to determine the key clinical criteria and high level clinical



processes for NHS Louisa Jordan. Both were informed by a Clinical Steering Group which included clinicians from across Scotland and from relevant specialties.

23. All key comments, decisions and agreed variations with Guidance to meet NHS Louisa Jordan specific and developing clinical brief were digitally recorded. Where derogations with NHS Guidance had a specific clinical interface, this was discussed, shared and recorded digitally. Sign-offs of all 'Design Deliverables' were recorded by signature and scanned. Further information on the role and outputs of the Clinical Steering Group are stored in the digital repository which is held by Scottish Government and includes the following design and construction documents:

- NHS LJ Design and Construction Compliance Statement 20201218
- 20200414 Derogation Schedule.xls
- 20200402 HAI Scribe SECC
- 20210615 Completion criteria.xls In addition, this folder includes, post-handover process review commissioned from CBRE:
- NHS Scotland Louisa Jordan - Project Process Review - Final Draft - 21 May20

NHS NSS ARHAI (INFECTION PREVENTION AND CONTROL)

24. The NHS NSS HAI Executive Lead led the establishment of an IPC service which was supported by NHS NSS ARHAI and SNBTS Infection Control Manager who provided specialist IPC advice and support in the set-up of the Louisa Jordan Hospital, including provision of Clinical and Infection Control support and the provision of blood components. ARHAI colleagues developed the IPC manual for healthcare workers due to be deployed at the facility to work. This was adapted from the National COVID-19 IPC guidance and the NIPCM. IPC principles and guidance did not differ from national guidance however the purpose of the Operations Manual dedicated for NHS Louisa Jordan recognised some of the high level key operational constraints, for example, the existing building fabric and systems, resulting from provision of healthcare in a facility not designed for the purpose of delivering healthcare **M3/GJ/05 - INQ000411181**.

NHS NSS Digital and Security (DaS)

25. DaS worked with Greater Glasgow and Clyde Health Board to set up connectivity on the site and connection to the Scottish Wide Area Network (SWAN).

NHS NSS Programme Management Services (PgMS)

26. PgMS is a function of NHS NSS and provides programme management services to the Health Sector in Scotland which includes the Scottish Government Directorate of Health and Social Care. This involves the Scottish Government commissioning PgMS to work for, and on behalf of, the Scottish Government in specific projects and programmes of work.
27. PgMS staff were deployed to support operational readiness and decommissioning of NHS Louisa Jordan.

NHS NSS Corporate

28. The NHS NSS HR function, provided the following support:
 - Provision of Occupational Health clearance for staff working at NHS Louisa Jordan and Occupational Health protocol and support for all staff on the SEC site at set up
 - Health and Safety advice, guidance and policy support
 - HR policy support and also a copy of the workforce portal – HR Connect.
29. SHSC (NHS NSS Scottish Health Service Centre) staff supported hotel bookings to accommodate staff for SEC NHS Louisa Jordan.
30. NHS NSS provided financial management support to the Director of Finance (Scottish Government), Christine McLaughlin.
31. NHS NSS obtained licences/ leases for the building.
32. In summary National Procurement ordered beds and other equipment based on specifications provided. HFS were involved in the construction and delivery of the NHS Louisa Jordan Hospital. Programme Management Services (PgMS), part of Strategy Planning Service Transformation (SPST) Strategic Business Unit (SBU), provided programme and project management support for operational readiness.
33. NHS NSS HR Director was concurrently appointed as HR Director of NHS Louisa Jordan, and sat on the Senior Executive Group (SEG) as part of the governance structure of the NHS Louisa Jordan Hospital. This was not within their capacity at NHS NSS but on behalf of the NHS Louisa Jordan Programme Board. The DaS Clinical Director provided clinical support to the NHS Louisa Jordan Medical Director.



UTILISATION AND DECOMMISSIONING OF NHS LOUISA JORDAN

34. Although the provision was made available in time, as the Pandemic progressed existing Health Board provision was sufficiently resilient and Covid-19 patients were not treated at the Louisa Jordan Hospital.
35. The Louisa Jordan was utilised for outpatient appointments, staff training and as a mass vaccination centre from July 2020 until decommission in July 2021.
36. Decommissioning took approximately 3 months to complete. NHS NSS was responsible for the decommissioning and redistribution of equipment, including to NHS Scotland Boards across Scotland, NHS NSS stores and charities.

