SCOTTISH HOSPITALS INQUIRY

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Hearings Commencing
19 August 2024

Day 40
Tuesday, 22 October 2024
Mrs Louise Slorance
Ms Beth Armstrong
Mrs Maureen Dynes

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10:03

THE CHAIR: Good morning. Now, Mr Connal?

MR CONNAL: Morning, my Lord. We're ready to proceed now with the evidence of Mrs Louise Slorance.

THE CHAIR: Right. Good morning, Mrs Slorance. As you're aware, you're about to be asked questions by Mr Connal, but first, I understand you're prepared to affirm.

THE WITNESS: Yes.

Mrs LOUISE SLORANCE
Affirmed

THE CHAIR: Thank you, Mrs Slorance. Now, we have scheduled the morning for your evidence. We will take a coffee break at about half past eleven, but if at any stage and for any reason you want to take a break at any other time, give me an indication and we'll take a break, okay? Right, Mr Connal.

Questioned by Mr CONNAL

MR CONNAL: Thank you, my Lord. Morning, Mrs Slorance. You're here to give evidence, essentially arising out of the tragic circumstance that you lost your late husband, Andrew. In fact, you're, I think I'm right in saying, one of the few patient names who've been mentioned in earlier evidence in the Inquiry for reasons that you're aware of. So you have all of our sympathies for that.

Just in oversimplified terms, the background is of a stem cell transplant in the context of the COVID pandemic coinciding. That's what gives rise to a number of the issues. Now, in this Inquiry, you've given two witness statements, one that was produced some little while ago, and a shorter one produced more recently. If I can just ask you formally, first of all, whether you're content to adopt these witness statements as your evidence in the Inquiry?

A There was a slight change to the first one, sorry.

Q Well, perhaps what we-- unless it's something that is radically different, perhaps what we ought to do is-- if you're content to adopt them generally, and if you want to indicate as we go through the witness statement – which I'll do at least in outline – where the change is, we'll pick the change up as we go, if that's all right. So, are you content otherwise to adopt them?

A Yes.

Q Thank you. So, we have your witness statement available. We'll see the (inaudible) on screen has electronic

numbers, so if you hear numbers like that, you'll know that these are the ones I'm referring to, the ones at the top of the page.

The way the witness statement proceeds is that, first of all, you set out a brief overview, and I think we can move past that, unless that's where the correction lies. We find, then, at paragraph 13 of the witness statement that-- we see the mention of referral to NHS GGC for a stem cell transplant arising from your late husband's illness.

Now, I think it's fair to say you now have some concerns as to whether you knew everything you would have liked to know about the position of the hospital before your late husband went for treatment there. Is that fair?

A Yes.

A Okay. Now, can we go on to paragraph 21 of your witness statement, please? Just really one question I wanted to ask about that because we're now in a situation where, as we'll all remember, there were restrictions arising from COVID. Whether these were good, bad or indifferent is for a different inquiry, but they were what they were.

I understand you were concerned about, in effect, whether it was the right thing for your husband to be having this transplant at a point when COVID was an issue. Is that fair?

A Yes, absolutely.

Q Did you ask about that?

A I asked at the second pre-admission meeting what the impact of him acquiring COVID would be if that were to happen during the admission.

Q Yes, and what were you told?

A I was told that, so far, patients in that situation had been asymptomatic and did fine.

Q Thank you. Now, if we could just move on to pick up another point you make about COVID. It's in paragraph 28. I see we're now actually back on slightly different numbering, so that's fine because it’s the ones that I've got. Page 10 at the top of the page, paragraph 28.

What you're narrating in that paragraph is that there was what you describe as a pre-admission COVID test taken in Edinburgh, is that right? That was negative, and then, at that point, your late husband was a day patient to have a line inserted. I think the point you're making later in that statement is that you'd taken a lot of effort to shield your late husband from COVID, is that correct?

A Yes, absolutely. The children had been removed from school early. Andrew had his own bedroom downstairs, a bathroom, so he was not mixing with the family from prior to lockdown in March 2020.

Q Now, another of the points that you have raised at various stages of your witness statement is the issue of your late husband being moved from room to room during the period in hospital. Is that correct?

A Yes.

Q Do we find reference to that at page 12 in paragraph 38, where you refer to a text from your late husband saying that he was being moved rooms within 4B?

A Yes, so that was the first room move, and this is also where the error is in the statement, I think, because-- Yes, where I've said, “It's important to note that the first room move took place before--” No, it's a different text. That's fine. There is no correction, sorry.

Q Very well. No correction needed to paragraph 38. That's fine, but I think you're picking up there on something that may not be obvious to those who weren't involved in the process at the time, that you were largely restricted to communicating with Andrew by text message.

A Yes.

Q Which I assume must have been quite difficult to convey things.

A It limits the information. I think text messages are generally shorter than you would speak verbally, but, for Andrew, he was very good at writing, so there was a lot of information.

Q So you did, perhaps, better than some might have done, but still not ideal.

A Not ideal at all, and you cannot provide emotional support via text message or phone call. That emotional support comes from physically being within a room, I think.

Q Yes, and in fact, in paragraph 39, you explain there seemed to have been a second room move.

A Yes. That was following the positive COVID test. So, the first room move, there was no result for the COVID test, and then the second room move was because of the positive COVID test and to be closer to the nursing station, was what he was told.

Q So this is where one of the issues starts to emerge. I think that your husband then tested positive for COVID----

A Yes.

Q -- which must have been very distressing when you learned about that.

A It was very distressing for us all, and I think what added to that was the fact that Andrew was told in an ad hoc way, in that a consultant entered his room, did not suggest ringing me into the meeting, delivered the news, and then Andrew rang me.

Q We'll maybe just pick it up now

because it crops up later: I think subsequently you discovered that the hospital had incorrectly noted your phone number, is that right?

A Yes, so when they moved him to Ward 4A, the nurse on that ward was trying to contact me. The number didn't work, so she'd gone into Andrew's room and established that, on admission, they had noted it down wrong, got the correct number from Andrew and spoke to me. So that was later on in the-----

Q Later on in-- I realise that was later on in the sequence.

A Mm-hmm.

Q I think one of the points you made was that they were unable to contact you up until that time because they didn't have your correct number noted.

A Yes.

Q Is that right? Well, if we could move on then to page 13. Obviously, everything you say in your witness statement is now evidence before the Inquiry, but I'm just trying to move to some of the salient features. In paragraph 41, you narrate that there was a second positive COVID result, thus confirming that diagnosis, but he was asymptomatic at that time, is that correct?

A Yes.

Q So that bit was at least a good thing to hear?

A Yes. It provided reassurance at that point.

Q But you, perhaps quite naturally, wanted to know what the implications were because, as we now know from lots of other evidence in the Inquiry, those who are undergoing stem cell treatment have an immunocompromised system. You were concerned about that, and I gather you tried to get in touch to ask about it.

A Yes, so the first positive COVID result came as Andrew finished preconditioning treatment. That will entirely wipe out his immune system. It happens gradually over a couple of days. So, at the point that we had a confirmation of COVID by the second result, we knew that there was only a matter of days before he did not have an immune system to fight the COVID.

Q You got in touch with one of the doctors to ask about what was going to happen, is that right?

A Yes, I made a call to Dr McQuaker.

Q I see in paragraph 41 you say that he was going to be moved out of the Transplant Ward either to Infectious Diseases or Renal. Is that right?

A Yes, that was explained to me by Dr McQuaker on the call, and that was the choice, although his preference was for Renal because they were used to

using Hickmans.

Q The lines that are used for medical purposes?

A (No audible response).

Q Then, in paragraph 42, you narrate an email. Now, is this an email to you, or is this simply an email that you've discovered on looking at the records?

A This is an email I received through a subject access request to NHS GGC, so it's internal.

Q Right. This talks about moving Andrew to Room 76 and then being transferred to a COVID ward. I think you say there that's the first time you've heard of this phrase, "COVID ward." Is that correct?

A In respect of Andrew's admission, at no point during the six weeks he was in the QEUH did anybody refer to him being in a COVID ward or a COVID hub. They only referred to what ward he was in.

Q Yes, which was, in fact, Ward 4A?

A At this point it was, because he'd moved for the third time out of the Bone Marrow Transplant Ward.

Q Now, unusually – the reason for it doesn't matter – the documents you refer to are actually attached to your witness statement, so perhaps we should just have a look at that. I think we find the email that you're talking about at page 68 of your witness statement. I think we see the passage that you've referred to appearing near the very foot of that page, where about halfway through the paragraph there's a statement:

> "Following discussions with the medics we moved A.S. to room 76 so that he could get his stem cells by our team then transfer to a covid ward after his cells the following day."

Then there's some discussion about nurses taking COVID tests and who was asymptomatic and so on.

A Yes.

Q Now, in your witness statement at paragraph 42 on page 13, you say that this email suggests that the Board disguised the nature of the move to 4A. Why do you say that? Can you just help us understand why you make that statement?

A Because in the phone call with the consultant that I requested, it was just a sentence or two of, "We will move him to either Renal or Infectious Diseases. My preference is Renal because they are used to using a Hickman line." They never stated that keeping him in 4B would be contraindicated. They did say that he posed a risk because he had COVID, but they never explicitly said that 4A was a COVID ward.

Q This is perhaps where the issue starts to emerge that, as we know from other evidence, and as I think you know, the rooms used for BMT patients are positively pressured to ensure that organisms don't enter the room because of the impact on the immune system. But your husband had contracted COVID, which was regarded as an infectious disease, and therefore that posed a risk because the pressure would take, or potentially take, the virus out of the room. Is that right?

A Yes.

Q And that's where the issue starts to come around.

A Yes, and 4A, as a COVID ward and there being a likelihood of patients with COVID having secondary infections-- Because Andrew was about to become totally immunosuppressed, that posed a deadly risk to him. He was a dead man walking when he walked into 4A.

Q Now, can I just make sure I understand why you say that? That's because you say that if he's in a room which is not set up to protect him from the ingress of organisms from elsewhere, he's at risk, is that right?

A Yes, that's the main issue. The other issue is the fact that it was a COVID ward and there is the potential that COVID patients have secondary infections. With the combination of that

and a ward that does not prevent the ingress of organisms, you've got a double risk.

Q I think you make that point in paragraph 43. You refer to the move to 4A and a message about use of bottled water, and then, in paragraph 44 on page 14, you say that, according to the information you have, Ward 4A had no specialist ventilation and no HEPA filtration, which is something the Inquiry has heard about from-- well, HEPA filtration is something the Inquiry has heard about from other witnesses.

Then, in paragraph 45, we then catch up with the point we picked up – that was slightly out of order – about the hospital not giving you updates because they had the wrong telephone number. But that was then subsequently corrected, is that right?

A Yes.

Q I'm not sure I understood, but perhaps you can help me. At paragraph 46, this is a letter that you've had from the hospital in Edinburgh----

A Yes.

Q -- saying that the biopsies taken during a pre-admission colonoscopy showed no lymphoma. But there was lymphoma that Andrew was being treated for, wasn't it, as everybody understood?

A Yes, mantle cell's treated

slightly differently in that the stem cell transplant needs to be done while the lymphoma is being controlled. So, a colonoscopy was done for baseline, but prior to the stem cell transplant, he'd been on a bridging treatment called ibrutinib, and what the colonoscopy showed is that the ibrutinib had not only stabilised his lymphoma but had actually managed to completely eliminate it at the point that was done.

Q Then, subsequently, you make the point in paragraph 47 that another room move seemed to have happened, something to do, according to the information you received from your late husband, about staffing ratio being "better round the corner," as it were.

A Yes. That means more to him than it did to me, having never entered the hospital.

Q Now, in the context of the way your witness statement is prepared, am I right in understanding that you haven't simply narrated what you knew at the time, but you've included material that you've gained an understanding of by analysing his medical records? Is that correct?

A Yes, because I was not in the hospital due to the restrictions, so I was only there on two occasions. So, the journey I've had since his death is trying to find information through the medical

records as to what had happened over that period.

Q We'll come later in your witness statement to the trail that you followed in order to track down all of the medical records, or at least all of the ones you ultimately recovered. I simply wanted to make that point so that we can understand why your statement contains medical details which you wouldn't necessarily have known at the time. So, for instance, in paragraph 49 on page 15, we see you saying-- the records supporting that your husband became neutropenic on 7 November, so that's when his immune system is really suppressed.

A I would have known that had the COVID restrictions not been in place. Certainly from his first transplant in Lothian, we were fully aware of his status going through.

Q Then we start, perhaps, to see-- After your husband being asymptomatic for COVID and having had the stem cell transplant, we start to see the commencement of what we'll just call neutrally, for the moment, "issues" arising in paragraph 50, where you got a text saying that bug cultures had grown a bug, which is a kind of layman's term that tends to be used by people like me when they can't remember what the technical term is. But that may well have been

what he was told, presumably?

