SCOTTISH HOSPITALS INQUIRY

Hearings Commencing
12 June 2023

Day 3
Wednesday, 14 June 2023
Angela Howat

CONTENTS

14:06

MS ARNOTT: My Lord, the next witness is Angela Howat.

THE CHAIR: Good afternoon, Ms Howat. As you have gathered, I am Philip Brodie. I am the Chairman of the Inquiry. You are about to be asked questions by Ms Arnott. We have your witness statement and, accordingly, I do not anticipate you are going to be asked absolutely everything about all the information you have provided to the Inquiry, but first of all I understand you are prepared to take the oath.

THE WITNESS: Yes.

THE CHAIR: If you could just sit in where you are, raise your right hand and repeat after me.

Ms Angela Howat

Sworn

Thank you very much, Ms Howat. Now, I do not know how long the questioning will last. I simply do not know, but if at any time you wish to take a break, just indicate that for whatever reason, feel that you are in control of the timetable. Ms Arnott.

Questioned by Ms Arnott

Q Thank you, my Lord. Ms Howat, I am going to begin by asking you a few formal questions. Could you begin by confirming your full name, please?

A My name's Angela Howat.

Q Thank you, and you are currently a neuro-oncology clinical nurse specialist in the Schiehallion Unit at the Royal Hospital for Children in Glasgow. Is that right?

A That's correct, yes.

Q Thank you. Prior to that, you were a senior charge nurse in Ward 2B of the RHC.

A Yes, that's correct.

Q Am I right in thinking you were in that post up until about September last year?

A Yes, that's right.

Q Thank you. Ms Howat, you have provided a statement to the Inquiry, and I understand you are content for that statement to form part of your evidence to the Scottish Hospitals Inquiry. Is that correct?

A Yes, that's correct.

Q Do you have a hard copy of your statement in front of you?

A Yes.

Q Now, if you want to look at your statement at any stage to refresh your memory, please go ahead and do so.

A Okay, thank you.

Q Thank you. Now, before we go on to talk about events in hospital from 2018 and 2019, I am going to begin by asking you just a couple of questions about your career as a nurse. Now, am I right in thinking you qualified as a nurse in 1987 and as a registered Sick Children's nurse in 1989?

A Yes, that's correct.

Q Thank you. Could you outline your nursing career from that point?

A So, after I completed, it was December 1989 and then I got a post in Ward 7A, which was then called Schiehallion, in the Royal Hospital for Sick Children in York Hill in 1990. Then, in 1996, the ward-- there was a new ward built down on the first floor in the hospital, and it was called Schiehallion and, at that point, up the stairs, in 7A, day care and the ward were together. They'd only used a couple of rooms for day care, but there was a bigger unit whenever we moved down the stairs. So, I moved into the day care in 1996 and was one of the staff nurses, then became the senior staff nurse, and then in 2006 became the temporary ward manager and then, in 2008, the permanent post and I've been there since.

Q Thank you. Am I right in thinking that that means you have been in paediatric nursing for over 30 years?

A Yes.

Q Mostly in the Schiehallion Unit?

A Yes.

Q Now, we have already heard from your colleague Ms Somerville about Ward 2A in the Schiehallion Unit. I am going to ask you some questions about Ward 2B, which I understand is the Day Care Unit. Is that correct?

A Yes, that's correct.

Q Could you begin by explaining the purpose of the Day Care Unit?

A So, the Day Care Unit sees outpatients of the haematology and oncology and non-malignant haematology patients. Any of the patients that aren't inpatients that have had their chemotherapy, they would come to Ward 2B. They come to Ward 2B for a review. They come to 2B sometimes-- As Dr Gibson had said the other day that your bone marrow makes all your cells, so some of the children need to get blood products-- platelet products, so they would come to 2B for that. They come to get day chemotherapy, and we see all the

elective and emergency admissions at that point. A wee bit different over COVID to, again, now, but we would have seen patients that were emergency admissions. They would have come through us. The parents would phone us, and we would advise them whether to go to CDU or come to us, and then we usually do the admission process, as in the paperwork, and make sure that we've done everything we should for the patient. Then they would go to Ward 2A or another ward in the hospital if 2A was full.

We also see patients for pre- and post-transplant patients, and the patients come to us, as well, for investigations. So, before you get your chemotherapy, and during and after, you'll get some investigations because chemotherapy has some specific side effects. It could affect your heart. It could affect your kidneys, and your hearing, lung function. So, these are tests we organise, and they would come to day care, and we carry out one of the radioactive investigations to check your glomerular filtration rate. Also, patients getting their MIBG, as Emma had said earlier, we would do the diagnostic side. So, there's designated rooms for our patients that

receive that.

Q So, there is a range of treatment, investigation and different administration that goes on in the Day Care Units.

A Yes.

Q Okay. How big is the day care or outpatient community at any one point? Not looking for an exact number but, I mean, how many roughly are we talking?

A Well, not every patient would come up every week, and so we would see 20 to 25 patients a day. Some of the patients on the leukaemia protocol would go down to the outpatient clinic, which is on a Tuesday, and the outreach nurses would see some people as well. So I don't know an exact number but

Q We heard some evidence from Professor Gibson on Monday that, in terms of the not looking at just the number that you are treating during the week but the wider community who might still be under some kind of outpatient care but with maybe sporadic contact with the hospital, that the number might be something like 700. Does that sound familiar to you?

A Yeah, I wouldn't have said it would be that much, but if she says that, that will be right.

Q Just to be clear, do I take it from what you said that patients do not stay overnight?

A No, so it's a Monday to Friday ward. We're open from half eight until seven o'clock, and the patients don't stay overnight, and we don't open at the weekend.

Q Okay, and so that means there is no individual patient bedrooms, no showering facilities, that kind of thing?

A No.

Q Over the duration of their treatment – so whether it's weeks, months, years – are patients likely to have contact with both wards, 2A and 2B, depending on the needs of their treatment?

A Yes, that's correct.

Q Okay, and sometimes they might be transferred between the wards. Is that right?

A Yes.

Q Okay, so someone might attend at Ward 2B and might then be transferred into Ward 2A later that day.

A Yes.

Q Does that mean that you and your nursing staff work very closely with the nursing staff on Ward 2A?

A Yes, we do, yeah. I would speak to the nurse in charge if I was the person in charge that day, or the senior charge nurse in the ward, about the admissions. We would speak to each other every morning to see who was going to come in that day, and then they would get the beds organised. Then patients would go through when they were ready.

Q Okay, thank you. Are any patients that attend Ward 2B immunosuppressed or neutropenic?

A Yes, they would be.

Q Okay, in what circumstances might those patients attend the Day Care Unit?

A So, again, as I've said, after they've had their chemotherapy, when they go home, they might come up. We give all this chemotherapy, or we can give chemotherapy in day care. So they might return for that, and they might return for some supportive care, or they might return if they're not well, if they get a temperature or fever.

Q Okay. Would that be-- I think what the patients and families described in their evidence is something called a temperature spike?

A Yes.

Q So, patients experiencing a temperature spike might be brought by their parents to Ward 2B for initial assessment.

A Yes, they would phone and let us know that they're coming, yes, and we would advise them. We would run through-- There's a different questionnaire now, a triage questionnaire, but at that point you would ascertain if the child was well enough to come in their car because, obviously, some children could be rigoring, could be cold and shivery and quite unwell or unresponsive, sleepy, lethargic, and you would advise them to phone 999 and get an ambulance to come.

Q Okay, thank you. We are just moving on slightly from the patients that you treat. I wonder if you could describe the layout of Ward 2B for us as it was in 2015?

A Yeah, so we have five consulting rooms – treatment rooms – which the patients-- every patient that comes gets a medical review, so the medical staff would see them in there. Sometimes the patients would stay in there for their treatment. There are two, what we call, four bed bays. So, there's one with four beds and the other one is primarily for the transplant patients. So, as part of the JACIE accreditation that Professor Gibson talked about, they have their own waiting room, so they would be segregated because they are very

immunosuppressed. So they would have their own waiting room, and then they would go into the four – it's actually got chairs in it – or we would have either four chairs or two beds. So, it's just infection control standards that we can't have anyone too close together, so that would happen there.