KEY CHALLENGES ENCOUNTERED IN THE ESTABLISHMENT OF NHS LOUISA JORDAN

37. In summary, the challenge was the delivery during the start of a global pandemic, of a field hospital for 300-1000 COVID-19 step-down patients at the SEC, ensuring safe creation to the appropriate quality and value, at unprecedented pace.
38. Key constraints in the delivery of the NHS Louisa Jordan Hospital were timescales, restrictions on availability of materials, existing building fabric and systems, medicines governance, temporary nature of the works and availability of workforce. The facility was constructed and ready in approximately 3 weeks from inception to handover to NHS Scotland.
39. As outlined under 'Key Constraints' in the NHS LJ Operations Manual M3/GJ/04 - INQ000411180, the NHS Louisa Jordan Hospital was delivered within multiple significant constraints, mobilising a multidisciplinary workforce in a matter of days, agreeing a commercial licence in a day, competing on a global scale for medicine and equipment under severe restrictions on industry in both the UK and abroad, plus the effect of similar 'NHS Nightingale' projects having exhausted the supply chain. A number of contractors offered services for no profit and provided invaluable support from taking the lead on major parts of the build through to influencing suppliers to re-open and provide vital supplies.
40. The overarching facility challenge was to convert a non-healthcare facility (SEC) into a dedicated healthcare facility in a short period of time, in a manner that was safe and fit for purpose. It was not possible to achieve full adherence to all NHS Guidance documents, building standards technical handbook and some typical codes.
41. NHS NSS put measures in place to ensure that all safety and quality standards were



achieved by alternative means. This involved key subject matter experts, including architecture and fire safety disciplines who are responsible for writing and implementing NHS Guidance, collaborating with clinical and other stakeholder groups to develop appropriate briefs and proposals; working with contractors, designers, commercial and project management consultants, and Authorising Engineers on a robust derogation and review process; as well as with statutory enforcing authorities such as Building Standards verifiers and the Scottish Fire and Rescue Service. NEC Supervisors were appointed to monitor the quality of construction on site in compliance with the brief, specification and drawings.

42. Some specific examples of this include NHS Guidance requiring a minimum of 50% single bedrooms which was not achievable for NHS Louisa Jordan. Instead, minimum bed spaces for High Dependency Unit bed bays in conjunction with the open aisle were user tested to track bed and equipment movements and signed off by Clinical and IPCT colleagues. Mobile folding privacy screens were deployed to provide visual privacy to bed bays when required as cubicle curtain tracks could not be fitted to the bed bays in accordance with guidance. Single sex rows could be allocated in the absence of single sex wards and single bedrooms.
43. In relation to fire safety, NHS Scotland Scottish Health Care Technical Memoranda (SHTM) Firecode and Scottish building standards dictate that hospital buildings should be constructed to facilitate progressive horizontal evacuation (PHE) in the event of fire. This involves evacuating patients from the compartment of fire to an adjacent compartment or sub compartment. Mitigations were put in place to allow patients to remain in the fire incident compartment by moving to a safe area, remote from the fire. Other considerations were the requirement for additional compartment walls, fire and smoke doors, separation between basement and ground floor, reconfiguration of the fire alarm and detection system, additional detector coverage, installation of a fire suppression system in designated areas and reinstatement of partially defective smoke extract system.
44. Limited availability of contractor workforce and equipment due to lock down and shielding was a challenge.
45. The entire NHS Louisa Jordan delivery team understood the critical importance of this facility, and many volunteered to commit to work immediately, work in shifts, and several worked without profit.
46. NHS NSS worked collaboratively with all four appointed main contractors and their supply chains, pooling their resources to provide added resilience, skills and contacts. For



example, a regular and open consideration of alternative specifications or suppliers to meet quality and timescales; several factory re-openings including to supply floor vinyl and gel dispenser holders to every bed and staff space. A key cohort of stakeholders remained on-site, the early adoption of cloud based digital technology such as Microsoft Teams, BIM360 and Multi-Vista were critical in achieving the necessary collaborations and communications.