A It was what he was told.

Q Yes, and you say further in paragraph 50, I think, that a positive sample had been found from the Hickman line of Staphylococcus epidermis, is that right?

A Yes. That I only found out through the medical records.

Q Yes, and you've produced that as one of the documents which you produce with your statement, and then you set out further in paragraph 50 a number of the medication exercises that were under way at that time. Could we move on, perhaps, to-- and if we miss the paragraph you want to correct, then----

A No, we've done that and it's fine.

Q We've done that? Okay, that's fine. Can we just move on, if that's all right, to paragraph 53, which appears on page 16? This appears to narrate a-- am I right in picking up a failure to give a drug, according to the records?

A Yes. It's a missed dose.

Q What you've discovered from the notes are one note saying a dose has been missed, and then another note saying two doses missed, which presumably you found disappointing when you found that.

A I don't know that I'd describe it as disappointing. I suppose the point I'm making is that this was never communicated. He was on antibiotics to address an unexplained infection, as far as we were aware at that time, and any missed dose in somebody with no immune system has serious consequences, and I would expect errors of that nature to be communicated either to Andrew or myself or both.

Q Yes, and I think you made the point earlier that had you been in more normal times and either semi-resident at the hospital or certainly a regular visitor, there might have been more opportunity for communications, but you weren't told about this, is that right?

A Yes, and Andrew wasn't told, and the restrictions don't affect his presence.

Q Or, at least, he was either not told or he didn't tell you. Do we know?

A It's a possibility, but with his level of communication, I think I would have been told.

Q Thank you. Can we go on, perhaps, to page 17? In paragraph 55, about halfway through that paragraph, you say that the Staphylococcus test was now negative, so that appears to be a positive thing. The CT scan reported the scan was more in keeping with atypical pneumonia and less likely COVID-19. Why do you mention that? Is there significance to that point?

A Well, the continued information we received during Andrew's admission was that the respiratory status, oxygen levels, deteriorations were all due to COVID-19, yet there is a CT scan that says it's less likely COVID-19 and more likely an atypical pneumonia, which would suggest further investigation should be done to identify what is causing his oxygen saturations to drop.

Q I think the point you make at the end of that paragraph is that there's nothing showing that what you've described as "atypical pneumonia," as opposed to COVID, was actually investigated as such, is that right?

A Yes, yes.

Q Or at least you've not been able to find any trace of that being done?

A What I would say is that the case review that was done by NHS DGC in November '21 focuses on this period as being linked to the Staph epidermidis, but actually, the results suggest that that was a contaminant of the sample taken rather than a cause of any deterioration.

Q Now, in paragraph 56, you narrate that you found in the notes, I think, a reference to an overdose of gliclazide. Now, again, presumably you found the reference to overdose in the notes?

A Yes.

Q Were you told that there'd

been this-- let's call it a "failing" for the moment?

A No, and there is a procedure for medical errors such as an overdose, which I had experience of in NHS Lothian at a later date, and when something like this happens, you would expect a phone call to tell you what had happened, apologise for the error and tell you what action would be taken, such as the DATIX reporting. I knew nothing about it, and Andrew knew nothing about it.

Q Now, paragraph 57, you say you found in the notes a statement, "Maybe 2nd source infection." Now, is that significant for this (inaudible)?

A Well, this is linked to this whole deterioration in the middle of November that, in my mind-- Dr Clark has written this in the notes, still suggesting that there's a second source of infection, yet there's no investigation as to what that infection is. So it's linking back to the comment about atypical pneumonia and thinking there should be further investigation to try and identify that.

Q The next paragraph is a bit of a seesaw, I think, because it starts positively, saying, "… no escalation in his condition," but then things seem to change on the same day, is that right? That's 15 November.

A Yes.

Q Because, at one point in that

paragraph, he appears to have the news that the stem cells had engrafted and, had it not been for COVID, he would be in line for being discharged.

A Yes.

Q Which is presumably normally the kind of news you would want to get?

A Yes. I think it was difficult, very difficult for Andrew to hear that because it meant that his treatment had been successful, but there was still a huge risk from the COVID.

Q So it's a kind of good news, but then the word "but" appears at the end of it?

A Yes, and I would say that that first sentence about his temperature being low-- Low temperatures aren't good in somebody without an immune system. They can also be a sign of infection.

Q Thank you. You've picked up again on page 18 in paragraph 59 another reference to your late husband's condition, which you say you didn't know anything about until you found it in the records, is that right?

A Yes.

Q That, according to a letter that you found, he'd been extremely unwell post-transplant. Did you know about that?

A No, not extremely unwell. You expect during the transplant period that they will become unwell and that will be treated. It sometimes doesn't work initially. A nurse told me in Lothian, "Don't worry. There's lots of antibiotics. If this one doesn't work, we'll try the next one."

So you expect that sort of thing to happen during it, but I think the word "extremely" sort of was surprising to me when I read the letter, as was the clinical notes stating that they wanted a bronchoscopy or bowel, and that it was never done, or there's no records to suggest it was done.

Q Paragraph 60, we then start to see another shift of location for Andrew because he's now headed to the High Dependency Unit, it would appear.

A Yes.

Q Again, you get that from a text from him, is that right?

A Yes.

Q You say from the information you've got he went to Room 78 in the High Dependency Unit----

A Yes.

Q -- which you say, according to the information you have, doesn't have specialist ventilation?

A Yes. It's HDU Unit 7, which doesn't seem to appear on anything else I've seen. I don't know if it was a COVID extension to HDU just temporarily.

Q At this point, another

communication difficulty starts to emerge, I think, in that because your husband is receiving oxygen, that impacts on his-- I was about to say "on his ability," but on the ability for communications between the two of you by phone to be clear. Is that----?

A Yes, and he's wearing a high-flow mask. They're very, very noisy. It does restrict what he says, but the noise of oxygen pushing up through the mask totally interferes, as you can imagine, with a loudspeaker on a mobile.

Q So were you finding it difficult to get-- I was about to use the word "coherent," which is not what I meant, but clear communication with your husband at that time?

A He wasn't ringing me apart from during ward rounds, so he could text as normal, but it meant that the information being given to him at ward rounds-- I would only pick up so many of the words said because of the oxygen supplementation.

Q So you thought some kind of Teams call might have been helpful so you could understand what was happening?

A Yes, we'd been told when he moved to HDU that the critical care team were now jointly in charge of his care and I actually-- they'd never been present on a ward round that I had been phoned

into, so I didn't have any information from that side of things, as well as the problems that were happening with using the mobile phone and loudspeaker.

Q But, essentially, the medical response was that they didn't have time to do that?

A Yes.

Q That would presumably still be during the pandemic issues affecting the hospital?

A Yes.

Q Then you narrate on page 19 more material that you found in the records. I won't take you to read through all of it, but in essence, what you say there is that this is further information about your late husband's susceptibility to infection and low immune system, is that correct?

A Yes.

Q Paragraph 63 in particular. There seems to be some debate, concern there about hypoxia, whether it should be getting better or that it isn't getting better, I think, at the end of that paragraph 63. Is that right?

A Yes.

Q Just for information so, again, we're sure we're understanding all of the content of the witness statement, your late husband had a particular issue about a reaction to blood products that made it difficult to use a number of the options

which involve the use of blood products in certain treatments?

A Yes. So any blood transfusions he had, he had to be given high doses of antihistamines, and the products needed to come from Edinburgh because they needed to be washed, because I think the reaction was to the plasma in the blood. So getting the blood products from Edinburgh meant that obviously he could have blood transfusions, but it was an issue in regard to convalescent plasma because they can't wash that in the same way.

Q So there was one possible treatment, but it wasn't suitable for his particular case?

A No, because of this reaction.

Q So by the time we get to paragraph 65, we're at 19 November. Unfortunately, your late husband was really not able to phone you because he wasn't in a position to speak to you, is that right?

A Yes.

Q But he was still texting from time to time. There seemed to be some question about whether he was going to have to be ventilated.

A He'd overheard a conversation, but he hadn't been told anything by medical staff.

Q But you then heard about this precise issue. You say, in paragraph 66 on the same page, that you had a call from a consultant who was with your husband saying that further deterioration meant he was going to have to be ventilated.

A Yes.

Q Then we see the sad news on the top of page 20 that we've now moved, it would appear quite rapidly, to a situation where you're being told he had a 1 in 12 chance, which must, presumably, have been very unwelcome news, given at least the mix of news up until then?

A Yes, absolutely.

Q What then happens is that you come through from your home in the east through to Glasgow, and you're being told, as I understand it, that the actual transplant had been successful----

A Yes.

Q -- but there were other issues that were impacting on your husband's condition?

A Yes. I think, although I was being told the transplant had been a success, there had been no further tests to say that he was in remission. But obviously the pre-admission colonoscopy had shown no lymphoma, so it was that he survived the transplant. I suppose that was the element of success.

Q So, in other words, the procedure for which he was originally taken to hospital, you were being told,

had been successful?

A Yes.

Q Nevertheless, you were being told he was in a very poor condition?

A Yes.

Q I think you then narrate near the foot of that page and onto the next page your concern about people holding the doors open to single rooms in the circumstances that were prevailing at that time, which you say was contrary to all guidance, is that right?

A Yes, to COVID guidance was-- What was going through my head at that point in time is ventilation is an aerosol-generating procedure. Nobody should enter the room for 15 minutes to allow the room to settle, and the door was being held open to have a conversation with me and offer me entry into the room.

Q Now, I think we can move on a little bit. We know from your witness statement you had a couple of rather annoying calls from COVID contact tracers, basically asking why you hadn't complied because somebody hadn't ticked the right box on a form. No doubt that was-- we might describe it as annoying and smile about it now. It must've been very annoying at the time.

A My biggest concern at the time were the four phone calls happened in front of my children, and their dad had just been ventilated. It was an awful time

for all of us.

Q So, if we go on to page 22, we're now at 29 November. So, not long in terms of days, but you're now being told that things have got worse again, unfortunately, is that right?

A Yes.

Q Then you narrate – and we will come back to the significance or otherwise of these later – at the foot of that page, in paragraphs 75 and 76, reference to galactomannan tests, is that right?

A Yes.

Q With two of them being reported as positive.

A Yes, and with rising values.

Q Sorry, I did not quite catch that.

A Sorry, "and with rising values."

Q "And with rising values." Well, perhaps we could just pause, perhaps slightly out order, just so we can understand why you make the point of including those in the statement at this stage. What's their significance, from your understanding?

A The cut-off for a positive is 0.5. The first test was 1.8. The second was 3.8. If it's rising, that infection is getting worse.

Q So these are tests for a particular infection, are they?

A Yes, they're for Aspergillus.

Q Yes. At the time, were you being told about testing for Aspergillus----

A No.

Q -- or the results of the tests?

A No, Aspergillus was never mentioned to me at all. The first time I even heard of that as an infection was reading the medical notes.

Q So were you told anything about whether this would or would not have any impact on your husband's prognosis?

A No. There was a comment in a phone call the day before his death about the potential for a second infection, and on that phone call, they were saying he was deteriorating and they were going to arrange a compassionate visit. So there was an implication that there was an infection affecting him and would likely have a----

Q Yes, and I think we find that reference there that you've just helpfully taken as to appearing in paragraph 79 on page 23, where we see, in the third line of that paragraph, that you were told there was a potential for additional infection. But I take it, from the way you've narrated that, that you weren't told what it was?

A No.

Q Do you remember if you asked?

A I don't think I did. The phone call was late-- not late, but late in respect of when they usually came and the children were all around. And really, what I was hearing on that phone call was that they were going to arrange a compassionate visit, and I don't think I even thought to ask, to be honest.

Q Because, at this point – no getting away from it – this is the point at which your husband was deteriorating rapidly and ultimately didn't survive.

A He didn't survive. I don't think at the point of that 4.30 call it was felt that it was a rapid deterioration because the discussion was around a compassionate visit over the course of the weekend. So this was the Friday, so the visit would have been either Saturday or Sunday.

Q Yes. Yes, that's right. So [redacted] December was the date of the call, and [redacted] December was the last day.

A Yes.

Q So, at that point, you knew about the issue of COVID. You'd been told there was a possibility of additional infection, but nothing else?

A Nothing else.

Q So if we can move on a little bit, if you don't mind, we go to page 25, and this is where we get into the steps that have to follow such an event. You're dealing with the issue of the death certificate and so on. You appear to have been asked by someone – I'm not quite sure who – whether you had any

concerns or questions about your late husband's death. Can you remember who it was that was asking you about that?

A I don't remember the name at all, sorry.

Q Was it a doctor?