Q I think you talk about that in your statement-- so you say there are two separate rooms. I think a separate waiting room and a separate four bed bay for pre- and post-transplant patients.

A Yes.

Q Is there anything different about those rooms from the rest of the ward, or are they just purely for segregation?

A They're just purely for segregation.

Q There is no specialist ventilation in those rooms?

A No.

Q At least thinking about 2015.

A Yeah, because these patients are patients that go home and travel into the hospital. They're not in hospital getting treatment at that point.

Q Did Ward 2B have any specialist ventilation in 2015?

A Not that I'm aware of.

Q Okay, and did you have

specialist ventilation when you were at York Hill for the Day Care Unit?

A Day care didn't, no.

Q Okay, I am going to move on now and ask a few questions about your role on Ward 2B. Can I ask firstly how many nurses you have working for you on the ward?

A So, at that point, there's a little bit more now, it would be seven nurses, including myself. So, it would be myself and two senior staff nurses and another four nurses.

Q Is that a smaller group of nurses than would be working on Ward 2A for example?

A Yes, they have a lot of staff, yeah, and would have a housekeeper and a clerkess as well.

Q Could you perhaps outline your responsibilities as senior charge nurse for Ward 2B?

A So, I would be the person responsible for the day-to-day running of the ward-- the smooth running of day care. I would have some management duties as well obviously; sort out the DATIX if there's any incidents that have happened; roster of duty; make sure all these kind of things are up to date. I attend meetings. So, there's treatment meetings for haematology and for oncology, so I would try and attend

them, or the nurse in charge would attend them, and then we would plan each week the patients that were going to get their chemotherapy the following week – if there's any tests to get done, if there's anything to say about anybody – and make sure everything's ready for them when they come in the next week. Medical staff, and day care generally do the prescriptions for the chemotherapy, so they would attend as well so that they can catch up with all of that. Other meetings, I would go to the unit meeting, as Emma had said. That's monthly, the first Friday of the month, and the clinical governance meetings which is every second month. Every two months we would do that one. I'm at the senior charge nurse meeting monthly, and Infection Prevention and Control meeting that all the senior charge nurses would try and go to, which is run by the chief nurse and the lead Infection Control nurse.

Q Is that a monthly Infection Control meeting?

A Yes, monthly, yeah.

Q Would I be right in thinking that there's also a weekly meeting with Microbiology? Is that right?

A Yes, usually they discuss the inpatients on a Friday lunchtime.

Just call it a Friday lunchtime meeting. It's a bit of a bigger meeting than the other days. The microbiologists are always available, but they would attend that. They might be doing that on Teams at the moment, but they attend that and speak about infections.

THE CHAIR: Ms Howat, I apologise for interrupting. I am somewhat hard of hearing. I wear hearing aids, and there is nothing wrong with the volume of your voice; I wonder if you could perhaps just bring the microphone a little closer.

A Is that better?

THE CHAIR: It is entirely me, it's not you. I am keen to hear what you have to say. I am sorry, Ms Arnott.

MS ARNOTT: No, thank you, my Lord.

A Also, part of that role, I would communicate and support staff and parents and patients. So, part of my role-- we form a close relationship with the patients because sometimes they're there-- they can have chemotherapy every three weeks/every week. Some children have chemotherapy once a week for 70 weeks, some of them for 18 months, so we get to know the patients very well. So I would speak to them about side effects of chemotherapy, about neutropenia, what to look out

for, always phone if you have a temperature, and the infection is something that we worry about, so I'd make sure that they all know about that. Then the audits that Emma had said about earlier that we would all do. So, there's the care assurance audits for hand hygiene and for peripheral IV cannulas and for central venous lines as well, for care and maintenance for them. It would be a bit different in day care because we can't do it every day because the patient's not there every day. So that would be done once a week to make sure we're doing the best practice and best care that we can for the children's central lines and their dressings.

Q Okay, thank you.

A Don't know if there's any more?

Q I am sure there is lots in your statement about your role, so it was really just to get an overview, but I think we have got a good feel for it. So, you have got a managerial aspect to this, and you deal with staff resourcing but there is also a clinical aspect to it. You say in your statement that, as part of your role, you have regular communication with parents and patients and families that come through your ward. Is that right?

A Yes.

Q So, would you describe yourself as being on the front line of the ward and of the communication with these people as they come through?

A Yes, my ward-- my role is quite clinical as well, just because it's a small team. So, I would be out flushing the lines, doing the dressings, putting up the chemotherapy, talking to all the parents, making sure they've got their appointments up to date, doing the safety brief and, in the morning, the handover as well.

Q You have mentioned the safety brief. What kind of thing is discussed at the safety brief?

A So, the safety brief would be anything that you wanted to discuss, you know, to make sure-- we'd maybe give the audit scores and make sure that everyone was up to date on what happened, hand hygiene, their CVC bundles, to make sure everybody was performing well in them and any themes from Infection Control. They would have a theme of the month sometimes, and we would discuss that. Any safety action notices, they were called in from health and safety. You would discuss them and anything from the lead nurse, things about medication. I think that's all I can think of.

Q So, safety at a ward level?

A Yes.

Q That would be one means of communication coming to your staff and, also, I think Emma suggested that if there are any issues, information and concerns can be escalated up the way from this as well.

A Yes.

Q Okay. I am going to ask you now a few questions about your first impressions of the new hospital when you moved in in 2015. I think it might be helpful for this if-- Ms Soczka, if we could turn up paragraph 33, please, and it should be page 257 of the statement bundle. We could, maybe, just scroll that up a bit. Great, thank you, and if we bring it back down so that the witness can, maybe, just read the first part of that paragraph. Then scroll back up. I think it goes over the page. Ms Howat, if you could maybe just take a moment just to read over that paragraph, familiarise yourself with it and let me know when you've done that.

A Yes, that's fine.

Q So, you indicate in that paragraph that your first impressions of the new RHC were of a good environment for children. Can you tell me a bit more about why you formed

that impression?

A So, I had gone over to the new hospital to plan the inductions for staff and to make sure everything would be ready in 2B before the staff had come over. I went over with some of my staff as well, and it was just a lovely space, big ceilings. It was very big in the adult hospital, it was huge. Some things were a little bit further away for us, but the outpatient department was lovely. There was lots of interactive toys for children to play – there still is – lovely bright chairs. Everything was just brand new. Equipment was new. Beds were new. It just looked lovely.

Q I wonder if we could just scroll on to the next page, please. Thank you, so it's just reading down slightly. I think it is the one, two, three, fourth line. You say your impression was that the new hospital was "a clean and improved environment for our vulnerable group of immunocompromised patients."

A Yes.

Q In what way did you believe it was an improved environment for your vulnerable patients?

A I think because it was a new environment and, as I say, all equipment and everything that the

patients would use. There was new beds for them, everything was new there. Infection Control had been in, and everything was as clean as possible.

Q Was your impression that it was going to be possibly a safer environment from what they'd had at York Hill before?

A Well, that was very clean as well. It just looked a lot brighter, this one.

Q Okay.

A The new hospital was a lot brighter looking for the patients and just a nicer experience for them to be in a more modern environment.

Q Did you feel it was an improved facility?

A Yes, definitely.

Q Okay. Ms Howat, I would like now to take you forward in time to March 2018 when the first concerns began to emerge. I wonder if you could explain the circumstances of the initial concerns that arose about the water supply in March 2018.