47. NHS NSS experts and specialists from multiple disciplines, enabled a combination of knowledge to allow a rapid, risk based review of the many bespoke solutions that were required. An example of this was the Frameworks Scotland 2 Scheme Contract template formed the basis of the contract, however the temporary lifespan as well as unique clinical and pandemic needs required key contractual amendments to reflect these risks. Acute equipping supply shortages required the team to utilise their extensive contacts to source loaned, donated or decommissioned equipment that could be brought back into service, or find alternative equipment, of a differing standard from normal NHS Scotland requirements but stakeholders risk assessed as acceptable.
48. Technical challenges were encountered as the design of the facility progressed. Due to limitations of the SEC facility and availability of materials to support the transition to a healthcare facility, full compliance with SHTM and other relevant guidance was not always possible. Clinical requirements for this specific need also meant some elements within a standard SHTM were not applicable.
49. To overcome this, a robust technical derogations process was established that included a fully documented derogations list. This was supported by regular dialogue between the designers, clinical teams including infection prevention and control, contractors, HFS engineering and Authorising Engineers. Wider stakeholder consultation on technical decisions was also possible due to a comprehensive “on-site” cohort of stakeholders, including clinical team members. This allowed decisions to be made quickly and risks assessed and recorded. An example of compliance with Health Building Notes was the requirement for accessible level access for WC and shower areas. Due to the SEC constraints, these facilities were located in portacabin type structures which necessitated the construction of bespoke patient access ramps. These were able to be created and tested on site to satisfy the Clinical, and IPCT requirements and principles of building standards.
50. It was a challenge to agree the detailed conditions of contract for the construction contractors.



51. The standard Frameworks Scotland 2 Scheme Contract template formed the basis of the contract however, amendments were required to reflect the nature of these works within the extremely compressed timescales. The approach taken was to take a risk-based approach on all relevant factors (including that this was not a long-term permanent facility under construction) to come to agreement with the contractors on the contract conditions.
52. Many suppliers were unable to provide the equipment, quantities required or meet the required timescales due to restrictions and UK and global demand.
53. The team worked closely with supply chains to identify and secure available stock and expedite deliveries to meet the overall programme requirements. The team sourced loaned, donated or decommissioned equipment that could be brought back into service, and alternative equipment, of differing standard from normal NHS Scotland requirements but which were acceptable given emergency field hospital use, to meet equipping and programme requirements.
54. For some equipment, the team utilised Regulation 33 (Extreme Urgency 33(1)(c) and 33(3)) of the Public Contracts (Scotland) Regulations 2015 **M3/GJ/06 - INQ000411182** for direct award of business to secure available stock and shorten procurement timescales to meet the overall programme requirements.
55. Developing the equipment list proved challenging as equipment requirements and demands were rapidly evolving during the early design stages.
56. NHS NSS worked very closely with stakeholders and the NHS Louisa Jordan Strategic Executive Group (SEG) for timely decision making to enable sourcing and procurements to be progressed.
57. The initial challenge from an estates and facilities perspective was around ensuring that we could deliver the facility in a compliant manner.
58. HFS utilised existing NHS NSS framework suppliers and drew on the knowledge of SEC campus staff and the existing SEC supply chain as they had an intimate knowledge, understanding and experience of the campus and systems that were contained within.
59. New suppliers for laundry and cleaning, portering and domestic services were sourced and contracted through the COVID-19 procurement award process. Staff were upskilled to meet the NHS national cleaning standard specification and enhanced IPC requirements that were required due to the pandemic M3/GJ/05 - INQ000411181.