A It was a doctor. I remember them saying they were an ICU doctor, but I don't recall the name.

Q So, the point that you make in paragraph 87 was that you were concerned about the contraction of COVID?

A In a protective environment because he was in 4B up until the point that he tested positive for COVID, and he'd been admitted with negative tests and had negative tests post the first day of admission and then the third or fourth day. So it was the fact that he'd contracted it within that protective environment.

Q I think there's some debate as we go through your evidence as to whether there are or are not properly any concerns about your husband's death, but you would-- at least one of them was you were concerned about the contraction of COVID in a protective environment?

A Yes, and I didn't want another bone marrow transplant patient to be at high risk from COVID.

Q I think you asked whether there was any way that steps could be taken to check the source of the COVID infection.

A Yes, bearing in mind that, up until 14 days, with the 14-day limit, you're looking back at the two visits he had to the Western General in Edinburgh, and those could have been potential sources. I think, now, we tend to think that COVID incubation is shorter and generally sort of three to five days, except in certain circumstances.

Q But before your husband had entered the hospital in Glasgow, he had been isolating quite carefully, is that right?

A Yes, he was told by the Glasgow consultants that he needed to shield for two weeks prior to admission, so the only things that he did was a visit to the Western General on the Wednesday before admission and on the Friday before admission, and Glasgow the previous Monday.

Q In any event, you've asked about investigations into the possible sources, and then you get a further call from, I suspect, the same doctor on 8 December, where it's explained that they've delayed dealing with the death certificate until they made inquiries into procedures in 4B. According to your witness statement, you were told of three

clinical staff being found to be positive for COVID at around the time when Andrew was there.

A Yes, that's right.

Q Then we come to a sentence which might sound innocuous here but on which you place some considerable reliance later, where the doctor says, "Well, I'm happy with the procedures we had in place on the ward, and there's no need for an autopsy because it wouldn't tell us anything we don't already know." What was your response to that?

A I agreed.

Q At that point in the process, had you been told anything about Aspergillus?

A No.

Q Or what the other infection or possible other infection was?

A No, nothing.

Q Then you eventually got the death certificate, and I don't think we need necessarily look at it, but it records the primary cause of death as being COVID-19.

A Yes.

Q Then it makes reference to other subsidiary issues, but the COVID-19 is the primary cause.

A Yes, and the time given on the death certificate to COVID actually suggests that he had COVID on admission to the QEUH, which he did not.

Q Perhaps we better just look at it so everybody is aware of what we're looking at. We find that at page 104 of your witness statement, handwritten, and the first page gives various details. Then, if we go to page 105, we'll find there a heading "COVID pneumonia," and then "Other significant conditions: mantle cell lymphoma and bone marrow transplant." Not sure it's a condition, but never mind. Your point is, as far as you were aware, he did not have COVID on admission to the hospital?

A No, because he had two negative tests straight after.

Q Thank you. Now, what we now start to hear in your witness statement is the somewhat longish tale of medical record recoveries. Trying to summarise the whole thing – and I will come to your witness statement just in a moment – you found it difficult, and I'm using that phrase-- using deliberately neutral language, but you found it difficult to obtain all the records that you knew existed for your husband's treatment, is that correct?

A Yes.

Q In looking for those records, as you say in your statement elsewhere, you had been assisted by someone who knew what records were kept in a hospital about somebody in those circumstances, is that correct?

A Yes.

Q So, in effect, you knew what it was you were looking for?

A Yes.

Q Again, the phrase that rather occurs to me, and it may be an unfortunate one, but it sounds a bit like a drip feed. You got them in bits and pieces, is that correct?

A I think that perfectly describes it.

Q So, we see on page 27 of your witness statement, if we can go back there, that you were concerned about the COVID issue and you asked for records, and you got some and then you got some more. You say, in paragraph 93, that in those received on 1 February '21, you got the reference to the positive Aspergillus results.

A Yes.

Q Is that the first you'd heard about that?

A Yes.

Q Also a beta-D-glucan test carried out by a reference laboratory. But you were keen, I think, to try and get the actual BMT team records, the bone marrow transplant team records, rather than ICU or HDU, is that correct?

A It was-- The most obvious chunk of medical records that were missing were the acute BMT notes, and the BMT unit had been in charge of his

care from admission right through to HDU, the end of HDU, and it was-- what I wanted to see was the decision-making to admit him. That was my primary aim for getting the medical notes, and then, with the Aspergillus, it was looking back at the middle of November and what had happened during that period of deterioration. So I was looking for the medical notes and the nursing notes specifically from Bone Marrow Transplant.

Q Again, cutting through some of the narrative, you kept being told you'd got everything----

A Yes.

Q -- and discovering that, no, that wasn't right.

A Yes, I think the communication, summarised, said, "You're wrong. We've given you these notes" as though I didn't know what a medical note or a nursing note looked like.

Q Then, eventually, it was discovered that you hadn't been given the BMT notes.

A Yes.

Q They were discovered to have been-- the phrase was "quarantined"----

A Yes.

Q -- and they had to be recovered and were eventually released to you.

A Yes.

Q I'm cutting through quite a long narrative, but I think that's the gist of that. Can we just perhaps move on to a slightly different topic, which comes in the narrative to page 30 of your witness statement, at paragraph 106? Of course, we know that your husband was employed in the Scottish Government, is that correct?

A Yes.

Q So he knew lots of people in that organisation, is that fair?

A Yes.

Q We see that you had a voicemail from the then First Minister's private secretary saying that there was a letter coming to you.

A Yes. I'd received a phone call, but I'd been in a work meeting so I couldn't answer it, hence the voicemail.

Q Yes. Perhaps we might just look at that. We find that also attached to your witness statement in page 107. Perhaps, for present purposes, apart from the expression of sympathy, there appeared to be three things that were going to happen: there was a GGC review----

A Yes.

Q -- a review by the Board who had been responsible for Andrew's treatment, and also a review by the director of NHS Lothian.

A Yes. The medical director was leading the NHS Lothian review.

Q Then, thirdly, Healthcare Improvement Scotland was to have a more general review of Aspergillus in the Glasgow hospital.

A Yes.

Q Thank you. We'll come, I think, particularly to the NHS Lothian review later in your witness statement and to the issue of HIS. That's dealt with in your second witness statement, your view about what happened there.

A Yes.

Q Thank you. In fact, the sections of your witness statement which follow-- We were at page 30 of paragraph 106. The sections that follow that deal, again, with your continuing search to recover the BMT records.

The ultimate result, just so we have it recorded, appears at paragraph 113 on page 32, where the reference that I picked up earlier – to the records having been quarantined due to COVID – appears about two-thirds of the way down that paragraph. So, eventually, you got them?

A Yes.

Q So this is February 2022?

A Thirteen months after his death.

Q Well, in fact, you go on to say later in your statement that you think

there are still records that you haven't got and you've asked about but haven't got anything else.

A Yes, so I am aware, through information that I have received, that there should be notes from Respiratory, Infectious Diseases, Microbiology, and I suspect there are also missing laboratory results. But, on 23 March 2023, I received a final letter from legal aspects, who deal with the release of medical records, stating that the Board had complied with its obligations to provide me with all the information I am entitled to receive.

Q Yes, and just again for the notes, that narrative – or broadly that narrative – that you've just given us, we find in paragraph 118 of your witness statement on page 33.

A Yes.

Q Thank you. One of the points you make about the GGC review is that, as far as you could understand, it hadn't been initiated because of your late husband's death, it had been initiated because of other publicity that had issued, or perhaps because the First Minister had become involved.

A Yes, so the NHS GGC review, I can see from emails that I've received, was initiated on 17 or 18 November 2021.

Q How long after the incident is that? That's quite a while.

A Eleven months, and then I was written to by Dr Margaret McGuire in February 2022 to say that the Board did not feel that there'd been any issues with Andrew's care, so they had carried out no investigations at the time of his death. So they have confirmed that nothing was done post his death, despite two hospital-acquired infections.

Q Well, I just wanted to try and square these two statements, and they're probably easiest done by looking at the top of page 35 in your witness statement, where you narrate-- it's a letter from GGC's director of nursing, Dr McGuire, the tailpiece of that saying that, "We didn't believe there were any failures in Andrew's care," to which you respond in your witness statement, "Well, two hospital-acquired infections," it would appear.

A Yes. I cannot understand how the position of a bone marrow transplant patient acquiring two hospital-acquired infections cannot be seen as an adverse event.

Q In effect, what you're being told is that nothing was done at the time because they didn't think there was a problem?

A Yes.

Q I just wanted to pick up on a slightly puzzling reference, or at least it's puzzling to those who have had to listen

to lots of evidence about hospital ventilation arrangements: negative pressure rooms and positive pressure rooms and so on. In paragraph 124, you touch upon a reference which you say was made by the Board to your late husband being moved to a negative pressure room. That, presumably, must be a mistake, presumably, because there aren't any negative pressure rooms in bone marrow transplant units.

A Yes, and Andrew could not have been put in a negative pressure room because he was bone marrow transplant patient with no immune system. They also say at the beginning-- noted at the beginning of paragraph 124 that, "There has been a clinical review of this case," but as we know from Dr McGuire's letter, there was no clinical review of this case.

Q I think you'd recovered an email, which we find at page 117 of your witness statement, which will be brought up just in a second, which is an email from Dr Peters – who we know was a microbiologist at the hospital and someone, in fact, that you were keen to have a discussion with later on, albeit ultimately unsuccessfully – to, I think Professor Wallace, who had been helping the Board following some of the issues, in which Dr Peters says that she was involved in microbiology advice and, "We were treating the patient for presumed aspergillosis," which she says was the most likely cause of infection.

She, I think, picks up in numbered paragraph 2, near the foot of that email, a report somewhere had emerged, suggesting he'd been housed in a negative pressure room because that wouldn't have been in any way the correct place for him to be housed.

A Yes.

Q (After a pause) Now, can we also look at page 121 of your witness statement? It's another document that you produced. We won't need to go back to the witness statement just immediately, but in paragraph 127 of your witness statement, you tell us that an internal report was submitted for this case review. That's a GGC case review by Dr Clark, and you've got that and you've attached it, and we find it there. You say that wasn't referred to in the GGC review at all, is that right?

A No. The report that Dr Clark did wasn't referred to. It was provided to feed into the overall NHS GGC case review, but a lot of information included in Dr Clark's report was not included in the end. From memory, at some point in this, Dr Clark states that it was likely that he had aspergillus due to the increasing values of the GM tests. So it was likely to be a co-infection between COVID and

Aspergillus, but that was not reflected in the GGC review.

Q We should probably just pick that up while we've got that document open, so if we go to page 123, please. I think you may be referring to a passage near the foot of that page, where he says:

> "The Ag test can be falsely positive [it's in the middle of that paragraph] but levels were high as was Beta -D- Glucan."

Then he comments on the combination of Aspergillus co-infection, which has been seen perhaps more often----

A Yes.

Q -- as the pandemic moved on.

A There is a link between Aspergillus and COVID, but ultimately, in order to develop an infection from Aspergillus, there's got to be a source.

Q Yes.

A So it increases your risk, but there still must be a source of infection.

Q I think we also find – again, just while we've got this document open – at page 124 what is, in effect, an apology from Dr Clark because he said to you something about your late husband having lost his battle against COVID, and at that time he didn't know about the positive Aspergillus test and he hadn't gone back to you to correct what he'd said.

A Yes.

Q If we're just pausing on the GGC review for the moment, were you satisfied with what you were told following that review?

A No, and I think, sort of-- one of the things that struck me the most about it was that the basics weren't there. They did not have every room that Andrew was in stated in the report. They'd missed two room moves.

Q I'm paraphrasing something that you deal with in some detail, but would I also be right in understanding that if there had been a post-mortem, then your information is that it would have been possible to ascertain whether Aspergillus – or aspergillosis, to be precise – was part of the cause of death?

A Yes. The only way for total confirmation of Aspergillus is through tissue sampling, and as they had not done the bowel on the two occasions that it was suggested – one of which, clinically, he could not have had a bowel – post-mortem was the only way that that tissue sample could have been obtained.

Q Now, there's the GGC review and then there's the NHS Lothian review, and there's one oddity, isn't there, about the NHS Lothian review, i.e. what information they looked at in order to carry out the review?

A Yes, so it states on page 1 of the NHS Lothian review that this was not usual as they had not seen Andrew's case notes.

Q We'll look that up now. Page 149 in your witness statement. Perhaps it strikes outsiders as slightly odd how you do a review without accessing the records. Were you given an explanation about that?

A No, not from memory. Well, I can't have been given an explanation, because the offer of a meeting by the chief nursing officer was withdrawn, so I never actually had an opportunity to ask questions such as that.