A So, initially, the first concerns, as far as I can remember, was for Ward 2A. So, in Ward 2A, they were worried that the bacteria from the outlets-- or the patients had had some unusual bacterias, and the water and the outlets had been tested

and they had come back with a similar bacteraemia as the patients had. So they put some control measures in place. The patients couldn't use the water until they had got the point-of-use filters in, and they weren't allowed to drink the water. They'd use bottled water. Transplant patients had to drink sterile water. You wouldn't wash with the water. The portable sinks had come in, as well, for the patients to wash themselves in the ward as well.

Q You said the initial concerns related to patients on Ward 2A. Does that mean initial concerns about infections were on Ward 2A?

A Yes.

Q So, initially, you did not have any concerns about infections arising in your day care patients on Ward 2B at this stage?

A No. So, the patients, when they have a temperature which can turn out to be an infection, would always get admitted. So I wouldn't necessarily know until they had their blood cultures. So, they would come in with a fever, either be unwell or not, so maybe give them their first line antibiotics, and they would get admitted to 2A or another ward. Then the blood cultures would come back 24-48 hours later and, obviously, then we would find out what was wrong. So I wouldn't necessarily be aware of what infection somebody could have.

Q Okay, now, were you aware of the type of bacteraemia that were found at that time?

A Yes.

Q Tell me a bit about the type.

A So, the type we were told was from environmental organisms.

Q Would that be gram-negative?

A Yes.

Q We have heard a bit about that, but that was what was being discussed at the time as a concern?

A Yes.

Q Can you recall what the hypothesis of the IMT was at the time? Sorry, I should say I think you attended some of the IMT meetings in March. Is that right?

A Yes, maybe not the initial, but yes.

Q Okay and can you remember what the working hypothesis was back in March?

A So, when the water outlets tested positive, there was a hypothesis that the bacteria from-- that the patients had similar bacteria as was found in the water, similar bacterias were gram-negative.

Q Did you say there is a similar bacterias were found in patients as had been found in the water supply?

A Yes.

Q You mentioned that a number of control measures were put in place as a result of these concerns, and we have heard quite a lot of evidence about the control measures that were put in place on Ward 2A. I wondered what control measures were put in place on Ward 2B if they were any different?

A So, Ward 2B, we had the point-of-use filters would be put in. We had our hand hygiene. We used the extra step of the alcohol hand gel. If we were doing an aseptic procedure, we would use the one that Emma talked about earlier, Sterillium, and the patients had to drink bottled water. In any patients, they didn't need to wash as much in day care, but if they were changing any nappies, you would use wipes. If anyone needed to brush their teeth in any way, you'd also use bottled water as well. The patients, at some point during then, were put on oral ciprofloxacin prophylaxis as well.

Q I was going to ask you about that. You mentioned that in your statement. Were patients attending Ward 2B given oral ciprofloxacin?

A If they were patients that would be going in and out the ward. So, some patients would come in every three weeks for their chemotherapy, or the leukemic patients would be in and out on induction. As Dr Gibson said, they might be on-- they would be on high dose steroids-- or they'd be on steroids, sorry. So, yes, some of these patients would be if they had a central line in as well.

Q So, if they had a central line, they would have been given ciprofloxacin?

A Yeah, and they're going to be neutropenic, yes.

Q Okay, and that's even if they're attending Ward 2B on a day care basis?

A It was the clinicians decided who got it, so not everybody would have got the oral cipro, but it was their discretion.

Q So, it would have been a risk-based assessment by the clinicians?

A Yes.

Q Okay. Now, you mentioned in your statement that there was also an increased Infection Control presence around this time. Is that right?

A **Yes.**

Q Could you tell me a bit about that?

A So, the Infection Control nurses would come by every day just to see how everyone was, how we were managing with the control measures and then check audits scores as well. We didn't get quite the same as Ward 2A, not quite the same scrutiny, but we did get, obviously, hand hygiene audits and there was peer audits put in place. The Infection Control nurses would support me in what we needed to do and educate the nurses for the extra hand gel step and make sure there was nothing near the water, all equipment was moved away and that our environment was clean, and our equipment was clean.

Q So, you say that the practical impacts from that were not quite as severe as perhaps on Ward 2A?

A No.

Q But your ward was still subjected to the additional Infection Control measures?

A Yes.

Q What was the impact of that for your nursing staff?

A So, at the beginning, they would be a little bit shocked, and there was a lot of anxiety around the water, and we were obviously washing

our hands. Then we would be carrying out some line care as well, putting in the extra step of the alcohol hand gel, so the nurses would be scared for the children as well.

Q I am going to move on now and ask you a couple of questions about communication at this time. So, thinking back still to around about March 2018, could you describe how patients and families in day care in particular were made aware of the concerns and the control measures that were being put in place?

A Yes, so the families in day care-- So, as we've said, not all of the patients that are outpatients attend day care. So, when I was given the written information to give to the parents, I would hand them out in day care. Sometimes I wouldn't have enough time to go over everything with them, other times I would go over everything, and the senior nurse staff nurse helped to give this information out as well, but the problem sometimes would be that, because they were outpatients-- Sometimes, as we've said, it happened on a Friday night, so by the weekend it could have been on the news or somebody in the ward would have told someone else ,so the parents would have found out by the time they came back on the

Monday or Tuesday, whatever day they came – obviously, I don't know what day that they would come up – so our information was sometimes just a little bit behind to give to them. I think then that upset the parents as well.

Q So, just to pick up on a couple of things that you have said there, I think you indicated that you were given written briefings sometimes to hand out to patients and families?

A Yes.

Q Okay, and it would be your job to physically go around patients that were in attendance at day care to hand out the written briefings. Is that right?

A Yes.

Q Okay, and what about patients that were still outpatients but were not in day care at the time? How would they be communicated with?

A So, the patients that would go to clinic – and that's mainly the leukaemia clinic – on a Tuesday, they would also get the written statements, and the other patients wouldn't hear immediately, depending on whether they had a letter given out or they would hear when they came back to day care.

Q So, in order to get the written briefing, it really is dependent on some kind of contact with the

hospital, so either attendance at clinic, attendance at Ward 2A, attendance at 2B, to be handed out.

A Sometimes it could have been, but there was obviously all the-- sometimes the media statements, so the patients and the parents would hear from that as well.

Q So, in your view, is communication from the Health Board to the media a form of communication with the outpatients?

A It could be construed as that, yes. At some point parents could sign up for core briefs, but I'm not sure exactly when that happened. So, they could get the same information as the staff.

Q Ms Howat, I would like to just show you an example of a briefing from around this time, so March 2018. Ms Soczka, it is at bundle 5, page 113. That is it, thank you. If you could just enlarge it slightly, and it is a briefing to parents and carers, Ward 2A and 2B and, Ms Howat, if you just take a moment to look at it. We are not going to go into it in any detail.

A Yeah, okay.

Q And we see the first line indicates that bacteria has been identified in some wards and that there is some work ongoing with the "…experts to locate the source of the

contamination." Then the next line appears to indicate that there might be some risk to some people that have low immune systems, and then it goes on to describe a number of enhanced infection control measures. Now, is that the kind of thing that you would be given to hand out to patients and parents on day care?

A Yeah, it could be that or similar. Most of the time there would have been more information.

Q Do you think that is quite a----

A Yes.

Q -- short example of a briefing?

A I would say that one was a wee bit shorter, yeah.

Q And what was the reaction of patients and families when they received this sort of briefing?

A They were obviously worried for their children because obviously they are patients, have just heard the devastating news that their child has cancer and that we've told them that. You know, the scariest thing for them is if their child has an infection because they have long lines and because they're neutropenic. So, as you can imagine, that would have made them feel quite scared.

Q To receive information

like this which suggests there might be a risk of infection?

A Yes----

Q Okay.

A -- but when it was explained about the control measures, that would alleviate some of their fears as well.

Q So do you think the fact that they could see control measures were being put in place, they are being told about control measures, that would provide them with some reassurance?

A Yes.

Q Okay. If I might move forward in time a bit now to think about – sorry, Ms Soczka, that can be taken down, thank you – events in May and June 2018. Now you say in your statement there were further IMT meetings in early June 2018, I wonder if you might describe the circumstances leading up to that IMT?

A So, the IMT in June was to do with the drains, the black grime that was found in the drains. We had found in the drain some black grime which had escalated to the lead nurse and the lead Infection Control nurse, and they had come down and had seen it with the Estates and they were trying to get rid of this grime.

Q Was the black grime

observed in Ward 2B?

A Yes.

Q So as well as Ward 2A----

A Yes.

Q -- we have already heard the evidence about 2A.

A Well it was observed in 2B, but I can't say exactly if it was in the June or September.

Q Okay.

A But I think it was then.

Q At some point----

A Yeah.

Q -- in 2018? And were you concerned that that posed a risk to your patients?

A Yes, I would have been worried, yes.

Q Do you know if the drains were swabbed at any point?

A Yes, the drains were swabbed.

Q Do you know, even approximately, what was found as a result of that swabbing?

A So there was some more environmental gram-negative type of bacteria, microorganisms.

Q So this was a second period of concern about potential risk to----

A Yes.

Q -- immunocompromised patients on the ward?

A Yes.

Q What steps were taken to address this concern? So in May, June 2018, were different control measures put in place this time?

A Yes, so the point of use filters were already in place, so they knew that the water was fine, the water-- because the water gets sampled, so the water was clean. So, they had to clean the drains as well, and they poured – I can't remember – a chemical down the drains and that didn't get rid of it, so they thought they would have to do a bit more, do a manual brushing but that couldn't be done with the children in the rooms. So, the control measures for day care could happen at the weekend because we closed at the weekend. So, a lot of the control measures happened then and we didn't have any patients there.

Q And at this time was something called HPV cleaning introduced?

A Yes, that happened in June as well.

Q Okay. Are you indicating that HPV cleaning, drain cleaning, could happen effectively out of hours on day care?

A Yes it did, yes.

Q So the disruption was

perhaps slightly less than----

A Yes.

Q -- we heard about on Ward 2A? Okay, I want to just pause there, Ms Howat, and ask you some questions about the impact of all of this on you and the patients and families at the time. How would you describe the practical impact of everything we have just talked about on your ward?

A Do you mean practical or how we would work?

Q How did it affect, for example, the workload of your nursing staff, for you? Were there logistical concerns?

A So there would have been some, but the nurses accepted the control measures that were put in place. Yes, as I say, because they happened at the weekend. I mean, sometimes the nurses would have to go in at the weekend to try and-- For the HPV they had to clean-- take everything out of all the store cupboards and then the HPV could happen, because they had to take everything that was paper away. So the nurses put in a lot of extra work to do that, but once the control measures are in place then it was easy enough for them to work.

Q Okay, and what about the impact on the families that were visiting the ward at the time, did you observe a level of concern?

A Yes, the families would be concerned because they'd be aware of the control measures in 2B and patients being unwell in 2A.

Q Now, in your statement, you mention that at an IMT meeting in June 2018 there was a discussion, I think, from clinicians about the restriction of new admissions to Ward 2A because of an increase in gram-negative bacteria. I think it would be helpful just to turn up the section of your statement that you talk about this in. Ms Soczka, that is at paragraph 65 to 67, and it is starting at page 266 of the statement bundle. Thank you. If you just scroll that paragraph 65 up to the top and we will work down from there, thank you. Ms Howat, are you able to read that? Is that big enough?

A Yes.

Q It is just about big enough for me but-- Now, I will just walk through these paragraphs with you. So, we see that at paragraph 65 there is reference to an IMT meeting on 6 June – we do not need to turn that up – and you go on to say:

> "The clinicians from Schiehallion…met to discuss the safety of the unit for new admissions… [It] was felt it was

not safe to continue to admit new patients to ward 2A as environmental Gram-negative [bacteria] had started to increase…"

And then you go on at paragraph 66, and I wonder if we could just scroll up slightly there? You say, "Some patients' treatment was delayed due to the closure of ward 2A to new admissions," and you were advised by the IMT that:

"Until drains were cleaned, patients should not receive chemotherapy in ward 2B [and] once… [HPV] decontamination and [drain cleaning had happened, over the weekend, as you have just said], ward 2B could continue to administer chemotherapy."

So, does that mean that both patients in Ward 2A and 2B had some impact on the closure to new admissions at this time?

A There was some but, as I say, on 2B they could carry out some of the measures at nighttime or the weekend, so this didn't impact Ward 2B too much, as in we could still carry out our day care admissions as soon as that was achieved.

Q Okay. So it was really just one weekend where the cleaning was happening where there was an impact for your patients----

A Yeah.

Q -- on Ward 2A? Thank you. Could we move on to paragraph 67, please? I will let you just take a moment to have a look at that.

A Yes.

Q Okay, great, thank you. Now I am not going to turn it up, but the IMT minute that you referred to at paragraph 65 indicates that you had some involvement in gathering the data around these delays to treatment. Is that right?

A Yes.

Q Yes, okay. How often were you gathering that data? Was it daily? Weekly?

A It would be weekly, and it would be sent to the general manager, Mr Redfern.

Q Okay. Do you know what happened to it then?

A No.

Q No. So your job was to gather the data, pass it Mr Redfern?

A Yes.

Q Okay.

A I think the chief nurse would have been involved as well.

Q Okay, and that would be Ms Rogers?

A Yes.

Q Okay. From what you observed in the process of gathering that data, how did the delays in treatment affect patients and families?

A So some of the delays were a day, so I know that still has an impact on a family and a patient, but that wasn't too bad because we can delay-- you know, you can delay if your counts are low. For various reasons, sometimes parents ask us to change the day. So there wasn't too much impact, but the patients that maybe had to go away to Edinburgh or Aberdeen for chemotherapy took a bit more to organise from the consultants, and the pharmacy department had a huge involvement, and the data manager. So there was quite a lot of extra work for other people in the ward as well.

Q So there was quite a lot of extra planning----

A Yes.

Q -- around that?

A Yes.

Q And obviously there was an impact on those patients and families themselves who were perhaps diverted to other treatment centres?

A Yes. I don't think there was too many patients. I don't know the numbers but there wasn't too many

patients at the beginning.

Q In your view, did the families at the time understand the reason for these control measures and the closure of the ward to new admissions?

A I think probably some families did, but it was confusing for them.

Q What was confusing about it?

A I think because we'd had the, we'll call "the water issues," and that was in March, and the control measures had helped, and then that had improved, and then it looked like there was something else happening in June, and there were some more infections – gram-negative infections. The parents still wanted their children to come in and get the chemotherapy there. Most of them didn't want to go anywhere else, but they did obviously want it to be safe.

Q Okay. I am going to move forward in time again to think about events in September 2018. You say in your statement there were some further concerns around this time. I wonder if you could just tell us about those circumstances in September 2018. So, we are going to talk about the decant which obviously comes in the decisions made in the middle of

the month, but if you could just tell us about the circumstances leading up to that.

A So in September there was another-- there were some more cases of gram-negative bacteraemias thought to be linked to the environmental gram-negative bacteraemias, and there was some black grime noticed in the drains again, and I don't think they could manage to get rid of that. And there was a lot of disruption for the patients in the ward and there was some more delays for chemotherapy.

Q I would like to show you an IMT minute from around this time. It is the IMT minute dated 17 September 2018. Ms Soczka, that is at bundle 1, paragraph 169, but you are ahead of me, I think. Okay, if we could just enlarge that top paragraph just very slightly? Great, thank you. We can see from this that you are noted as having been present at this IM----

A Yes, that's correct.

Q Okay. Could we scroll down, please, to page 173 of the minute? And just scroll down a bit, the paragraph I want to look at is the paragraph headed, "Staff." And we see there that, "[Mr] Redfern reported he had met with ward 2A and 2B staff

on Friday afternoon," and I think by my calculations the Friday afternoon was the 14 September, this is Monday 17 September, and:

> "…a large number had attended. He reported that staff were visibly upset and anxiety and frustration was evident. [And then you] thanked Jamie for the update and stated that they [as in staff, I think] did appreciate being spoken to directly by the General Manager."

Do you recollect that discussion?

A Yes.

Q Yes, okay, thank you. Ms Soczka could we turn up paragraph 87 of the witness's statement, please? It is at page 272 of the bundle. I will give you a moment just to have a quick look at that paragraph.

A Yes.

Q Okay, thank you. So do you think that the meeting that you are talking about in this paragraph is likely to have been that meeting that is referred to in the minute that we looked at, where Mr Redfern met with staff to answer questions?

A Yes, it seems like the same meeting.

Q Okay. I wonder if we could just look – it is one, two, three,

four – five lines down. You say:

> "Some staff were angry that this had happened and it was hard to understand. Staff were worried about what to tell families and about patient safety."

Why do you think staff were worried about what to say to families?

A I think the staff that were worried were probably inpatient staff, Ward 2A staff, and although the staff would have seen the core brief and would have had the safety brief from the senior charge nurse to the nurse in charge, they were still worried because this was the third episode of issues with gram-negative bacteraemias for their patients. So they were worrying about their safety.

Q And I wonder if----

A And----

Q Oh, sorry, carry on.

A Sometimes staff are worried that they would say the wrong thing.

Q What would the wrong thing be?

A I don't know, they just-- They probably didn't have the statement just to read.

Q Okay.

A And they might be the staff that were working-- that were with the patient a wee bit more than the senior charge nurses might have been.

Q Do you think maybe some of the nurses felt they did not have enough information to pass on to families?

A I think they might have felt that but, as others have said before me, that we didn't always have the answers and we didn't always know exactly what was happening. So after the IMTs, as I said, any information we would wait for that to come before we would brief our staff, and I think the staff kind of wanted answers a bit quicker, but it just wasn't always-- we just weren't able to give them all the time, and that was from everyone from the IMTs.

Q Now, you have said in the minute that we looked at that staff appreciated being spoken to by Mr Redfern, the general manager. I wonder if you could just provide a bit of context for that comment.

A Well I think the staff were happy to speak to him because he could give them a bit more information or more information if they thought that that was needed.

Q Do you think they felt it was helpful to have access to somebody at a more managerial level?

A Yes, and as I've said, I

remember it more on 6A but I'm sure it did happen in 2A, I just wasn't in 2A, that when we moved up the stairs Jamie Redfern and Jen Rogers, Jennifer Rogers, came around every week, more or less every week, to update staff and to answer any questions.

Q And it was helpful to have that support?

A Yes, yes.

Q Now, we have heard evidence from Ms Somerville that around this time some nursing staff approached their unions. Now I am not asking what advice was provided by the unions, but I would be interested in asking you why you think it was that staff felt it necessary to approach their unions at that time?

A I'm afraid I can't comment because it was Ward 2A staff.

Q Okay.

A **I**t wasn't my staff so----

Q So your staff did not have the same----

A Didn't do that, no.

Q -- level of concern? Okay. Okay, and just moving on from there, we know that a few days later a decision is made to decant the ward to 6A and 4B in the adult hospital. Is that right?

A Yes, that's correct.

Q Overall, how would you describe the reaction of staff and parents to the news that they were moving out of Ward 2A and 2B?

A I think some of the parents would be relieved because they had been asking what was wrong, and staff would be relieved as well that they were going to check the drains, examine them a bit more closely and see if there was indeed anything wrong. So although we didn't want to do another decant, another move after we'd moved to the new hospital, that's what we did.

Q Now we have already heard some evidence about Ward 6A itself from the inpatient perspective, but I would be interested in hearing about the arrangements for day care on Ward 6A, if you could tell us about that?

A Yeah, so we shared the space with the inpatients, and I know some parents have said that they had to walk through the ward but that was mainly because the room that we used as the waiting room was the room at the top of the ward, which would have been like a day care room in the adult ward. So, that was the biggest facility to keep for some of the patients to wait before we got a space for them. So

initially I had eight rooms – eight cubicles – and there was another two that we shared, I shared with the ward as well. If they needed it for an inpatient the room, then they used it and if I needed it, then I used it. So, the non-malignant haematology staff and their patients didn't come up to 6A with us. So, they went down to outpatient department and they were given different clinic rooms each day for their patients just because we didn't have enough space.

Q Sorry, did you say the non-malignant?

A Yes.

Q Non-malignant----

A Benign. Non-malignant or benign, yes.

Q -- did not come up to Ward 6A?

A No. Some of them did, the ones for appointments and things didn't. If they needed to come and stay for any length of time, then they were booked in.

Q And sorry, where was it you said they went instead?

A Outpatient department. So the clinic rooms down there.

THE CHAIR: Sorry, I did not hear you. Where did their patients go instead of going to 6A?

A Outpatients. Outpatient

department on the ground floor.

Q Thank you.

MS ARNOTT: Of the Royal Hospital----

A Of the Royal Hospital for Children, yes. So these were patients that weren't getting chemotherapy.

Q Yes.

A They might be other non-malignant conditions----

Q Okay.

A -- haemophilia. They might be attending for other things – sickle cell anemia.

Q So arrangements were made for them?

A Yes, so any children that weren't well came to 6A, but if they were okay then they went down there.

Q Okay, and in terms of the move of day care to 6A, did you lose any capacity in terms of your rooms?

A Yes, we were a few beds short because we kind of had 8 to 10 and we would have had 13 before.

Q Okay. Now you mentioned, you are obviously aware of some of the evidence from patients and families that they had concerns about having to walk through Ward 6A.

A Yes.

Q I think some of the inpatient families were concerned that they had children potentially with

viruses coming in from the outside, walking through to the day care waiting room, is that right----

A Yes.

Q -- at the end of the ward? Was that a concern you shared?

A Well we had all thought of that but there wasn't really logistically anywhere else for them to go. So we had-- At the beginning they would come in and go a certain way, you know, certain routes so that they didn't walk through everybody and then go straight into the waiting room. But we did try to, particularly when COVID came in, the patients just came in and went straight into a room. They didn't go into the waiting room.

Q So, insofar as there was any risk posed by that, you tried to mitigate it as far as you could with planning?

A Yes, yes.

Q And when you moved over, did you have any concerns about the built environment on Ward 6A?

A No, not the environment. The environment had infection control, we'd nurse-- or a few of them had been up and checked environment with Estates, and everyone had done a great job to make sure everything was sorted and painted. And then the Play Team had managed to get some

paintings for the wall, you know, things for the wall to make it a wee bit more child friendly than it had been.

Q And in terms of facilities, we have already heard some evidence that inpatients who moved to 6A lost out on facilities, were there any facilities of note that day care patients lost out on as a result of the move?

A Well, space was the biggest thing for them. Our medical staff, there wasn't an office as such for them, so they had desks in the corridor. So the patients would all be in a room so they couldn't hear them, but when the portable HEPA filters came in it was very noisy because they were noisy, and there wasn't that many places to have confidential discussions. Our pharmacy staff, as well, they had to find somewhere to be. So we have to be co-located with 2A and pharmacy need to be with us as well, the clinical pharmacists. There's two clinical pharmacists for the inpatients for Ward 2A and two for Ward 2B, and the pharmacy dispensers. There's a lot of dispensing of medication, and the clinical pharmacists also have the role of checking all the chemotherapy and that gets made by the Aseptic Unit.

Q And so there was restricted accommodation for the

pharmacists----

A So they were found-- They were found some, yes.

Q Okay.

A And, you know, a lot of staff lost out. The outreach nurses had no office there either. So lots of things had to change a wee bit and, you know, all our EHPs, dieticians, everybody, they had to just come with their laptops and make sure that they had all their writing on their laptops. There wasn't really any space for everyone to go into an office and do something as there had been before.

Q And I think you said there was a reduction in available space for confidential discussions with parents and with patients. Is that right?

A Yeah, well not so much the parents because they would be in a room, so you just made sure your appointments all worked so that they could be in a room. You wouldn't speak to patients out where our desks were.

Q So confidential discussions among clinical staff and nursing staff?

A Yes.

Q Okay.

A It was just generally quite tight for space.

Q Okay. Now we heard some evidence this morning about an impact on the nursing staff that would usually work for inpatients having to nurse between Ward 6A and Ward 4B. Was that an issue for your nursing staff at all or that was not a concern?

A No, that was for Ward 2A.

Q Okay. I am going to move from there to ask you some questions about what happened in early 2019, and just to be clear, I am not asking you about any individual infections or patients at this time. Now, you mentioned in your statement that there was an IMT in December 2018 where, I think, Cryptococcus infections were discussed. Now, had you ever come across Cryptococcus before?

A Not that I'm aware of. I don't think I'd heard of it, no.

Q Okay. Did you know anything about it?

A No, but I was obviously told.

Q Okay. Now, in your statement you say that staff on Ward 6A asked for more information about Cryptococcus. Why was it that they had to ask for more information?

A I think, you know, very few of us had heard of Cryptococcus and I'm sure from one of the IMTs that

had said about it can cause skin rashes and maybe respiratory problems, I'm sure it was said at an IMT. So staff were a bit worried and a bit concerned about that.

Q Were staff worried about their own health as well at that point?

A I'm not sure. That was, as I say, the inpatients staff that had raised that.

Q Right, okay. We do see from the papers there was some involvement, I think, of Occupational Health at this point from a----

A Yeah.

Q -- nurse's perspective, but that may be a question----

A Yeah.

Q -- for inpatient nursing. And how did you go about communicating with your nursing staff about what was happening at this point? Were you reliant on verbal updates or were there written briefings?

A No, there would have been written briefings. We always waited for the written briefing from the IMT. Sometimes you might have had to tell your senior staff nurses, you know, somebody was going to come and, you know, sample the water or put a point of use filter on. But otherwise, we waited for a core brief or

our safety brief when we got the information from Mr Redfern and Ms Rogers.

Q And was it quite easy for you to communicate with your nursing staff because you had a smaller cohort than perhaps was in Ward 6A?

A Yes.

Q It was a tighter group to communicate with?

A Yes, and yeah, they were all quite experienced, my nurses, as well.

Q Okay. You mentioned earlier on that HEPA filters, I think portable HEPA filters, were put in on Ward 6A around about this time----

A Yes.

Q -- because there were some concerns about what might have been in the air. I think you mentioned they were quite noisy pieces of equipment. Is that right?

A Yes, not in the patient's room but in the corridor, the ones in the corridor were noisy.

Q Were they different from the ones in the patient's room?

A They were the same HEPA filters, but they were just at different levels.

Q Right, okay. So, HEPA filters were placed in the corridor throughout Ward 6A?

A Yes.

Q And also in patient rooms, is that right?

A Yes.

Q Okay, and in the same way for your day care patients as well, they had HEPA filters with them----

A Yes, it was every room, yes.

Q In your statement, you tell us that around this time, there was a further separate concern about fungal count, and I think you might have had some involvement in discovering this issue in the ward. Is that right?

A Yes, not particularly about the fungal counts, but about the gaps in the sealant and the ensuite bathrooms.

Q Could you tell us a bit about that?

A So, yes, one of our checks for the weekly cleaning assurance audit that we do, or the weekly-- we go around, and we check the environment and equipment and whenever I'd gone in one or two of the bathrooms there was a bit of a gap in the sealant. So I had requested an FM, or a housekeeper put an FM in to Estates and the Infection Control nurse. When she had come round, the senior Infection Control nurse, I had

told her, and she had had a little look as well, and I'd also escalated that to Estates too.

Q So, you said you put an FM in?

A Yes, facilities management. FM first, it's called. So, it's an online or electronic way of raising a number, and the Estates team then come.

Q You said you also, I think, escalated this to the Infection Control nurse. Is that because you thought this was a more urgent issue?

A Not exactly. It was when she came around on our weekly visit, then I would-- you would tell, you know, if you need anything that you were worried about that you needed escalated. So I told her that then.

Q So, you reported it to facilities through the FM system, and then you reported it to----

A Yes, she had come around that same week. I'm not sure exactly what day. I told her that.

Q What did she do at that point?

A So she had-- Well, she also escalated to Estates. So, Estates did come to try to fix it, but they couldn't get in the room. So, I'm not sure when they exactly came back.

Q Why couldn't they get in

the room?

A There was a patient there still, yeah.

Q But it was escalated from there through the Infection Control nurse and, did you say, also, an Infection Control doctor?

A No, the Infection Control doctor had to come to do the air sampling, and I had shown her this, and she thought that that might be the cause of the higher counts that she had.

Q So, you had reported it to Estates through the facilities management system?

A Yes.

Q You had reported it to the Infection Control nurse on the round, and when the Infection Control doctor came to do air sampling, you also reported it to her.

A Yes.

Q Okay, and do you know what the air sampling showed around that time?

A No.

Q No, okay. Estates found mould. Is that right? We can see that from the papers.

A Yes, yes.

Q Okay, and did that cause a concern about risks posed by the environment?

A Yes, that would be a concern for our patients, mould.

Q Okay, and was the result of all of this a decant to the CDU?

A The CDU, Clinical Decision Unit, was Ward 2A when patients went there. There wasn't enough space for us both to go there, so we went to Ward 1A/1B, which is "day surgery" we would call that, as well.

Q So, the day care patients from 6A----

A Went to day surgery.

Q Day surgery in the----

A Royal Hospital

Q They're in 1A and 1B, and that is day surgery. So, were there patients from day surgery that had to be displaced from there, or was there enough space to deal with everything that was happening?

A We just had a certain amount of space. We had a bed bay and-- I can't remember. It was three or four cubicles.

Q But day surgery and day care could coexist?

A Yes, the patients went together, yes.

Q I would like to just pause there and think about the situation on the ward at this time. So, the decant to CDU and to 1A comes at a time only 4 months after the closure of 2A and

2B because of concerns about safety of the ward, and then you have to leave what should have been the safe haven in 6A because of further concerns about safety. Can you describe the level of concern among staff and patients and families at that time?

A So, we moved because it was disruptive for the patients. So, Estates could have gone in and out of the rooms – they were sealed off – but, even though we'd moved some of the patients to the other end of the ward, it was still too much coming and going with Estates. So that was the reason that we then moved to another area. So, yeah, the families would be concerned about that, but the fact that we had another solution, I think, was helpful for them obviously.

Q So, that might have provided some reassurance?

A Yeah.

Q But do you think they still had a level of concern about the safety of their children at that point?

A They would still have had some, yes.

Q I want to move now to think about events through the rest of 2019. I will not spend very long on that. I think you moved back from CDU to 6A. I think it was only two or three weeks---

-

A Yes.

Q -- you were out. Okay, and at that point did you have confidence that the work done in 6A had made the environment safe?

A Yes, I wouldn't have any reason to doubt, yes.

Q And were you aware of any further concerns arising about the environment during the course of 2019?

A Yes, there was other gram-negative bacterias further on in the year – I can't remember exactly when – and the chilled beams had leaked, had dripped water, so they were also starting to get cleaned, and I think they were swabbed at one point as well.

Q Do you know what that swabbing showed?

A No.

Q I appreciate that is probably a question for somebody else. Okay, so there is a further concern about gram-negative infections. There is at least a concern about it. Do you know what the hypothesis was as 2019 proceeded?

A No, I can't quite remember that, sorry.

Q Okay. To your knowledge, was the water supply safe to use at this stage, so in 2019?

A Yes, the point-of-use filters-- the water sample were taken and, yes, we were told that the water was safe.

Q So, at a practical level, was the water being used for showering, drinking?

A Yes.

Q Throughout 2019?

A Not all of 2019. Sometimes bottled water was still used.