LESSONS LEARNED AND RECOMMENDATIONS

60. PgMS facilitated a lessons learned session, on behalf of Scottish Government, to capture good practice or learn lessons from the setup of the NHS Louisa Jordan that could inform similar rapid response programmes and any suggestion of activities that could have been done differently M3/GJ/04 - INQ000411180. A brief description of the key issues identified from the lessons learned session can be found within the Scottish Governments NHS Louisa Jordan Operations Manual and outlined below.
61. Good practice from NHS Louisa Jordan setup, operations and decommissioning:
- A clear mandate, having a well-defined purpose, timeframe and authority to act enabled a common vision. This allowed collaboration at pace towards this common vision and avoided debate about other solutions or approaches
 - A trusted, empowered leadership team, with clear direction and open communication, enabled the high pace of decision making and subsequent actions
 - A team with the right skills, a can-do attitude and dedicated solely to the task allowed the programme to move at pace to achieve the mandate
 - Robust decision making provided the NHS Louisa Jordan team the space to deliver with the removal of routine bureaucracy and linear approval routes, with governance in place where needed on an agreed 'light touch' basis
 - Agility of multidisciplinary teams enabled different perspectives to short, sharp assessment of options\ risks, with collaborative decisions then taken and communicated accordingly
 - Positive public communications and engagement through media and social media kept everyone informed of progress throughout the lifespan of NHS Louisa Jordan
 - Senior Team daily updates, focused on actions and decisions, provided clear communication and monitoring of progress, quality and risks within the programme
 - Use of existing organisational infrastructures, skillsets and QA rather than creating new ones (e.g. host boards, NHS NSS contractual frameworks, Greater Glasgow and Clyde Digital, plus pharmacy and mortuary for quality / licensing) ensured quality and enabled the programme to progress at pace
 - Acceptance of a higher level of risk in decision making to ensure successful



delivery of the facility

- Robust programme management to ensure focus and progress against the critical plan at all stages of the lifecycle
- Embed a decision log for transparency
- Capture and maintain organisational memory from NHS Louisa Jordan lifecycle to inform resilience planning and rapid response models
- Create designated specialists with mobilisation of a temporary hospital, as part of their job description, ready to come forward should there be another pandemic
- Goodwill only goes so far, specifically in relation to workforce availability, to secure sufficient staff for above 100 beds would require direct instruction from Scottish Government to NHS Boards.
- Flexible resourcing model adopted to meet different skillsets requirements at different phases of the NHS Louisa Jordan lifecycle
- Regular Rehearsal of Concept (RoC) drills completed and included in training plans
- Use of digital tools, particularly Microsoft Teams, supported pace and collaborative working
- Legislation, mandatory building standards and NHS guidance can be applied successfully to a temporary building such as NHS Louisa Jordan and achieve an acceptable level of safety
- Consider decommissioning arrangements as part of the commissioning contract process
- Consider minimum infrastructure requirements for use of non-clinical facility to support bed capacity e.g. ventilation/ air circulation, extraction, heating, infection control mitigation

62. Future considerations:

- Maintain the necessary equipment to establish a 'flat pack' hospital available to be quickly deployed in a pandemic
- Identify a reserve leadership team for this hospital drawn from existing senior staff



- Standard Operating Procedures and best practice documentation (e.g. workforce strategy, communications strategy etc.) from NHS Louisa Jordan is retained and available as a starter for any future needs
- Ensure the leadership team undertakes an annual review of preparedness
- Identify a range of relevant clinical and technical advisers to input into the annual review of preparedness
- Ensure that the SEC or relevant civil contingency locations are regularly maintained and if needed upgraded so that the construction of a temporary hospital can be quickly facilitated
- Undertake an assessment of the temporary hospital's contribution to quadruple Intensive Care Unit (ICU) capacity. This may inform the design and bed numbers of the next temporary hospital
- Consider the case for procuring or leasing a mobile computerised tomography (CT) scanner, which can made available for deployment to a temporary hospital if required. This would be available to Health Boards at other times
- Medicines governance agreed in background and Medicines kit set up and ready to go
- Consider setting minimum infrastructure standards for use of a non-clinical facility to support with bed capacity

STATEMENT OF TRUTH

I believe that the facts stated in this witness statement are true. I understand that proceedings may be brought against anyone who makes, or causes to be made, a false statement in a document verified by a statement of truth without an honest belief of its truth.

Signed: **Personal Data**

Dated: 8 February 2024

4 Governance

The strategic governance structure of NHS Louisa Jordan through the mobilisation, operations and decommissioning phases is as follows:

