

Scottish Hospitals Inquiry

Witness Statement 2 of 2

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Statement

1. This statement relates to my employment within National Services Scotland (NSS), Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Scotland and matters associated with the Scottish Hospitals Inquiry. My employment with NSS ARHAI commenced in August 2019 and I remain employed by NSS at the time of writing.
2. I have provided a separate statement pertaining to matters associated with the Scottish Hospitals Inquiry whilst I was employed at NHS Greater Glasgow and Clyde (NHSGGC) between 2008 and 2019.

Cryptococcus Sub Group

3. An incident management team (IMT) was convened in response to two cases of Cryptococcus isolated from two patients over the same time period associated with the Queen Elizabeth University Hospital (QEUH) campus. One of the outputs of the Cryptococcus IMT was to commission a separate sub group to explore each hypothesis and produce a report detailing the findings. Dr Inkster as chair of the IMT did not sit on the sub group. The intention was that the final report would be issued to Dr Inkster as chair and the IMT would re-convene to consider the findings. I am not aware whether Dr Inkster has received a copy of the report to date.
4. The sub group was chaired by Dr John Hood, a consultant microbiologist in NHS Greater Glasgow and Clyde. My understanding is that Dr Hood was involved in the design of the West of Scotland Cancer Centre (WoSCC) bone marrow transplant (BMT) unit. I recall discussions with Dr Hood and Dr Inkster

regarding the Cryptococcus incident during the period of the IMT investigations. At that time, Dr Hood appeared to share the concerns of Dr Inkster and I regarding 2 cases at the same time, on the same site and a possible link to the hospital environment.

5. The subgroup met over the course of two and a half to three years. Meetings were held every few months to consider findings. I was not a member of the sub group whilst employed in NHSGGC. Members from NHS GGC included Tom Steele, Sandra Devine, Colin Purdon and Daryl Conner. Colin and Daryl were representatives from the estates team. Peter Hoffman was also a member of the group and considered an expert in healthcare ventilation. Annette Rankin was the Nurse Consultant representative from ARHAI Scotland and Ian Storrar was the HFS representative. Following my appointment as Nurse Consultant at ARHAI Scotland in August 2019, I supported Annette Rankin and attended some of the meetings. I was present for some of the meeting discussions and commented on several drafts of the report.
6. Myself, Annette and Ian submitted extensive comments and feedback on the report. Some related to the evidence being used to support statements. There was no understanding by me, or as far as I am aware by the rest of the group, as to how the evidence papers had been selected or the methods used to review them. Some of our feedback related to the writing style noting the report felt inconsistent and difficult to follow. Following discussion with ARHAI colleagues, we offered scientific support to undertake an evidence review using a robust methodology. NHSGGC did not accept our offer of scientific support at that stage. Over 70 comments were submitted in reference to the report and meetings were held to discuss comments. NHSGGC accepted the offer of ARHAI Scotland to undertake a literature review on 21 May 2021. Following discussion with senior members in NSS and NHSGGC, it was agreed that the report would be finalised as a NHSGGC report only and would not be endorsed by NSS.

7. There were also 2 additional cryptococcus cases from 2018 noted in meeting action notes as having been identified from lab results in NHSGGC. These cases had not been discussed at the meeting to which the action notes pertained. I advised the chair that I was concerned that these cases had been noted in action notes despite there having been no prior discussion. I sought clarity on the details of these additional cases and was very concerned that no surveillance/epidemiological data had been presented to provide an understanding of their significance. ARHAI Scotland did not receive details of these cases.

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