Q Do you know why bottled water was still in use?

A So, it was probably because of the kitchen. So, there was only one small kitchen, and the parents and children weren't allowed in the kitchen because it was too small and for safety. So the staff possibly couldn't go in and out and get everyone a drink of water from there. So, at some points, if the patients wanted the bottled water, they were given bottled water, but that was more for convenience.

Q Even if that was something that was done for convenience, given the restrictions on the space in the kitchen in the ward, do you think patients and families had a clear understanding about the safety of the water at that time?

A Some of them might have but, from what they'd said and whenever Craig White had come in to support them and to liaise with them, not all of them felt confident about everything.

Q So your understanding is that some may have had some ongoing concerns about the safety of the water?

A They might have done.

Q Or at least perhaps did not always feel reassured about it.

A Well, there was quite a lot of communication went out and, I think, when that happened then that definitely reassured them. There was more and more communication that definitely helped them.

Q So, as time went on more communication was given about safety of the water supply, and that did help to reassure patients.

A I think the parents had said, even if there wasn't changes in the communication, to get the communication was helpful, and that was through Craig White.

Q So, even if it was just updates saying broadly the same thing, that was still helpful in reassuring to the patients and families.

A Yes.

Q Okay, I want to jump forward in time again now to think about the newly refurbished wards,

which I think you moved to in March 2022. Is that right?

A Yes.

Q Okay. I wonder if you could tell me, first of all, whether anything has changed in Ward 2B?

A Yes, so Ward 2B, as we've said, didn't need quite the same specification for the ventilation, but there was HEPA filtration put in Ward 2B and didn't need quite the same level as Ward 2A. It didn't need to have the cascade from there. Also, we needed to get some new nurse call buttons, and we needed a new entry system. So, that was done, and everywhere was painted, and any new equipment was given, and we got some equipment from charity money as well for patients and for ourselves. I can't remember what else we got.

Q I wonder if I might just double back to what you said about the ventilation on 2B before now. You told us at the beginning of your evidence that, certainly in 2015, as far as you were aware, there was no specialist ventilation on Ward 2B as there had not been in York Hill.

A Yes.

Q But now I think you have indicated there's HEPA filtration in the current Day Care units.

A Yes.

Q Are these the portable units or are they fully installed?

A No, it's in the ceiling void.

Q Okay. Is that in the bays, in rooms, and in the corridor or is it located in any particular area?

A I'm not an expert about that, but I think it's in the corridor.

Q Okay, now, you said something about-- you did not have quite the same level of ventilation, I think, as 2A. You said something about a cascade.

A Yes.

Q I was just wondering what you meant about that?

A I probably don't know enough to talk about it.

Q If you just tell me your understanding. We know you are not the expert to speak to this, so that is fine.

A So, Ward 2A, they have to keep their doors closed because of the positive pressure and to do with the HEPA filtration. We don't have to do that in Ward 2B.

Q Okay, okay, so you don't have, I think, what we might think of as the airlock doors?

A No, we don't have them.

Q Okay, but 2A now does have the airlock doors.

A Yes.

Q Did it have the airlock doors before? Sorry, prior to the refurbishment of the ward?

A No, no.

Q Now, in the new ward that you have are there any ongoing control measures?

A So, we still carry out our SIPs audit. That's a six-monthly audit. We've still got our point-of-use filters, and the water sampling still continues. I think it might be every four weeks. The drains are-- Hysan is put down the drains every Monday, and Infection Control, obviously, still have a presence, but they do go round the whole hospital every week and surveillance nurses ask if there's any concerns, so we can escalate anything quickly to them that we have a worry about, whether it be patients or our environment or our equipment.

Q Has it been explained to you why some of these measures are still in place?

A No, not properly. Not exactly, no.

Q We heard evidence from Ms Somerville this morning that she thought it was probably for added assurance.

A Yes, added safety, yeah.

Q Okay.

A I think there are some other

centres that might have point-of-use filters.

Q Other treatment centres in the UK?

A Yes, I'm not sure exactly, but yeah.

Q Just as standard?

A Yes.

Q Now, have you been provided with assurance that Ward 2A is now a safe environment for patients?

A Yes, 2B, yes.

Q Sorry, 2B, yes. It has been a long day. Have you been provided with assurance about the safety of the water supply?

A Yes.

Q And about the ventilation system?

A Yes.

Q Okay, and do you think your staff now feel quite reassured?

A Yes, I think so. The staff were all really pleased to be back, as you can imagine, in 2B with a bit more space and the same with the staff in Ward 2A.

Q Okay, I want to just pause there and think about-- or ask you to reflect on the impacts of this whole experience. You have told us about a very difficult period over 18 months or so, during which the unit experienced

significant disruption. You did not know if you were caring for patients in a safe environment. You were in and out of IMT meetings, I think, during that time. Is that right?

A Yes.

Q You were helping to manage control measures.

A Yes.

Q You were dealing with heightened Infection Control scrutiny and, throughout this time, you are very much on the front line with anxious and stressed staff and I think you have indicated very concerned parents?

A Yes.

Q Okay. You have worked in paediatric nursing for over 30 years. Have you ever experienced anything like this in your career before?

A No.

Q How would you sum up the impact of all of this on, firstly, the patients and families?

A So, the patients and families, as I've said, are going through a really horrendous time when they've had the diagnosis that their child or young person has cancer and they have to get chemotherapy, and the children are upset they have to lose their hair. They're neutropenic and unwell, and then they had the added stress to worry, "Was

everything okay?" or that the chemotherapy was delayed. So, yeah, that's the impact it would've had on the parents.

Q Okay, and how would you sum up the impact on your nursing staff?

A So, as I've said before, the nursing staff were worried and anxious for their patients, and we promote patient-centred care, and we prioritise our patients and take patient safety very seriously. So, yes, they were worried when the IMT said that there might be something wrong.

Q How would you describe the impact on you?

A So, it was hard to do your job-- to do your role and attend IMTs and to make sure the control measures were all put in place and to also communicate with families to make sure people are updated and just to carry on trying to have a good relationship with families.

Q Do you think everything that happened over those 18 months made that more challenging?

A It made it more challenging, but our parents are quite remarkable. They put their children in our hands and their trust in our hands, so we do our very best to make sure that we can do what we can for them.

Q Okay, thank you. Now, the final topic I want to ask you just a few questions about is communication. We have already touched on this today, and you have told us about the impacts of all of this experience. I would quite like to discuss with you now whether you thought communication with staff and with patients and families helped to manage the situation during this time, and I am particularly interested in hearing about some of the communications-- the challenges that you faced, I think, particularly for day care patients that you have already mentioned today. I think it would be helpful if we could just turn up paragraph 135 of your statement, and that is at page 282 of the bundle, please. I am just looking at the first sentence in that paragraph, and you say, "I think communication was probably as good as it could have been at the time. as it was an evolving situation." I just wanted to explore that with you, so what do you mean when you say it was as good as it could have been at the time?

A As I said, the IMT-- The microbiologists didn't have all the answers at some of the IMTs, and they also wanted to get some communication out to parents to

reassure-- and to staff. So, the situation changed and evolved, so the communication definitely got better as time went on. It was always correct what was written, but sometimes this might have-- well, I feel it might have needed a bit more depth.

Q Do you think some of the parents felt that they wanted more information than they were receiving at the time?

A Some of them might have thought that.

Q I think in your statement you talk about particular challenges with day care patients and the fact that they did not have daily contact with nurses, clinicians, managers on the ward who were able to provide them with daily updates. Is that right?

A Yes.

Q So, do you think the fact that they did not have that daily contact impacted the effectiveness of communication with them?

A I don't know how much it impacted the effectiveness. It must have impacted a bit because the parents have alluded to that in what they have said to Craig White. As I've said, Mr Redfern and Ms Rodgers would come if you needed them, and they supported me. They would come and speak to the parents and did

speak to quite a lot of parents as well.