Q So if we look at page 149, we find, about four paragraphs down, what was done is that a number of individuals from different interests in the hospital provided comment, but it says here:

> "No reviewer had the opportunity to examine the records of care and construct their own timeline or evidence drawn directly from GCC policies and protocols. [And it says] The method used has limitations, most notably that case notes and the actual records were not seen, which would be the way an expert opinion is usually given."

You'd been promised this as a step to be taken; I just wondered whether you'd ever had any explanation as to why it didn't go the way an expert opinion would usually be given.

A No, I was never given an explanation.

Q Then it goes on to say no GGC staff were spoken to either.

A So, no-- It says no GGC staff were spoken to, and I think, in that respect, they're talking about a physical meeting, because what did happen is Lothian submitted questions through the CNO at Scottish Government, who then filtered it back to Glasgow, who then answered the questions – all written – and then that was sent back to Lothian through Scottish Government as well.

Q In effect, what that review concluded on the basis of that information was that your husband probably did get COVID in the hospital----

A Mm-hmm.

Q -- but I think the phrase was "his placement was appropriate" during his journey through the hospital. I just wondered whether you got any explanation as to the basis on which there was a conclusion that the room or rooms he was placed in after leaving 4B were appropriate for someone in his condition.

A I've only got the information contained in the Lothian report because, as I mentioned earlier, the offer of a

meeting with NHS Lothian and NHS GGC to discuss the contents of these two reviews never happened. So I've not had an opportunity to ask any of the questions, and that would have been one of my questions, of how it is deemed appropriate that somebody with no immune system was held in what is, in effect, a general ward.

Q Again, the review is quite a long document and, I think, probably more than we have time to read through in detail, but would I be right in summarising that, on the question of Aspergillus, the report says, "Well, this is a difficult thing to be sure about, although there were some tests indicating it." So there's a slight degree of uncertainty expressed?

A Yes, and I think that's understandable because NHS Lothian didn't have access to clinical records, so they couldn't see the clinical picture with Andrew that would also contribute to a decision on whether there was Aspergillus.

Q So, were you satisfied once you'd seen the NHS review?

A No.

Q So, we then come to another issue that's caused you some concern, which is, can you meet with anybody to discuss these things face to face? Just taking face to face as being possible,

depending on what date we're talking about. You start to deal with that in your witness statement at page 41 at paragraph 143. Again, what seems to have happened is there seems to have been a debate about who you could bring with you to any such meeting, is that right?

A Yes.

Q Because initially you wanted legal representation, is that correct?

A Not in regards to any litigation, just as a second pair of ears. I think it's important-- I am a widow, and when you're receiving a lot of complex information and you take on board the grieving process, you don't remember it all.

Q In any event, the response that you got-- and I think that was via a Scottish Office representative rather than a Board representative. Is it Mr McMahon?

A Yes, he was the chief nursing officer at the time-- No-- Yes, chief nursing officer at the time.

Q So you were told, "Well, if you want your lawyers, we can't have a meeting." So you said okay, and then you were going to be accompanied by a politician instead, and they didn't want that either.

A They didn't want that either.

Q I mean, could you not have

brought somebody less likely to cause an objection, if I can just put that point to you?

A I think-- Later on, it's suggested by NHS GGC that I could take a family member, and there are a number of problems with that. I have young children: they can't go, they can't take in that level of information. I have my parents and Andrew's parents: it would not be appropriate for them to sit on that sort of conversation.

Again, it comes back to the complexity of the issues to be discussed and a knowledge of those, a background knowledge of those issues. So, there-- I challenge anybody in my circumstances to find somebody that understands the issues around health that are very specific to transplant patients that were in an emotional situation to be able to attend. And I struggled with that, and that is the reason for the attendees.

Q You were keen to meet Dr Christine Peters?

A I was.

Q Did you understand – and I suspect she's already given evidence to that effect – that she would, in principle, be happy to meet with you, but needed to go through the Board's systems to do that?

A Yes. She replied to my email requesting that meeting on a one-to-one

basis and said that she would be willing to meet, but she needed to go through the Board, which is absolutely understandable.

Q So did you ever get to meet Dr Peters at that time?

A No. I've never met Dr Peters.

Q Well, let me just ask you something about that. There was a slightly odd piece of evidence that this Inquiry heard earlier about the same process, from Dr Peter's perspective rather than from your perspective, in which, as she understood it, steps were going on to arrange a meeting, but then she was told there was a complaint and she shouldn't obviously get involved with a meeting while there was a complaint outstanding. Can I just ask you, did you make a complaint about Dr Peters?

A I'm absolutely disgusted by the fact that she was told there was a complaint. I have never put in a complaint to NHS GGC. No complaint has been done, and in actual fact I requested-- well, I sent an email to Dr Peters in April 2022 for a one-to-one meeting. I'm slightly uncertain about the timing that Dr Peters was told there was a complaint, but Angela Wallace sent me a letter in April 2022 referring me to the GGC complaint system.

Q Do you know why she sent you that?

A That was the final letter about meetings and so, at that point, GGC had withdrawn all offers of meetings, and the letter from Angela Wallace was the final one, saying, "We are unable to meet," and referring me to complaints.

Q But you never took up the offer of making a complaint?

A No. It's just another form of internal review, and I think the NHS GGC review speaks for itself on why that would not be a step forward for me.

Q So you never actually got a meeting?

A No.

Q I just wanted to ask you about a couple of things before we come to the morning break, if I may, and one is that you've expressed a concern about your social media communications being monitored, is that correct?

A Yes.

Q If we look at page 50 of your witness statement – five-zero – you say there that that's an NHS GGC email. Where did you get that from?

A Subject access request.

Q A subject access request. Were you aware that your use of social media was being monitored?

A At that point, not by NHS GGC. Subject access requests have revealed that Scottish Government, GGC and Health Improvement Scotland were keeping an eye on my social media. In terms of Scottish Government, when they saw a post, it led to briefings being sent to ministers, it led to meetings of directors with special advisors. The monitoring of everything I have said is so invasive, and the nature of the people that they pull together in response to a post is intimidating to say the least.

Q Well, I need to ask you about that, if you don't mind, because if you're expressing views, publicising arguments, whatever, on forms of social media, are you not putting it out there to be read? So, in that event, why are you objecting to somebody making sure that they know when you're making those statements?

A Absolutely, I expect it to be read. That's why you do it, to raise awareness, but I think seeing emails with 40 very senior Scottish Government officials, including special advisors, to respond to a widow is totally over the top.

Q I think the Board might say that if they monitor social media, it's so that they can be aware quickly of what's said in social media in case they need to respond. Now, is that not a proper thing for them to do?

A Not in these circumstances, no. All organisations media monitor, but to put an individual, and in particular a widow, onto a paid monitoring service is not acceptable and it's an invasion of

privacy. They can use a search like anybody else on the platforms that are there. It takes seconds.

Q (After a pause) The only other topic that you cover – and I'm not going to ask you to read through it, Mrs Slorance, perhaps for obvious reasons – that you cover in your first witness statement is, if you like, a description of the impact of these events on you and your family, which I suspect everybody here can assume-- will assume are profound and serious. So, unless you have something specific you want to say, I won't ask you to go through that part of your witness statement. Is that okay?

A Yes, thank you.

Q Thank you, but I think, on that basis, my Lord, I was about to move to the shorter, second witness statement, so this might, if convenient, be the appropriate time for a break.

THE CHAIR: Very well. Mrs Slorance, as I said, we usually take a break for coffee, so if I could ask you to be back for ten to twelve. Thank you.

(<u>Short break</u>)

THE CHAIR: Mr Connal.

MR CONNAL: Thank you, my Lord. Can I just go back to something we touched on briefly this morning, if I may, before I move on to your second witness statement? Just to try and make sure we're understanding where the attempts to get a meeting and reference to complaints and so on got to.

We know from your witness statement that you were approached by Professor Wallace and said, here's-- you know, "Do you want to make a complaint?" and you never did. Was it ever explained to you that, if you express concerns or something along these lines about somebody's treatment, that is sort of treated as a complaint, and that might be what's being referred to? Was there any discussion of that kind with you?

A No.

Q Right, well, I'd like to move on to a different topic now, if I can. This is dealt with in your second witness statement, which we find at page 165, the jump in the numbers being explained by the fact that your documents that we referred to earlier are in the intervening passage. The main topic of this short witness statement is the steps taken by Healthcare Improvement Scotland, is that correct?

A Yes.

Q Following the request that you referenced in the letter from the then First Minister, is that correct?

A Yes.

Q As you understood it from that statement, the focus was to be on

Aspergillus?

A Yes.

Q You've re-quoted, in effect, the reference to Aspergillus in paragraph 3 of your second witness statement, and what you then do is you take us to two different documents: an inspection report from May '22 and then a further inspection in November. Sorry, the report is May, the inspection was in March. We know there was an issue about the pandemic at the time that the inspectors tried to carry out the visit, is that correct?

A Yes.

Q They tell us that, due to that, they changed the precise nature of their exercise to something less than a full investigation, is that correct?

A Yes, so they call it a safe delivery of care investigation.

Q I'm going to go to the report just in a moment, but in your statement at paragraph 5, you talk about the issue of six air changes being recommended for what I'd describe as a normal room in the hospital, as opposed to the two and a half to three that we've heard. Is that dealt with in the recommendations of either of the reports?

A No.

Q I wonder if we can just look, at least briefly, at the inspection report from HIS from May '22, which we'll find in bundle 18, volume 2 at 1490. Have we got the right one? That doesn't seem to be the right one.

A Oh, that's 2019. That's the second one.

Q Yes, that's the second one, I think. I'm not quite sure why the numbers are not working. My references say that there's material I wanted to go to at page 1495, but this doesn't seem to be the right volume. Just bear with me, my Lord. For some reason, the references that I have in detail are not matching up with what's coming up on the electronics.

Well, let's look at the final report because, for some reason, that doesn't seem to be the correct one. I apologise for that. Can you just go to 1495 for me so I can just double check? No. Well, let's go to bundle 18, volume 2, 1518.

So this is the second report, I think, after the first one didn't get to where you wanted it to go. In your witness statement, at paragraph 7, you set out a number of concerns you say don't match what the report actually concluded. That's really the point you're trying to make here.

A Between the findings and the recommendations?

Q Yes.

A Yes, so there's content in the narrative of the report that there is no associated recommendation for. Yes, there is-- One example of that is that it's

stated, in the main body of the report, that ARHAI have said that the outbreak definition would lead to underreporting of Aspergillus, but there's no recommendation to change that outbreak definition to match the requirement of the NIPCM, which would be a natural recommendation from a finding that underreporting would be happening.

Q Can we look at 1523? We see near the top of that page, and this ties back to the reference that you gave us earlier:

> "The inspection was commissioned following concerns about Aspergillus at the hospital campus."

I'm not quite sure what that paragraph actually means. It says it "considers, but is not solely focused on, Aspergillus." So, it's doing what it's being asked to do, but something else as well, I suppose.

A It's wider than what was suggested and I suppose, at this point, the scope of the report seems to have constantly changed, even prior to when I was informed about it. So there was a draft version of the First Minister's letter that I received that actually said, originally, that it instructed his-- to use data on Aspergillus at the QEUH. So it's gone from using data to being around Aspergillus to a wider Infection and Prevention Control review over the course of a year.

Q Then it quotes a definition of aspergillosis and makes the point it's "rare in healthy people" but "risk is increased" if you have a weakened immune system, which I suppose is the point that was concerning you.

A Yes.

Q I suppose that the question I have is that the report says it's considering Aspergillus, but do we find Aspergillus mentioned in the heading "Our focus" further down that page?

A No.

Q Can we look at 1527, please? This is quite a long document, so I'm going to go to the summary of findings just for ease. What they're doing there is explaining how they lay out their report because they have a section "What we found."

They narrate that, as observed during a previous visit in March – that's the one that was downgraded in style – the hospital was under a "range of pressures" and that "27 wards … scored a risk rating of red" because of "staff numbers" or "staff skill mix." Then they talk about various exercises to deal with risks and how the parties are working.

Can we just move on to the next page, please? They narrate good support from the Board, evidence of good

IPC leadership. Then I wanted to come to this page because one of the criticisms you make of this report was that none of its membership had any particular expertise in Aspergillus.

A That's specific to the inspection team----

Q Yes.

A -- because I was aware that they had consulted with Professor Denning.

Q As I understand it, Professor Denning is somebody who is recognised as having expertise in Aspergillus. Is that fair?

A Yes.

Q So, although the inspection team didn't have that expertise directly, they narrate that they were consulting with him?

A Yes.

Q Which would appear, would it not, a perfectly reasonable thing for them to do?

