Scottish Hospitals Inquiry
Witness Statement of Questions and Responses
Dr David Stewart

This statement was produced by the process of sending the witness a questionnaire with an introduction followed by a series of questions and spaces for answers. The introduction, questions and answers are produced within the statement.

Professional History and role within IC at QEUH

1. Please list your professional qualifications, **with dates.**

A. MB ChB 1981. MRCP (Glas) 1985

2. Please give your chronological professional history. This should include roles held where and when, and retirement date.

A. Consultant Physician in Geriatric Medicine, South Glasgow Hospitals 1992. Associate Director of Medical Services, South Glasgow University Hospitals NHS Trust 200-2006. Associate Medical Director for Emergency Care and Medical Services, NHS Greater Glasgow and Clyde 2006-2011. Lead Director for Acute Medical Services, NHS Greater Glasgow and Clyde from around 2015 (I cannot remember the precise date) until my retirement in June 2019.

3. What specialist interest / expertise / qualifications in any area of Infection control do you hold? E.g., hospital ventilation, water Legionella control and infection control related to the built environment, and epidemiology and outbreak management.

A. None

4. Please explain your role in the management of infections at QEUH/RHC and in the IMT structure from January 2015 onwards. Please also identify to whom you reported and who reported to you at all points from January 2015 to date. In effect we need a mini-CV covering this period role by role

A. I assume that IMT refers to the Infection Management Team. I had no role in this structure. On occasions I contributed to infection outbreak meetings at the request of the Medical Director or the Chief Operating Officer. I reported jointly to the Medical Director and the Chief Operating Officer of the Acute Division. No member of the IMT reported to me.

5. Can you explain the respective roles within the infection control framework of:

a. the Microbiology department

b. Estates and Facilities.

c. Public Health; and

d. external experts (i.e., Public Health England).

A. I have no detailed knowledge of this.

<u>Involvement with QEUH Prior to Opening</u>

6. Please describe any involvement you had prior to the opening of the hospital in June 2015 in each of the following stages. For each stage , a) When were you first consulted b) Who consulted you? c) What advice did you provide and d) Was it followed?

a. Planning/ design stage

A. My only role was to design the clinical model for managing acute admissions. I had no input to the physical design.

b. Construction stage

A. None

c. Commissioning and Handover stage

A. None

7. In particular were you asked for information/ advice about vulnerable patients, such as the immunocompromised?

A. No

8. With regard to ventilation in particular, were you consulted or briefed about the specifications of the ventilation system of the hospital before it opened?

A. No

9. Were you shown any plans/ specifications for particular wards?

A. I was shown plans for the emergency receiving area of the hospital and the general ward layout.

10. Did you undertake any site visits prior to the hospital opening? For what purpose?

A. On one or two occasions I visited the hospital in the final stages of construction. This was only for general interest.

11. Were you required to sign off any design matters? If so, please give details.

A. No

Transfer of Patients

12. Were you involved in transferring patients from the old site(s) into QEUH? If so, please describe your involvement.

a. Did you encounter any problems? If so, what were they?

A. My role was in the planning for the safe transfer and clinical care of patients from the old hospitals to the new facility on the days surrounding the closure of the old hospitals. I did not encounter any significant problems with this process. I had no role in deciding which services would transfer.

13. What was your first impression of the hospital when it was first opened? Did you have any concerns from an infection control perspective? If so, what were they?

A. My impressions were general, and it looked to me like an impressive facility. I made no judgements about infection control matters as this was not my role and I was not qualified to do so.

a. Are you aware of any ICPT colleagues who had concerns? If so, what were they?

A. I am aware that a number of concerns were raised by Infection Control colleagues. I do not remember the details. I passed any such concerns raised with me to the appropriate Director, usually the Board Medical Director.

14. From an infection control perspective, do you have a view on whether the proximity of the hospital to sewage works causes a risk to patients? Please give reasons for your answer.

A. No, I am not qualified to comment.

Early issues with Ventilation (Adult BMT Unit)

15. Shortly after the hospital opened an issue emerged regarding the adequacy of the ventilation in the BMT.

a. What is your understanding of the issue?

A. I remember only that concerns were raised but I had no direct involvement with this.

b. Were you directly involved? If so in what capacity?

A. I do not believe so

c. What was the nature of the concern – specifically what was thought to be wrong with the building system in question?

A. I do not remember.

d. What was the nature of the risk posed to patient safety and care?

A. I do not remember.

e. What was your role in this? What actions did you take?

A. I do not remember having any role in this.

f. In your view was the action taken sufficient to address the concern?

A. I cannot comment on this. I do not believe that I was directly involved in managing this and I am not qualified to give an opinion.

16. During the emergence of issues in the adult BMTU, what consideration was given to the adequacy of the ventilation system in the paediatric BMTU?

A. I do not know.

Infection Control at GGC

17. What was your perception of the ICPT team as at July 2015? Were there any issues which predated the hospital opening? If so what were they?

A. My memory is that there were tensions within the team and that relationships between team members infection were sometimes strained.

18. What were the staffing levels like in the ICP team while you were there? Were they appropriate to manage workload?

A. I am not qualified to comment. I did not manage this team.

a. Who was responsible for providing staffing and ensuring it was maintained at sufficient levels?

A. I do not know.

b. Did you or anybody else ever raise concern regarding staffing levels?

A. I did not, and I do not remember if anyone else did.

c. If levels were insufficient, why do you think this was?

A. I do not know enough to comment on this.

d. Can you comment on the working environment while you were there? What issues, if any, did you have?

A. I refer you to my comments under section G and the Summary of Infection Control Issues report.

Resignations

19. Dr Teresa Inkster resigned In July 2015

a. When were you advised of this? Have you seen a copy of her resignation letter?

A. I believe so but I do not remember the detail.

b. What do you understand to be her reasons for doing so?

A. I do not remember

c. What was the response of senior management to this?

A. I do not remember.

20. Thereafter Christine Peters and Pauline Wright also resigned.

a. When were you advised of this? Have you seen any resignation letters?

A. I do not remember.

b. What do you understand their reasons for doing so?

A. I do not know / remember.

c. What was the attitude of senior management to this?

A. I do not know / remember.

21. Are you aware of any other ICDs or ICNs who resigned for similar reason?

A. I do not remember.

<u>Summary Of Infection Control Issues</u>

22. In September 2015 you produced a report entitled Summary of Infection Control Issues (**bundle 27)**

a. What was the background to the report? Who asked you to write it and why?

A. The background is that there were concerns about the team dynamics including allegations of inappropriate behaviours, poor communication and difficult relationships within the team. I was tasked by the Medical Director to work with an HR colleague to investigate these matters and provide a report to her.

b. What were your precise instructions? Were you given Terms of Reference?

A. I do not recall the precise instructions but the scope of the review was limited to team dynamics and did not include specific clinical concerns.

c. You met with nine individuals in order to discuss the issues. Who were they?

A. I do not recall, but I believe they included the senior infection control doctors, including Drs Williams, Inkster and Peters along with the Clinical Director for the Microbiology service.

23. The issues raised fell into four categories (as per your table on page three of the report) For EACH of the four headings please describe to what extent you agree or disagree with the points/ concerns raised. Do you agree there was a problem?

a. Culture and behaviours

A. This is addressed in the report. After this length of time I cannot add anything further

b. Leadership and management style

A. This is addressed in the report. I cannot add anything further.

c. Team Functioning/Structure

A. This is addressed in the report. I cannot add anything further.

d. Service/ Patient Concerns

A. Service concerns are addressed in the report, and I cannot add anything further. Specific patient concerns were not within the remit of the review.

24. The Lead ICD came under particular fire. To what extent do you agree/ disagree with the criticisms made of him?

A. This is addressed in the report. I cannot add anything further.

25. Who did you submit the report to? What was the response?

A. The report was submitted to the Medical Director. I do not remember the response but I believe that it was welcomed.

Remedial Actions

26. Your report makes several suggestions for actions to remedy the issues. For each one can you advise:

a. Whether the suggested actions were implemented? And whether or not they were successful?

A. After the report was submitted Dr Williams left the employment of NHS GG&C. I was not involved in implementation of the suggested actions, however my understanding is that, subsequent to his departure, a number of the recommendations were not actioned. For example, the suggested Organisational Development event did not take place.

b. Leadership and management styles.

A. I do not know, but see answer above.

c. Team function/ structure

A. I do not know, but see answer above.

d. Service patient groups

A. I do not know, but see answer above.

Letter from Dr Peters and Dr Inkster dated 9 November 2015- refer to letter (Bundle 27)

27. Dr Peters and Dr Inkster wrote to you on 9 November 2015 raising concerns which they feel were not addressed by your report. Can you comment on the following:

a. They express concern that IC input into the design of the hospital was insufficient. To what extent do you agree/disagree with this statement?

A. I am not qualified to comment.

b. In particular can you comment on their assertion that ventilation specifications were not signed off, validation reports were unchecked and monitoring prior to and after patients moving in was not undertaken.

A. I am not qualified to comment as I had no detailed knowledge of these matters.

c. Adult BMT

To what extent do you agree or disagree with the points raised?

A. I am not qualified to comment. I am not an infection control expert.

d. Children's BMT- to what extent do you agree / disagree with the points raised?

A. I am not qualified to comment.

e. Isolation rooms- to what extent do you agree/disagree with the points raised?

A. I am not qualified to comment.

28. Drs Inkster and Peters suggested that an external expert be brought in to address these issues. Did this occur?

A. I do not know. There was a formal reporting structure for Infection Control and I was not part of that. Accordingly, I passed any concerns to the Medical Director, as was appropriate, and had no direct involvement with managing these concerns.

a. Did the OD (organisational development) event mentioned in the letter did this in fact go ahead?

A. I do not believe so.

29. What actions were taken in response to this letter?

A. I do not remember.

30. In December you emailed Drs Peter and Inkster, asking them of the concerns raised had been resolved. What was their response?

A. I do not remember.

Involvement of External Agencies

31. Were any agencies out with the Health Board consulted in respect of any of the issues/ remedial actions? What if anything, was the role of:

a. HPS

A. I do not know.

b. HFS

A. I do not know.

c. Public Health

A. I do not know.

d. Scottish Government Policy Unit

A. I do not know.

32. For each agency which was involved, how effective was the intervention?

A. I do not know.

<u>Involvement in the Acute Infection Control Committee</u> **Bundle 13- additional minutes**

33. What is the purpose of the AICC? How often did they meet?

A. My memory is that the AICC was a forum to review and advise on a broad range of matters relating to infection control in the Acute Division for NHS GG&C. I do not remember the precise details but these are published in the Terms of Reference. I do not have access to that document but would be unable to add any further detail.

a. Who attended AICC meetings? Was it always the same attendees? If not what were the criteria for attendance?

A. Again, I do not remember but this will be documented in the Terms of Reference for the Committee and in the Committee minutes. My memory is that there was a core membership but that others could be in attendance if required for specific issues.

b. What types of issues were discussed at the AICC?

A. I do not remember in detail, but there were a wide range of issues including any infection control incidents and matters more broadly relating to infection control reporting and management. This will be documented fully in the Committee minutes.

c. What documentation was typically considered at these meetings?

A. Again, I do not remember the detail but this will be evident from the Committee minutes

d. To what extent, if any, were there issues with record-keeping of AICC minutes etc?

A. I do not recall there being any issues.

e. What, if any input, did the AICC have in the specification of the QEUH/RHC before handover in January 2015?

A. I do not recall the AICC having any input to this, but if it did it will be documented in the committee minutes.

f. What, if any input did the AICC have in changes to the contract for the QEUH/RHC before handover in January 2015?

A. Again, I do not recall the AICC having any input to this, but if it did it will be documented in the committee minutes.

Cryptococcus in 2019- Bundle 1

34. The Inquiry understands that you were not involved with ICPT at this stage. How did you come to be involved in this incident? What was your role and what were you asked to do? By whom?

A. I am not sure what 'involved with ICPT' means but, for clarity, I was not at any stage a member of the ICPT nor directly involved in managing it. My memory is that I was asked to attend outbreak control meetings by the Medical Director. I do not remember why, however I do not believe that I made any significant contribution to the meetings nor did I have any actions arising from them. I cannot add anything to the meeting minutes.

a. What was the nature of the concern – specifically what was thought to be wrong with the ventilation system in question?

A. I do not remember.

b. What was the nature of the risk posed to patient safety and care?

A. I do not remember.

c. Was any action taken sufficient to address the concern?

A. I do not remember.

d. Can you comment on the effectiveness or otherwise of the IMT?

A. No

35. Prior to this incident, how many times had you come across Cryptococcus either in environmental testing or in a blood sample?

A. I am not an infection control expert and had no routine involvement in such issues. I do not recall ever coming across this issue.

a. Other than the two cases already in the public domain [redacted] are you aware of any other patients with Cryptococcus in QEUH? If so please give details.

A. I am not aware of this.

b. As you will be aware, a cryptococcus sub-group was set up to investigate the incident, culminating with the writing of a report by Dr John Hood. Have you read his report?

A. I do not remember reading this report.

c. If so, to what extent do you agree/ disagree with his findings?

A. I do not know about this.

<u>Interactions with the Independent Review, Oversight Board, Case Note Review</u>

36. Please describe any involvement you had with:

a. The Independent Review

A. None

b. The Oversight Board

A. None

c. The Case Note Review

A. None

37. What recommendations for improvement came out of these reviews?

A. I do not know.

a. To what extent of these improvements been implemented?

A. I do not know.

Whistleblowers

38. As you are aware, several ICDs embarked on whisteblowing procedures as a result of issues within IPCT.

a. When did you first become aware of this?

A. I do not remember.

b. What do you understand their reasons for doing so?

A. I do not remember.

c. Please describe any involvement you had in this procedure?

A. I do not recall having any significant input to this process. I was aware that concerns had been raised with, I believe, the Medical Director.

Infection Control Issues With Water And Ventilation Water Supply – General

39. What concerns did you have about the water supply in QEUH?

A. I was not qualified to comment.

40. In particular were you aware of any of the following

a. Water temperature: problems with energy plants – hot water temperatures are not high enough to prevent/tackle bacterial growth.

A. I have no knowledge of this.

b. Thermal control design system.

A. I have no knowledge of this.

c. Flow straighteners / regulators / tap type

A. I have no knowledge of this.

d. Debris in pipes

A. I have no knowledge of this.

e. Single room design – water outlets increased; flushing regimes; risk of stagnation.

A. I have no knowledge of this.

f. Pipe size and storage volumes; encourages water stagnation

A. I have no knowledge of this.

g. Wet rooms and floor levels

A. I have no knowledge of this.

h. Drainage system

A. I have no knowledge of this.

41. Do you consider there to have been a risk of infection from the water supply? If so, explain why.

A. I have no knowledge of this.

42. What remedial measures were taken as a result? eg. room closure and cleaning; ward closure; investigative and remedial works?

A. I have no knowledge of this.

43. Do you consider the issues with the water system (including drainage) have been resolved, or do you still have concerns? Please give reasons.

A. I have no knowledge of this.

44. When were you first made aware of the DMA Canyon reports? How did this come about?

A. I have no knowledge of this. I do not recall ever being made aware of this report.

45. Some witnesses (e.g, Christine Peters) have said that, had they had sight of the 2015 report at the time, they would not have allowed the hospital to open. Do you agree?

A. I do not know.

<u>The Ventilation System</u> Refer to Bundle 1

46. Other than the initial problems with the BMT what concerns did you have about the ventilation system since January 2015? In particular were you aware of any problems associated with any of the following:

a. Presence of HEPA Filters

A. I do not remember, however I am not an infection control expert and I am not qualified to comment on technical issues.

b. Air Changes Per Hour (ACH)

A. See answer above.

c. Air Pressure Differentials

A. See answer above.

d. Air pressure monitoring systems

A. See answer above.

e. Ward temperature issues;

A. See answer above.

f. Room ceilings, particularly in isolation rooms;

A. See answer above.

g. Rooms seals for pressure retention;

A. See answer above.

h. PPVL issues with rooms;

A. See answer above.

i. Thermal wheels

A. See answer above.

j. Chilled beams, usage in rooms designed for immunocompromised patients and leakage.

A. See answer above.

k. Any other particular features

A. See answer above.

47. Impacts from concerns with the ventilation system:

a. Do you consider there to have been a risk of infection from the ventilation system? If so, explain.

A. See answer above.

48. Were there other impacts caused by the ventilation system: e.g. closure of facilities, transfer of patients, other remedial measures?

A. I do not remember.

49. Do you consider that the issues with the ventilation system have been resolved, or do they still have concerns? Please give reasons for your answer.

A. I do not know. I have had no involvement with NHS GG&C since my retirement five years ago.

Current Situation

50. Do you have any ongoing concerns as to the safety of the QEUH? If so, what are they?

A. No. I have had no involvement with NHS GG&C since my retirement five years ago.

51. Do you have any other observations regarding your time at QEUH/RHC?

A. No.

Declaration

52. I believe that the facts stated in this witness statement are true. I understand that proceedings for contempt of court 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 in its truth.

Appendix A

A43255563 – Bundle 1 – Incident Management Team Meeting Minutes

A32375944 – Letter from Teresa Inkster and Christine Peters to David Stewart 09 November 2015 - **Bundle 27**

A48890718A47739010 – Summary of Infection Control Issues – **Bundle 27**

A48890718 Bundle 13- Additional Meeting Minutes