Q I think what you say in your statement is that sometimes that-- you mentioned earlier the timing gap, sometimes, between there being an IMT on the Friday and, perhaps, a written briefing becoming available on the Friday evening, but day care is then closed through to the Monday. So, there was a bit of a gap, and I think what you say in your statement is that sometimes other sources of information overtook whatever communication the hospital might have had for these patients.

A It was very hard for the hospital to keep up because, as I've said, they might be on social media with other families, and the families would have been spoken to by the consultant if they had an infection and the microbiologist. So, they would-- Sorry, I forgot where I was there.

Q Oh, that's okay. Do not worry. You were saying "other sources of information..."

A So, it might have been on the news, or they might have heard it from other families and on Facebook as well.

Q So they might have at least formed the impression that other families were being given more information than they were?

A I don't know if they would have formed an impression about that. They just knew that they'd heard something before. I don't have an answer as to how exactly you would make sure that patients all know at the same time. Obviously, we've said closed Facebook page, definitely they get lots of information and lots of positive feedback from that.

Q Well, you say that in your statement. You say that things have improved.

A Yes, yes.

Q Is the closed Facebook one of the ways in which communication, with day care patients in particular, has improved?

A Yes, I think so, but we've probably not had anything like that to tell them again but, certainly for the move from 6A back to 2B, it was useful then, and they obviously all got letters as well.

Q Were any other concerns to arise, the closed Facebook group would be there for use to communicate with day care patients?

A Yes, I presume so. A liaison or a communication person might have been good as well, and I think the families-- not everyone wants a letter, but the letters definitely helped, or just a summary every so

often. That had a huge impact in September. Either just before we moved or just after we moved, there was a letter outlining everything that had happened, so that definitely helped all the families in communication.

Q So, are you indicating at that point there was a letter? Rather than just a written briefing being handed out on the ward, there was a letter posted out?

A Yes.

Q That was an effective step?

A Yeah, I think so.

Q Now, you indicate in your statement, and you have said today that you were provided with quite a lot of support and communication from the chief nurse and the general manager. I also take from what you have said that a lot of the day-to-day communication fell to you and to your nursing staff. Is that right?

A Yes, that's correct.

Q Okay. So, you say in your statement that it became more and more challenging to communicate with patients and families because the hypothesis from the IMT became more complex as time went on.

A Yes.

Q So, does that mean that it became more challenging to try and

convey whatever information you had about these hypotheses and control measures to patients and families?

A It could have done but, you know, we had a written briefing to read out so-- and I went to the IMTs so had a little bit more background knowledge than some of the other staff. So I would tend to be the person, if I could, to give the information out because, as I said, it was a small staff group, so it was busy.

Q Because you had attended the IMTs, does that mean you could provide a bit more context to your staff for the written briefing that was being handed out?

A Yes. I mean, I would read that-- Most of them, there was enough in it, but if there's any questions, then the staff knew to come and get me, and I would go and speak to the parents. If they needed any more, then I knew I could escalate that to get the lead nurse or someone else to come and speak to them.

Q Do you think it was right that it fell to you to relay a lot of this information about the building and the building systems to patients and families?

A Well, it would have been helpful to have had someone else to help with that, a liaison or a

communication person, yes, definitely, but at the same time part of our role and my role would be to give communication and explain. So, whether somebody else might have given the information and then I would have said it again, I don't know, but I definitely think that that might have helped. It might have helped me, anyway, and the parents.

Q Now, there is one thing in your statement that I would quite like to clarify just before we move on to conclude your evidence. Ms Soczka, that's at paragraph 125 of the statement and page 280 of the bundle. Now, I will just read that for you. So, it says:

> "I feel the communication given to us from management about the infections or infection risk was good on the whole, but parents found out about infections from other families so thought that the communication was not good enough."
>
> Could you just clarify what it is that you mean by that?

A That's what I was trying to say before, that the parents didn't find out everything quick enough so, therefore, they thought that the communication wasn't as good as it could have been. Some parents would have been confused about some of the information, and some of the families, unfortunately, had been in the unit from March, so they might have had chemo delays, and this might have continued. So, those parents, as you can understand, would be very concerned and anxious and worried about their child.

Q We are just about to come to the conclusion of your evidence. I just want to ask you a couple of final questions. Reflecting back over this time and everything that happened in 2018 and 2019, do you have any unanswered questions about what it was that happened?

A As far as I'm aware, the hypothesis hasn't been proven or not proven as yet, so I'm not sure exactly what happened.

Q When you say hypothesis, what is it that you are referring to?

A That the environmental bacteria found in the water and the drains was the link to what happened with the patients.

Q Okay, thank you. Do you think it would be helpful for staff and for patients and families to have clarity about that?

A Yes, I think it would be very helpful.

Q Why do you think it would

help?

A I know Emma said earlier it would give closure, so it would definitely give closure, but I think that the families want some answers as well. So it would be good for them to know what had happened if it's possible to know. I don't know if it is.

Q Okay, thank you. From everything that you have said today, it sounds like it was a very difficult experience for you and for your nursing staff as well, as for the patients and families. Are there any lessons that you can think of that should be learned from all of this?

A It's very hard to attend that many IMTs and to keep up with everything else that you have to do. That is hard to do, and I know we did get support. I can't complain about that, but that is still the bottom line of that, that it was quite exhausting.

Q Now, before we conclude Ms Howat, is there anything else you would like to say that you have not already said today?

A I don't think there's anything, just my staff were amazing and very hard working. I thank them very much for everything they did, and the families as well. They have a lot of good relationships with the families, and they were all terrific as well and

extremely, extremely, hard for them, and a shame that they had to be involved in any of this as well.

Q Okay, thank you.

A Thank you.

Q My Lord, I don't have any further questions for Ms Howat.

THE CHAIR: Thank you, Ms Arnott. Now, Ms Howat, what I am proposing to do now is break for about 10 or 15 minutes just to allow the other legal representatives in the room to check there is nothing that has arisen from what you have had to say that they feel requires any further questions. After I have found out what the position is, I will ask you to come back, either to say that-- no more questioning, or to allow an opportunity for any questions that may be suggested, but what I will do is I will ask Mrs Brown to take you back to the witness room, and I hope you will not have to wait more than another 15 minutes.

THE WITNESS: Okay, thank you.

(Short break)

THE CHAIR: Ms Arnott?

MS ARNOTT: My Lord, there are no further questions for Ms Howat.

THE CHAIR: Thank you. Mrs

Brown, could you bring in Ms Howat? Thank you for waiting, Ms Howat. There are no further questions. That means you are free to go, but before you go could I say thank you very much indeed on behalf of the Inquiry for giving your evidence this afternoon, but also for all the work that goes behind that in preparing and approving your witness statement and doing the necessary background research for that. Clearly, you have many very important duties, and assisting the Inquiry will have diverted you from these. I'm very appreciative of that and, as I say, thank you very much for the help you have given. You are now free to go.

THE WITNESS: Thank you very much.

THE CHAIR: Ms Browne.

(The witness withdrew)

THE CHAIR: Ms Arnott, as I understand it, we will be able to sit tomorrow at ten o'clock?

MS ARNOTT: Yes, my Lord, tomorrow's witness is Dr Dermot Murphy.

THE CHAIR: Dr Dermot Murphy. I should put perhaps the legal representatives on notice that I am aware of, but it has not been dealt with

– a request for the BBC perhaps to have a camera briefly in the Inquiry room at the beginning of the day. I have not dealt with this, and I do not know the detail yet, but it was just to alert people, unless there was anything that arose from that, and to be aware that-- I mean, of course, everything that we are doing is live stream, so having an additional camera, arguably, is neither here nor there, but I can appreciate that if you come in and find a camera, it might raise questions. So, I do not know what the situation will be, but it might be wiser to work on the basis that there will be a camera in probably for about 20 minutes at the beginning of the day. Enjoy your evenings, and I hope we will see each other tomorrow.

(Session ends)

15:34