A Yes, absolutely. I think the expertise is in regards to them receiving data, what requests for data they put in, whether they receive data that matched those requests. There seems to be, in the report, a reliance on the evidence submitted, which seems very one-sided rather than them requesting specific data of Aspergillus.

Did they ever receive clinical information about patients? As we've touched on earlier today, total diagnosis is difficult as it is a mixed picture between clinical observations as well as the likes of the GM tests and also how ventilation poses a risk with Aspergillus and what they knew about the circumstances at the QEUH.

Q The passage where Professor Denning is mentioned suggests that Aspergillus is quite a difficult organism to deal with and perhaps also suggests that there was not much guidance on how to deal with Aspergillus and what to do about it.

A Yes, my understanding is that there is no national guidance, which causes disparities across the country.

Q Yes. I think that page then goes on to narrate that perhaps one of the problems is the lack of guidance on how to deal with the topic in the UK.

A Yes.

Q Just while we're on that page, I think you're aware that the way the HIS system worked at the time was that they created different categories at the end of that report. Now, I know one of your criticisms is that not everything they've reported makes its way into a recommendation. So, they can say, for instance, "Finds dirty marks on a windowsill," but they don't necessarily make a recommendation about that.

But leaving that aside, they end up with what are described as areas of good practice, recommendations – which are things that they've discovered that are not very good and they're suggesting something should be done – and requirements, where they are stronger and, basically, they have to be done. Is that correct?

A Yes.

Q Do you understand whether a board has to comply with an HIS requirement?

A There's no follow-up to ensure that necessarily. Sometimes an action plan is developed on some occasions, which it was in this. But, as far as I'm aware, there's no follow-up to ensure that the requirements have been taken by the board in a timely manner.

Q Can we look at 1530, please? I've gone there because, if you remember, I've just narrated that there are recommendations and requirements. Now, the recommendations here appear to be about sharing information about invasive devices. That's presumably things like Hickman lines?

A Yes.

Q They also make a recommendation about communications between Estates and clinicians. Do you see that?

A Yes.

Q Then the two requirements are about specialist infection control advice being recorded, and then a very narrow requirement about the cleaning of certain types of things not in wash-hand basins, essentially. If we go to 1561, this is where we find another area of good practice, cleanliness “good,” and then the reference to the electronic system. Do we find any requirements or recommendations about Aspergillus?

A No.

Q Did that surprise you?

A Yes. It's a gap. I think, as I mentioned earlier, they talk about ARHAI, saying that there would be under reporting, and yet there's no recommendation with that nor to meet the requirements of the NIPCM.

And I think they do highlight the standard operating procedure on patient placement as an area of good practice, which is “excellent.” There seems to be no awareness that that is in actual fact a third iteration of that document, and the first iteration was published prior to Andrew's admission to the QEUH.

Within the patient placement from the first version, it states that there is a derogation on ventilation, and it also states that there is a door closure policy to support Infection Prevention and Control, yet this report doesn't look at whether there is awareness of that door

closure policy or whether it's been implemented, which would be key to any investigation on Aspergillus and risk within the hospital.

Q Yes. I think the other concern you had about that report was that you felt it was presented as a sort of clean bill of health, when you didn't think it was.

A Yes, it was, certainly to the public. The narrative was that it had come back as good.

Q Now, I understand there was a suggestion that you should have a meeting to discuss this inspection report, is that correct?

A Yes.

Q Did that ever happen?

A No, and I will take responsibility for that. There was a date in the diary and I had to cancel as I was ill, and I haven't followed up as yet.

Q So, in terms of the objective that the First Minister set out in her letter to you, has that been accomplished in this report?

A No, in my opinion.

Q I think we can probably leave that for the moment and really just bring things probably rather more quickly than I'd anticipated. I apologise for not having the earlier report, but the-- it's just to try and get your overall response to what was done.

You had the Aspergillus infection,

which you weren't told about. You couldn't find out about it post-mortem because you didn't know you had to have one. You say that what you saw in the HIS inspection didn't really take matters much further.

In your witness statement – which we can go back to, at 171 – I think you've suggested there that, far from helping the position, these reports have actually gone the other way. Why do you say that?

A I suppose the three things that were outlined to answer my questions-- none of them have answered my questions, and they've created more questions because of the content of the report, whether that be how the report was drawn together, which we've referred to earlier this morning in regards to an NHS Lothian report that it wasn't normal practice.

With the HIS report, it's, "Well, how was this put together? How was data gathered? What criteria were used?" And in the HIS report, just a distinct lack of information about Aspergillus within the hospital over the last eight years. Well, seven (inaudible).

Q Are you any closer to understanding how the infection was acquired?

A No. I've formulated my own opinion, but I'm not an expert. I can only analyse the information that's available in

the public domain and within his medical records.

Q I think you make the point at paragraph 25, the very close of your witness statement, that there is no direct enforcement power in the hands of HIS arising from their reports.

A Yes, they have no regulatory powers.

Q But am I not right in understanding that in response to an HIS report which contains recommendations or requirements, a board is required to produce a response setting out how they propose to deal with each of these recommendations and requirements?

A Yes, but that's a written document that does not necessarily translate into actions being-- effective actions being taken in a timely manner, and HIS do not have the power to ensure that they do that.

Q Does anyone have that power, as far as you know?

A In Scotland? Not within health, as far as I'm aware. Obviously, the Health and Safety Executive have powers in that regard, but not for-- I suppose it is just slightly different, isn't it? You're looking at regulating health care rather than health and safety, so it's that differential. We've got the gap in health care because the health and safety executives should do their element.

Q We're just coming to the conclusion of the things I wanted to ask you about your evidence. I wonder if you can help us by trying to sum up what you are concerned about, about your late husband's treatment, so that we can pull it all together in a convenient form.

A I'm concerned about the secrecy, primarily. I think both him and myself should have been informed about that infection. I think when we asked the question about when transplant patients moved to the Queen Elizabeth, we should have been given an accurate story and not just, “They moved in 2018,” missing out all the information about the initial move from the Beatson to the QEUH.

I am concerned that, specifically with Aspergillus, there is not the knowledge of how many cases have occurred at the Queen Elizabeth. There's been mention, both at the Inquiry and in Parliament, of a second case at the time that Andrew was in 4B. You'll hear this afternoon about a third case at the time Andrew was there. There is a level of secrecy that does not allow learning to take place, and without learning, patients remain unsafe to this day.

Q My Lord, I have no further questions for this witness.

THE CHAIR: Can I just ask you to confirm these concluding points? Mrs Slorance, you were asked to summarise

your concerns you have articulated in your evidence. Now, the first point I take is a communications point: you should have been informed about the infection. Have I got that----

A Yes.

THE CHAIR: -- right?

A So, I'm referring to them from the middle of November 2020 because when Andrew had his first transplant in Lothian, I was given a lot more information when he was ill and infections (sic).

THE CHAIR: I think you then said that you were concerned that you hadn't been provided with-- now, I've noted this as “an accurate history.” "History" was not a word you used, but have I captured the point, the history of the Bone Marrow Transplant Unit in the Queen Elizabeth?

A Yes.

THE CHAIR: Now, that is information you----

A I requested----

THE CHAIR: -- say you should have been provided with at what stage?

A I asked a question at his first pre-admission meeting in January 2020.

THE CHAIR: Do I remember correctly that the context for that was concern about COVID risk?

A No. The context for that was that, up until that first meeting in January 2020, we'd been advised that Andrew would be admitted to the Beatson. His consultant in Edinburgh obviously didn't know that BMT was happening at the QEUH in 2020.

THE CHAIR: Now, the next point I've noted is that there appeared to be no knowledge – and if I haven't got this right, tell me if I'm wrong – about the number of cases of aspergillosis that there had been in the Queen Elizabeth.

A And that's information that I would have expected to come out of the HIS report.

THE CHAIR: Expecting that to come out of the-- which report?

A Health Improvement Scotland report.

THE CHAIR: Sorry, did I hear that correctly? The Health Improvement Scotland report?

A Yes.

THE CHAIR: Then you express concern about what you describe as a "general level of secrecy," and pointing out that that leads to an absence of learning.

A Yes.

THE CHAIR: Right. Now, have I got the points that you were asked to summarise?

A Yes. The only other thing I'd add to that, if that's okay, is – and it was flagged this morning – the lack of a post-mortem. That is a major concern for me,

and what specifically was said to me about a post-mortem.

THE CHAIR: Right. Thank you. Mr Connal, is there anything----

MR CONNAL: Nothing arising from that, my Lord.

THE CHAIR: Right. Mrs Slorance, as Mr Connal has possibly indicated, what I need to know is whether there's any other questions in the room which should be asked. So, could I ask you to return to the witness room? We might be about 10 minutes or so.

(Short break)

THE CHAIR: Mr Connal?

MR CONNAL: My Lord, having had the opportunity of consulting with her advisers, there's nothing further that Mrs Slorance wishes to add, and I have no further questions.

THE CHAIR: Right. Mrs Slorance, I'm told there's no more questions for you, which means you're free to go. But before you do go, can I say thank you on behalf of the Inquiry for your attendance this morning, but also for the work that will have gone in in preparing your two statements, which are part of that evidence. But again, thank you, and you're free to go.

A Thank you.

(The witness withdrew)

THE CHAIR: Now, Mr Connall, we're able to resume at two o'clock?

MR CONNAL: Resume at two o'clock, my Lord. The next witness will be Beth Armstrong, who will be taken electronically.

THE CHAIR: Right.

MR CONNAL: Then we have a further witness after that.

THE CHAIR: Then we have Mrs Dynes?

MR CONNAL: Mrs Dynes after that.

THE CHAIR: Right. Very well. Well, we'll see each other at two o'clock.

(Adjourned for a short time)

THE CHAIR: Good afternoon, Ms Armstrong. Can you hear me clearly? I would like to think that you're saying "yes," but we can't hear you. Now, let's see how we can-- Now, that might (inaudible)----

A (Inaudible) hear me now?

THE CHAIR: I can, I can. Good afternoon again.

A Good afternoon.

THE CHAIR: I understand that you're prepared to affirm before you

answer the questions from Mr Connal?

A I am, yes.

Ms BETH ARMSTRONG
Affirmed

THE CHAIR: Thank you very much, Ms Armstrong. Now, as you understand, you're about to be asked questions by Mr Connal, who I hope you will be able to see on screen. I would anticipate that your evidence will not take more than an hour, but should you wish to take a break at any time, just give us an indication and we can take a break.

A Okay, thank you.

THE CHAIR: Right. Now, I'm going to hand matters over to Mr Connal. Mr Connal?

Questioned by Mr CONNAL

MR CONNAL: Thank you, my Lord. Good afternoon, Ms Armstrong.

A Good afternoon.

Q We're getting a very slight delay in your responses to my questions, so if I cut across anything you're trying to say, please just indicate and we'll pick that up.

A Okay.

Q Now, in this instance, we have a single joint statement which is prepared by you and your sister, Sandie. I think the correct thing is to ask each of you to adopt the whole of the statement, since it's a joint statement, although I'm aware that you're going to divide the task of going through the statement between you. So can I ask you if you're content to adopt this statement as your evidence?

A I am.

Q Thank you. The circumstances which lead to you giving evidence to the Inquiry are the unfortunate death of your mother, [redacted] is that correct?

A That's correct.

Q She unfortunately passed away on 7 January 2019, just so that we have a timeframe in our minds, is that correct?

A That's correct.

Q Now, I think one of the points that you were very keen to make, and I suspect both of you were very keen to make, was that although your mother was 73, you wouldn't have described her as frail and elderly, is that correct?

A Absolutely not, no. My mum was very young for her age.

Q We'll come to that in due course, but I think you make the point that if you say that a sort of frail, elderly person has died, it may be thought to diminish the impact as opposed to simply saying, "An adult has died." Is that

correct?

A Yes, that's correct, and also, I guess, to diminish the impact or the interest in the fact that it was a second person that had contracted Cryptococcus in the hospital in a short timeframe.

Q Yes. Now, your late mother had lymphoma, essentially, is that correct? That was the illness she was diagnosed with?

A Yes, that's correct.

Q She was initially seen in hospital in England and then wanted to return to Glasgow, is that so?

A That's not entirely correct. She was being treated at the Victoria, the new Victoria, as an outpatient. She was actually on a trip to visit my sister in England when she had a cold and got a fever, so my sister called an ambulance in line with the instructions from the outpatients from the oncology department. So she took ill in [redacted] whilst on holiday.

Q I see, so she'd been treated in the Victoria Hospital, but was then, after the incident, while-- during the break, she was then transferred to the new hospital in Glasgow, is that correct?

A That's right. She was in hospital in Brighton for, I think, three weeks or something similar to that, and then they asked her if she wanted to continue her treatment back home and

she said yes, so they transferred her by ambulance from Sussex to the Queen Elizabeth.

Q Thank you. Now, I'm going to use the witness statement just to guide us through some of the things that I'd like to ask you about. She was put in a specialist room, I think, on arrival at the hospital. Is that what you remember?

A That's what I remember, yes.

Q Now, at paragraph 9 of the witness statement, which is on page 4-- The page numbers appear in the top-right corner. These are sort of electronic page numbers. You say she was put in a specialist negative pressure room. Could that be a mistake? Could it have been a positive pressure----

A It could be a mistake, yes. That could be a mistake. In fact, I don't even know where that came from. It was a double-door access room where we had to put PPE on before entering and exiting.

Q Yes, and you weren't sure exactly which room she was in at which stage, is that right?

A No.

Q However, apart from the obviously very significant issues about your mother's cancer diagnosis, the first issue of another kind that is raised in the statement appears in paragraph 15 on page 5, where you were told that she'd

tested positive for Cryptococcus neoformans. Was that one of the doctors that told you that?

A Yes, I think if you go a little bit further on in the statement, we'd actually sort of been pre-warned by one of the nurses.

Q Right. Well, perhaps we can most easily deal with the matter by looking a little further on. If we go to paragraph 16, you narrate there that your sister, Sandie, was traveling up during the weekend to see your mother. You recall that someone called [redacted], one of the nurses who you describe as very good at keeping you informed, spoke to you and she said she wanted to speak to you together because there was something serious to discuss, is that right?

A That's correct, yes.

Q I think the way you narrate it in paragraph 16, on page 6, is that there'd been a conversation that had involved doctors, your mother and her husband, but you hadn't been directly involved in that, so she wanted to make sure you knew what was happening.

A Yes, [redacted] was concerned that maybe my mum and [redacted] hadn't sort of quite taken in what was going on, and that she was concerned that me and Sandie should be involved in the conversation. In fact, I think what [redacted] was just letting us know was that we had the right to ask for a meeting for it to be discussed with us. If we wanted to request that, that was our right.

Q I think it's fair to say that you and your sister are quite complimentary about the clinical care that your mother received while in hospital, is that so?

A Oh, absolutely, absolutely, and so was my mum. You know, the staff were just-- on Ward 4C were just incredible at all times. They were wonderful.

Q Now, if we go on in your narrative then to paragraph 17, you were told that your mother had contracted a hospital-acquired infection. Is that the phrase that was used?

A To my best recollection, yes, that is the phrase that was used. In fact, that was the phrase that was used several times at the beginning, and then it stopped being used.

Q According to your statement, you were told this was serious and your mother shouldn't have caught it.

A Yes.

Q Is that what you were told again?

A That's how I remember the initial conversation with the nurse, yes.

Q It appears that, shortly after that, on the 29th or possibly the 30th, the registrar informed you – and that's three

of you on this occasion – that the source was Cryptococcus.

A Yes.

Q Was Cryptococcus something you knew anything about?

A No. No. I'd never heard of it before.

Q So----

A To be honest with you, I'm not really sure that I took it in properly at that point either. You know, we were aware that my mum had cancer and that she was receiving chemo and that leaves you open to infections, so I guess I didn't, really, at that stage, pay a huge amount of notice to the name of the infection.

Q Yes, but there is a discussion in paragraph 18 of at least some conversation around taking anti-fungal medication as a consequence----

A Yes.

Q -- and then being told, presumably at a later stage, that it seemed to have cleared.

A That's correct.

Q But she would need to continue to take medication because it could, I suppose, "hang around," to use a lay phrase.

A We were told that it could-- What I do remember very clearly being told was that the blood cultures had cleared, so what they would do would be they would take blood from my mum and then they would attempt to grow Cryptococcus from the blood, and that there was always a delay in getting the results because that took some time to do.

We were then told, at one point, that they were no longer able to grow the cultures, but that it was possible that it could hide in her system for up to a year, so she would need to continue to take oral anti-fungals for a year.

Q Notwithstanding what seemed to be, if you read that part of your statement, some progress, it appears that unfortunately your mother's health deteriorated quite rapidly at that stage, is that so?

A That's correct.

Q Were you being given any information as to why your mother was deteriorating?

A I mean, my recollection at that time, particularly to do with her fevers and her weakness, was it was always the question of, "Is it the infection? Is it the disease?" So there was the kind of switching between steroids and not being on steroids because obviously the treatment of an infection is different than if it's the disease. So that was the kind of pervading question, I guess, at that point.

Q It sounds as if your mother was very determined to get this resolved, from everything you say in your

statement. Would that be a fair comment?

A Absolutely. I mean, I think my mum was really shocked because she had understood that, you know, she was in there for treatment of her cancer and that, you know, all the expectations were-- was that, you know, that she would get the treatment and then she would go home. And she just kept getting worse and worse and worse, and so it was quite a stressful time and quite a confusing time.

But my mum was-- One of the things, because we were getting into December, was about her trying to get home for Christmas. I mean, we actually thought she would be discharged before Christmas, but, you know, she just kept getting worse and worse and worse, and she was really, really determined to be home for Christmas.

Q Yes, I think the point you make a little further on in your witness statement, on page 7, paragraph 24, is it affected her ability to walk unaided, or something had affected her ability to walk.

A Yes. Yes.

Q She was determined she could walk enough to get home.

A To be allowed home, and in the end, she came home and stayed the night and then went back to hospital again, but she wasn't well.

Q You pick that point up, just so we're clear where we've got to, at paragraph 25 of your witness statement on page 8, and then you go on to talk about a meeting with a Dr Inkster in----

A Yes.

Q -- paragraph 26, in which you say that she explained what her job was.

A Yes. Yes, I mean I'd quite like to elaborate a little bit on what I've written in the statement there because I wouldn't want it to be-- I mean, I guess we were trying to keep our statement as succinct as possible, but what I would like to say about that conversation with Dr Inkster is she was very clear that it would be a process, that there were various hypotheses and that she explained the process of infection control, and when you have more than one instance of an usual infection, more than one person in close proximity in time and place, that would trigger an investigation, that she would be in charge of the investigation.

So she did talk to us about one of the potential hypotheses, which is she did tell us about the pigeons that had been discovered roosting in the engine room on the 12th floor, but by no means-- I mean, I was just a little bit concerned when I read back over this because I think, in the interests of brevity, you know, we obviously didn't relate the entire

conversation.

But Dr Inkster in no way was making any decisions at that point about what had been the cause. She was explaining the process and she was explaining that there were several hypotheses. I guess the knowledge that there had been pigeons found roosting on the 12th floor, and that they were in the building, was shocking to us, so that would be something that I would have remembered from that meeting.

But in absolutely no way was Dr Inkster suggesting that she knew the cause of the Cryptococcus at that point. She was, I felt, being open, transparent, offering us as much information as she could give us and explaining what the process was going to be.

Q Thank you. In fact, the only point at which she wasn't transparent, I think, is when you asked about another patient and she basically said she couldn't give you any information because of confidentiality.

A That's correct. That's correct. I mean, I guess the reason why it's important for me to make that point is because, in this early period before my mum died, I did feel like we were met with openness and transparency, and we felt like there was a-- I felt like I trusted the medical professionals who were speaking to me, and that they respected my right to know what was going on with my mum.

For me, it was just notable how that line of communication or that style of communication sort of shifted after my mum's death. So I would say, at that point, for me, we were still in the phase when we felt that we were being met with openness and transparency.

Q I think, unfortunately, what follows from what you've just told us in the narrative in your statement is further information on the next page when you point out that, unfortunately, your mother's health continued to deteriorate until eventually you were told that, in effect, there was nothing more to be done----

A Yes.

Q -- on New Year's Day, of all days, is that correct?

A Yes.

Q I'm conscious your sister is going to deal with some passages in the witness statement, so I'm not going to ask you about that. I think you go on, later in the statement, to talk about being almost overwhelmed by the scale of the Queen Elizabeth hospital when you arrived there.

A Yes.

Q (Inaudible) kind of impression?

A Yes. I mean, it was just a huge building and, you know, we did-- I mean, even before we were kind of really

concerned about what was happening with my mum, you know, we did have discussions about how do they keep it clean, particularly the atrium area, which is just so huge and cavernous.

And it's got these sort of little office blocks jutting out of it, and we would look down on them from the fourth floor and just see the thick layers of dust on top of them and wonder how they got cleaned and who designed the building.

It didn't seem like a great design. I mean, obviously, the en suite bedrooms were great, particularly with my mum being so ill, but in terms of the atrium and the public areas, they seemed a strange design to me.

Q In the statement at page 11, you go on to touch on----

A Sorry, could you give me the paragraph number? I think I've----

Q Yes.

A -- got different page numbers.

Q Ah, right. Certainly. I'll use both the paragraph numbers and the pages, if you don't mind, so that others in the room here who have these page numbers can follow suit.

A Yes.

Q I'm going to paragraph 39 on page 11.

A Yes.

Q Just to pick up the heading there, which is, "Antifungals and

treatment," and your comment that you were alarmed by how fast she deteriorated, and you had, obviously, a series of questions as to how this was happening to her, is that right?

A Yes.

Q And----

A Yes, and she was actually speaking in tongues and it was really, really alarming. She was just saying crazy things. Like, it didn't even seem like it was in the English language. And, to us, this came fast on the heels of the very heavy-duty anti-intravenous antifungals that she was being put in, and the use of the loss of her legs, actually.

It seemed to us, observing the situation, that that when my mum contracted Cryptococcus then got put on the Cryptococcus medication, it just absolutely knocked her out, and she was totally bedridden.

And she actually-- I remember her saying at one point when she was lucid that she'd been having the most terrifying nightmares, and when I asked her what the nightmares were, she said, "I'm not even going to tell you because they were so terrifying. I'm not going to repeat it." So it just felt-- it felt like an assault on her system.

Q These were the kind of questions you had when it came to be that the death of your mother was, as it

were, investigated and a report was produced, is that so?

A Yes, that's correct.

Q You mention that report in paragraph 39, near the end, so perhaps we should just look at that, at least briefly. So if we go to bundle 27, volume 13, page 26.

A No, sorry, I don't actually have access to these documents, so maybe you could read out what you're referring to to me, if that's not too much trouble.

Q I was going to ask you about the-- what's called a significant clinical incident report----

A Yes.

Q -- which was prepared in March 2020. The final version came out in March 2020.

A Yes.

Q If we just go on to page 34, I'll come back and explain this to you in a moment. What I'm looking at, and what you've probably seen previously – albeit you may not have it in front of you at the moment – is the start of a meeting involving Dr Davidson, Mr Best, Dr Inkster, Dr Hood and Dr Hart, with an agenda which covered issues such as an assertion that there was misinformation, that your confidence was damaged, that there was a report saying there was no connection between Cryptococcus and pigeons, which you hadn't been involved in before it came out. Do you remember that discussion?

A Yes, and in fact, that agenda was written by us because we were, by that point, reticent about the meeting, and we wanted to make sure that the meeting addressed the issues that we wanted to address. So we wrote the agenda and sent it to them in advance of the meeting because we wanted to control the agenda, essentially.

Q The point that's made, and I just want-- I'll put it to you, and you can comment on it. The point that's made at the foot of page 34 of our document bundle here, under the heading "Questions we want to ask and things we want to say," is that you reiterate your gratitude for “the excellent care … received from doctors, nurses and health support staff” both as an outpatient and inpatient; that your mother always felt “well cared for and in good hands;” and communication with her and with you was “always excellent.” Your complaint is “not with them, it is with the senior management of [the hospital] and Health Board,” and you say:

> “… who [you] feel have acted in their own interests and not in the interests of patients. A lack of transparency has damaged confidence.”

Now, why did you think, at this stage, by September 2020, that there was a lack of transparency?

A We had been just-- It had been a hugely frustrating experience trying to communicate with the hospital. We had a lot of questions to which we never got answers. We asked for a family liaison person to help us, to support us. We actually got given Jennifer Haynes, who's not a family liaison person, who's a board's complaints manager.

Every time we asked questions, we kept getting told, "Well, is this your complaint?" And we were like, "No, we haven't-- the family hasn't actually had the answers to the questions. We don't really know what our complaint is yet," because we were just trying to work out what was going on.

It seemed like the hospital, on the one hand, were saying-- and Dr Inkster had been very clear with us at the beginning about, you know, how difficult it is in retrospect to be able to conclusively identify the source of an infection. But yet, on the other hand, we were getting senior managers telling us that they could conclusively tell us where the infection had not come from, and it just seemed very confusing.

There had been a series of-- so, for example, air quality tests that we were told we would be given the results to. We were never given them in writing. I was phoned on a bus on the way home from work with very technical information, and I was saying, "I'm on a bus. Can you please email us these test results?" We never received them in writing.

So we felt like we were being managed. It felt like the tone-- unlike the clinical staff who we were dealing with on the ward when my mum was alive, who would be going out of their way to explain things to us and share all their information, I suddenly felt like we were in a process of people being very careful with their wording, very careful wording being used, very-- and it just became very confusing. It felt like we were never getting a straight answer, which is actually why--

And actually, I believe that document-- I'm looking at my phone where it's tiny, so I can't really see the document, but I did review the documents in the bundle before I came online here, and I think this is actually a document that we sent in-- that we submitted.

It was the kind of preparation document that our family had made for the meeting because we were worried about being blindsided in the meeting. So it was us trying to get our issues straight and our thoughts straight so that we couldn't be confused by the people in

the meeting because we were anticipating that that's what was going to happen.

Q Perhaps we could just move on, for our purposes, to page 35, just to make sure we get the end of that section. I think what's being suggested there is that you didn't think the real question was finding the source of the infection. The question was trying to say, "It's nothing to do with us."

A Absolutely. That's what we felt. It was shocking to us because up until the point where my mum died, we just had nothing but 100 per cent faith in everyone that worked for the NHS, and it was like-- once my mum had died, it was like there was a switch that happened, and everything now became about trying to disprove the link rather than to find the source of the infection and to make sure that the hospital was a safe place for everybody that needed to use it, you know.

I think, if I'm allowed to extrapolate and deviate from my statement at this point, I'd just like to say that the process of-- I haven't been-- I haven't followed all of the Public Inquiry, but I have followed as much of it as I've been able to, and I've actually been really, really shocked by listening to the information in the Inquiry about the level of knowledge that there was at that point that we now

realise was being withheld from us.

So the level of knowledge about the Cryptococcus risks in the hospital, the level of knowledge about the air-- the ventilation and the air exchange rate in my mother's room that she was in being two and a half. And obviously I didn't know anything about this before the Public Inquiry, so I'm grateful to the Public Inquiry that I've learned this information.

But, with the benefit of hindsight, I'm realising that my mum was in a very vulnerable state, was in a substandard room, caught an infection to which she had no hope of surviving because she was not in a room with adequate ventilation, she was not in a positive pressured room, she was not in a HEPA-filtered room.

She was in a very vulnerable situation and, you know, in my-- My reading of it is that my mum was a sitting duck in that situation, and that that knowledge about the known issues about the building and the environment-- You know, none of that was in the SCI. None of that was being acknowledged. In fact, it just seemed that they were bending over backwards to disprove all of those links.

Q Just look at page 41 on that document, just to make sure I don't miss anything, please. Yes, and what we

actually find in the documents – and you'll probably remember them when I mention them to you – is that you have created a document, and then there's a set of minutes which, essentially, in a more formal way, go through what the discussion was, is that right?

A Yes, although I've disputed the use of the word "minutes." I would call them notes rather than minutes because they're not minutes of the meeting. They seem, to me, to be an interpretation of the meeting.

I mean, an example that I can give you of this is that my uncle, Liam, was present at the meeting and was very vocal, and he doesn't feature in these so-called minutes. He's not-- you know, he's not mentioned, so I feel like a lot of what the family were saying at that meeting has been left out of these notes. And, in fact, Dr Hood has added some of his subsequent thoughts into the notes after the meeting, so I wouldn't call them meeting minutes.

We did, actually, when we received that document-- we immediately contacted-- I think it was Jennifer Haynes, I can't remember, but we said, "We dispute that these are accurate minutes. Do you have a recording of the meeting so that we can listen to it?"

Because we were told, I think-- If my memory serves me correctly, we were told that the meeting was being recorded, so we asked to hear the recording of that meeting because we disputed the accuracy of the minutes, and then we were told that they couldn't find the recording of the meeting.

And I have to say, that's just another example of, I think, our deteriorating confidence in the way that we were being dealt with. I mean, these are all examples of our experience.

Q One of the issues that you have, as I understand it – and I'm going back to your witness statement at page 14 at paragraph 45 – is that there was no post-mortem and therefore no way of knowing, conclusively, the effect of any of Cryptococcus, is that right? Is that one of your concerns?

A That's right, yes. Yes, and we-- I think my sister is going to speak to this a little bit more tomorrow, but, you know, as you said, in the SCI and also verbally, we were repeatedly told that my mum's blood cultures were negative, but actually, in that meeting of 30 September, Dr Hart drew-- showed us a timeline in which we learned that my mum's bloods were antigen positive for Cryptococcus really just up to the point at which she died.

So this was new information for us, so we're-- Again, these things are not being-- It feels like lots of things are

being brushed under the carpet. We're repeatedly being told my mum's bloods are negative, but then we found out that they were antigen positive.

We then find out really the extent of the known issues with, or questions around, the built environment, the ventilation system, the presence of pigeons on the flat roof outside my mum's room and also in Room 12. And still to this day, I would question, were all of these things together not a reason enough to instruct a post-mortem?

It felt like it was a-- you know, they wanted to sign the death certificate. They didn't mention Cryptococcus even as an underlying factor or a contributory factor. It was a hard no: "No, absolutely not. Cryptococcus was nothing to do with your mum's death. It was just lymphoma." That's what was written on the death certificate, and there was no offer or suggestion of a post-mortem.

Now, in hindsight, and particularly with the additional hindsight of having watched a lot-- seen a lot more information through this Public Inquiry, that just seems inappropriate to me, that there was no post-mortem offered. And there was no even mention that my mum had had Cryptococcus on her death certificate.

Q If we can go to another section of your witness statement, we see in paragraph 48 – which, for us, is on page 14, which runs on to page 15 – that a press statement was issued----

A Yes.

Q -- shortly after your mother's cremation----

A Yes.

Q -- saying that a child had died and that an elderly woman had died, although the death wasn't linked to Cryptococcus, though she had the infection.

A Yes.

Q Is that the point that you were asked about earlier, about the kind of way your mother was described, downplaying the significance? Is that what you were trying to say?

A Yes. That's the point where everything changed. That's the point where we realised that we couldn't trust the hospital anymore.

Q I just want to ask you about that because, in paragraph 49, you say precisely that:

> "This was the point that everything switched for us from being this terrible unfortunate incident to something more sinister."

A Yes.

Q Just help his Lordship understand why you say "more sinister."

A Because we felt like there was

a spin being put on it, and that there was-- I guess it was when we felt like there was a kind of management of reputation of the hospital going on that was more important than the truth or than finding the truth.

You know, I would have expected at that point for the hospital to say, "If there was any connection between this pigeons-roosting that we found in the building or the pigeons on the flat roof outside your mum's, we will find this problem, we will solve this problem, we will make sure that this never happens to anybody else, if this is the case. Please be rest assured no stone will be turned to find the truth."

That's what I expected the attitude from the hospital to be, and that's not what we were met with. We were met with a statement that went out very quickly, saying there was absolutely no link between the Cryptococcus and my mum's death, a statement that called my mum "elderly." They were really trying to paint her as somebody who was on death's door anyway, who was about to die, and it just felt like there was a spin going on.

Q Can I ask you about one matter that relates to that? I'm not sure we've got to the bottom of it, but I think I need to ask you about it, about various letters sent or not sent, and received or

not received----

A Yes.

Q -- with the then, I think, health secretary, Jeane Freeman.

A Yes.

Q In your witness statement, at paragraph 50, you say that you were shocked that "a definitive statement was made ruling out any possible connection to the other patient ... before any investigations ... had been concluded." You thought this was a briefing from the Health Board, and you say you wrote to Ms Freeman to ask about this. This is the end of paragraph 50, which we have at the top of page 16, and you say you "never received a reply." Now----

A That's correct.

Q I think it was suggested, and I think you're probably aware of this through your representatives, that you had received a reply from someone instructed by Ms Freeman to respond to a query from you. But do I understand it that you don't think you got a reply to your queries of that particular nature?

A No, no, so the reply that you're referring to was actually an email that I sent to Dr Inkster on 13 March 2019 to which I CC'd in Jeane Freeman and, I believe, Dr McDonald as well, and that was quite an extensive email where I had actually sat down--

My mum has-- my mum's the eldest

of seven children, so we've got a big family. I'd sat down with the family – with my stepdad and my sister and my mum's brothers – and we'd written quite an extensive record of our concerns, which I had emailed to Dr Inkster, and I was-- we had decided as a family to CC the health minister in on the email as well.

So, that was the response that I did receive. However, I directly emailed Jeane Freeman when I was-- I was on the BBC Scotland website, and I was so shocked. Again, if I can refer back to the change in tone and the change in the way that we were spoken to, and referring back to our original meeting with Dr Inkster, where she was really open with us about, you know--

And again, you know, Dr Inkster was really open with us in our meeting on 30 September about the SCI as well, when we directly asked her questions. I think when she's been able to be open with us, she has been, but-- you know, saying how difficult it is to definitively trace these things and, you know, really taking care to explain how they attempt to track and trace all of these things.

But then, suddenly, there's this other line coming out from-- it appears to us, to the press office – and now in the Scottish Parliament and it's on the BBC website – of saying there is absolutely, definitively no connection between my

mother's death and Cryptococcus. Now, that's not how it was explained to us that these things work.

Q Can I just ask you to pause just for a second, just for our purposes, so I can make sure we understand the sequence?

A Yes.

Q Because we're juggling a little with documents that not everybody has here. There was an email that you'd sent to Dr Inkster on the 13th and you'd copied it to Jeane Freeman, and you accept that you got a reply, instructed by Jeane Freeman, from a Diane Murray, Associate Chief Nursing Officer----

A Yes.

Q -- on 11 April 2019, which you say is a reply to that communication. You're now talking----

A To that very long communication that was written by all of our family. The email that I----

Q Then there was another email, which-- I'm sorry to interrupt you-- another email that you crafted and sent from your work email address, which you don't now have, which was raising----

A I think it must----

Q -- what had been said in the statement about "no connection." Is that right?

A I literally watched the-- So I wouldn't-- You called it a "crafted" email.

I literally saw this on the BBC website and I was shocked, and I think I immediately sent an email – I kind of fired off an email, if you like – to Jeane Freeman saying, "How can you make this statement in parliament when their investigations have not been concluded yet? Why is this story being spun that you all know definitively that my mother's death was not linked to Cryptococcus, when the investigation has not been concluded yet?"

Q The question I then have, just so we tie up this loose end so far as we can, is that, so far as you know, you didn't get a reply to that email that you fired off?

A Yes.

Q Thank you. I think I just have a couple more things I need to ask you about, and I'll come back to you in case I've interrupted anything you were trying to tell me, so apologies for that. It's one of the challenges of doing these things online. You did, at one point, get a letter from a Jonathan Best, I think, which purported to deal with some of your concerns, is that correct?

A That's correct.

Q Now, again, you don't have the documents, but that's in bundle 27, volume 13, page 22. Now, again, this is something that you will have seen. It's 10 May 2019. You'll have seen it. I'm sorry if you don't have ready access to it at the moment.

A Yes.

Q But it goes through a series of points. It starts by offering condolences, and then it goes through a number of points that you've raised and offers answers to them. I think if we just flick on to 23, we see that it takes a whole series of questions and puts information in response. Can I just ask you generally, if you remember, getting that letter, did you find it helpful?

A No, we didn't find it helpful. I think at the beginning of the letter he says that the fact that my mum contracted Cryptococcus was not a serious clinical concern, so that was just one of the letters that felt that everything was being downplayed. I think also that it definitively states in that letter that no link has been found between ventilation and infections at the QEUH. So, no, we felt like this was more of the same.

Q I notice in paragraph 2 of that, or numbered paragraph 2 of that letter, the writer says that:

> "Clinical colleagues feel that the infection did not alter your mother's treatment or length of life."

A Yes.

Q Is that something that you would agree with, from what you saw?

A I mean, absolutely not. To be honest with you, of everyone in our

family-- Because I had developed such a close relationship with my mum's consultant, Dr Hart, and all of the wonderful staff that were looking after her, I was pretty much-- you know, I was very-- I would defer, obviously, to their greater knowledge and I was prepared to accept pretty much anything that I had been told.

But the one thing that I could not accept was this idea that was being spun that, actually, the Cryptococcus and the treatment for the Cryptococcus had had no effect on my mother's health or the quality of her life or the quality of her death whatsoever.

That just felt like spin to me because it seemed very, very obvious that what happened at the end of my mum's life was very different than what would have happened at the end of my mum's life had she not contracted Cryptococcus.

All of the discussions-- there was all of these new doctors coming in and out of the room, checking her eyes, trying to get blood, taking her for scans, people that we didn't know, all of the discussion about the infection-- It took away from us the time that we had. It was very different than the conversations about her cancer journey, about her cancer treatment and about us following this anticipated path.

And to us, it looked-- it was too much of a coincidence that the massive

decline that we described as kind of “knocking her for six” came at the same time as the antifungal, the intravenous antifungal, started to get administered and the Cryptococcus was diagnosed. So I guess we didn't buy it, you know, we didn't buy it.

Q In this letter, the Board did apologise for the use of the phrase "elderly" and said that, on reflection, they shouldn't have used it.

A Yes.

Q So they did apologise for that.

A They did, yes.

Q Can we look at page 24, please? There are other points in that letter where they express regret about things that have been done, and they say they've been taking very seriously all the points that you've been making. Do you accept what they say there?

A I don't really know how to answer that question, to be honest. No, not really. I mean, I don't know if we're going to go on to talk about the whole process of being told that we had-- At the end of that it says, you know, if you're unhappy with this-- I think it's that letter, I'm not sure. Oh, no, I think it's actually an earlier letter. Then you can go to the Ombudsman to take your complaint further. Well, we hadn't even submitted a complaint.

Q Yes, so----

A So, no, I would say that-- I would say that we were treating these letters as PR exercises from the Board, rather than open and honest communications. Again, "negative blood cultures" was referred to in that letter and then we found out, you know, but we-- but, you know, we'd found out that, actually, she was antigen positive, so we were feeling very confused.

Q I just need to try and bring the threads together and come towards the conclusion of your evidence, if I can. I've been looking at your statement to try and pick up where you've tried to sort of sum up your concerns. If I go to paragraph 109 – which, for us, is on page 32 – does that paragraph deal with many of the issues that you've tried to outline to us today during your oral evidence?

A Yes. Yes, and I think that one of the points that I'm making there was that it was exhausting trying to deal with the hospital. I mean, it's a shame we haven't had more time to go into the really incredible email chain with Jennifer Haynes, which I'm sure you-- I hope that you've got and that the Inquiry will look at, where she was repeatedly saying, "Oh, can I take this email as the basis of your complaint?" And I was saying, "No, I want to put my own complaint in."

And it was just repeated again and

again and again until we actually just stopped talking to Jennifer Haynes. It felt like they were wearing us down with indirect answers, and we just felt like we were being fobbed off and that we just felt that we were never going to get to the bottom of it.

I think the point I would like to make is that's different than grief. You know, we're trying to grieve at the same time as we're trying to find out answers, and I think that we expected the NHS to help us to find answers, rather than to obstruct us from finding answers, which is what we felt we were experiencing.

And that's a very different thing than grief and it all became too stressful, really, I guess, and in the end I decided to step back from it because I just wanted to get on with the business of grieving for my mother.

Q Well, I have no further questions for you. I'm conscious that your sister has a short slot with us tomorrow morning, and no doubt we'll hear slightly different matters from her, but I've certainly nothing further at the moment.

THE CHAIR: Ms Armstrong, what I need to do now is just check with the other people in the room as to whether there may be any other questions. This might take-- shouldn't be more than 10 minutes, so what I think will probably

happen is that we will shut off the communication with you, but if you'd be so good as to stay by your computer, it shouldn't be more than 10 minutes.

A Okay, thank you.

THE CHAIR: Right, shall we take 10 minutes just to check whether there are questions?

(Short break)

THE CHAIR: Mr Connal?

MR CONNAL: Thank you, my Lord. I have no further questions. We're going to do a little more digging around about communications to or from Ms Freeman, but there's nothing that I can advance in the course of today or while this witness is here. So I have nothing further to add at the moment.

THE CHAIR: Ms Armstrong, there are going to be no further questions this afternoon, and therefore you are free to leave us. However, before you do that, can I thank you for your evidence? By that I mean your coming online with us this afternoon but also in preparing your written statement, which, as you will understand, is part of the evidence before the Inquiry and will be read and considered. But thank you very much for your contribution and, as I say, you're now free to go. Thank you.

THE WITNESS: Thank you very much.

(The witness withdrew)

THE CHAIR: Well, Mr Connal, we have another witness.

MR CONNAL: We have Mrs Maureen Dynes.

THE CHAIR: Good afternoon, Mrs Dynes.

THE WITNESS: Good afternoon, Lord Brodie.

THE CHAIR: Now, Mrs Dynes, you're about to be asked questions by Mr Connal, who's sitting opposite to you. Now, what I don't know is whether you're prepared to take the oath or whether you would prefer to affirm.

THE WITNESS: Take the oath.

THE CHAIR: Sorry? I've been given an important message.

THE WITNESS: I'll take the oath.

THE USHER: We just need five minutes (inaudible).

THE CHAIR: For technical reasons? Right.

THE USHER: Yes.

THE WITNESS: No problem.

THE CHAIR: Right, I'm being told that we need a little bit of time to change our technology because the last witness, as you're probably aware, joined us

online. So what I propose is, first of all, to ask you to affirm and, I think, rather than break and go away, we'll just wait until----

THE WITNESS: That's (inaudible).

THE CHAIR: -- our technical people are ready to broadcast the evidence. But first, the affirmation.

Mrs MAUREEN DYNES

Affirmed

THE CHAIR: Thank you very much. Now, we'll just give-- Right, I'm getting the thumbs up, so I'll hand over to Mr Connal.

THE WITNESS: Thank you.

Questioned by Mr CONNAL

MR CONNAL: Good afternoon, Mrs Dynes.

A Good afternoon.

Q You've provided a witness statement to the Inquiry and, subject to one paragraph, which I know you want to set out a slightly fuller version, can I ask if you're content to adopt that witness statement as your evidence to this Inquiry?

A Yes, I am, with the amendment to number 7.

Q Yes, and we'll go there just in one moment.

A Okay.

Q I'll use the witness statement which appears at 173 of that bundle, I think – no, not 165, 173 – to kind of work through what you'd like to tell us. You're here, essentially, because the-- Perhaps we could take the Louise Slorance statement off the screen. It should be 173. Thank you. Apologies.

A Okay.

Q You're here because you lost your husband, Tony, you would no doubt say far, far too early----

A Yes.

Q -- to cancer, etc., in the course of 2021 at the Queen Elizabeth Hospital, is that correct?

A Yes, he died at the Queen Elizabeth Hospital.

Q The issues that, in a sense, have prompted a lot of the discussion in your witness statement are around what you say about him contracting both Aspergillus – or, I think, technically aspergillosis – and Stenotrophomonas maltophilia and other infections, is that right?

A Yes, it is.

Q The narrative that you give us in your witness statement explains that your late husband had non-Hodgkin lymphoma, was treated, appeared to be successfully treated and then

unfortunately relapsed and was admitted for a stem cell transplant, is that correct?

A Yes, he was presented for a stem cell transplant and he was told he wasn't able to get that, and he would be-- he was then presented for CAR T-cell therapy. When we attended the meeting – well, both meetings – with the hospital to go over any risks with treatment for both of these treatments, they wanted Tony to come back in two weeks' time to see if-- how his fitness levels would be because of CAR T and how invasive it is, and it attacks the body.

Then the pandemic hit and CAR T was then taken off the table for us. It was no longer an option. He was then given-- recommended that the holding drug that, while they would be processing CAR T-cells, would be administered to him to prolong his life.

Because we were told, due to the pandemic, that there was really nothing they could do because he wasn't eligible for stem cell, and CAR T was being taken from us. So then Lanarkshire approved that drug, which actually put him back into the game, so to speak, and he was eligible for a stem cell transplant.

Q Perhaps we could just then move to paragraph 7 of your statement, and what has happened here, essentially, is that, on considering it, you've decided that a slightly longer narrative might have been more complete----

A Yes.

Q -- and because time didn't allow us to create a new statement at this stage, it's been suggested you simply read out what you want to insert in place of paragraph 7. So perhaps you could just do that for us.

A Yes, certainly.

Q We can pick up the text from emails, but if you could just take us through it, that would be helpful.

A Of course:

> "In February 2021, we were advised that the stem cell transplant had failed. We were advised that the next option was for Tony to undergo CAR T-cell therapy at the Queen Elizabeth University Hospital.
>
> CAR T is a specialist type of immune therapy and is considered a complex treatment. Patients can only receive this in a registered CAR T therapy hospital to ensure that the patients are helped by clinicians who have the expertise to look after them.
>
> When Tony was originally considered for this treatment, he was advised that he could be placed at another registered centre, not necessarily Glasgow. If there was a concern about the ventilation and water system, particularly with all the risks of this highly complex treatment, I

question the decision to admit Tony to Ward 4B.

I'm left with the question as to why we were not advised of the risks of being there and, if I can say, the risks were never advised at all three meetings for stem cell and the two CAR T – three opportunities."

Q Thank you. Now, the succeeding paragraphs of your witness statement take us through a lot of the details of what was happening with your late husband, and I'm not going to ask you to go through all of these with us today.

I wanted to ask you a couple of things. First of all, in your witness statement at paragraph 24, which is on page 177 in our numbering system, you say that he was unwell during admission, and you've since been trying to work out which rooms he was in----

A Yes.

Q -- by looking at plans to try and sort that out, is that correct?

A The schematics provided are extremely complicated to look at, and I think I have managed to isolate some rooms. But certainly, simplified drawings, I can point them out to you then if they become available from the hospital.

Q You think, according to my notes, that he was in Room 10/11 and then 17/18?

A Yes, in different-- for different admissions, yes.

Q Right, but the key point, I suppose, from paragraph 24 was that he was very unwell during his admission in 2020.

A So it was during the admission. Not going into hospital, not at admission point.

Q Yes, and what then emerges in your witness statement is this question about this cough that he had, which seems to have puzzled people.

A Yes. Apparently it puzzled the Lanarkshire team of doctors, but whether it puzzled the doctors-- from hearing evidence given at the hospital Inquiry and documents provided, I don't believe that they were very puzzled. I believe they did not share the information, and they certainly didn't share it with the team they discharged Tony to because they only discovered it later before he was due to be admitted for CAR T-cell therapy.

Q Let's see if we can try and get the sequence correct here.

A Okay.

Q Do I understand from the way you framed paragraph 25 that you remember hearing the word "Aspergillus" at some point in the Queen Elizabeth, but you can't just remember when you heard that?

A So, during his-- I don't

remember hearing the “Aspergillus” during the stem cell. It was very difficult with the stem cell because I wasn't allowed into the hospital, so you were doing things, as you experienced, doing things online and remotely. It was through a telephone trying to pick up what the doctors had said.

Aspergillus is something that I'd never heard of before and, until now, or until recently, didn't realise the implications of that for an immunocompromised patient. It would just be as easy telling me that Tony had been-- an infection for the common cold and given me the Latin name for it. So, certainly, there was a lot of things going about.

Q What you've done when you've prepared this statement is you've produced some material which you've found in the medical record, is that correct?

A Yes, that's correct.

Q So if we just look, just for completeness, at bundle 27, volume 10, page 163, there's something that you've recovered from the medical record----

A Yes, it is.

Q -- and we see about three or four paragraphs from the bottom of that page:

> “Aspergillus PCR … carried out ... detected a low level of Aspergillus fumigatus. … treated empirically [etc.]”

A Yes.

Q Although “there was no clinical suspicion of aspergillosis." This kind of detail, is this something that was discussed with you at the time?

A No, nothing was ever discussed in detail, apart from some of the medication that would be used at certain times that-- maybe just saying to me that-- I can't remember the exact ones, but if we take voriconazole as an example, say maybe, "Well, he's had one or two treatments of this. We don't like to use more." It's not relating to that one; just using that name as an example.

But, no, I just had full trust in the doctors. If they said it was an infection, they we're going to treat it with this, then I'd no reason to investigate it further myself.

Q Now, if we try and follow the sequence, your husband was then discharged into the care of Hairmyres Hospital, is that right?

A Yes, that's right, our local hospital.

Q Was he an inpatient there?

A No, he was attending as an outpatient. They were taking over the management of his stem cell journey from there.

Q You say in paragraph 26 on page 177 of the witness statement that, for quite a long time, the team at Hairmyres were trying to work out what the cough was.

A Yes, it was like an enigma to them. They could not figure out how to treat it. He seemed to be given something, improve slightly and then fall back down, and they could not figure out why.

And then, as I say, it was-- one of the consultants coming back said that they'd discovered-- it was just at one of the weekly or fortnightly meetings, depending on Tony's condition. We'd attended the hospital that day, and she said that, "We have discovered what it was" as if it was a momentous event.

As soon as she said the word-- and I said, "I heard that word before" because I hadn't looked it up before, and I said, "But I don't know what it is." And that's when I go on in the statement to describe how she described it to us in layman's terms.

Q She sort of described it as something that can "lurk in dark, warm places."

A Yes, that likes to thrive in dark, warm places. It's difficult to test for, and they did say it's not something that they routinely test for in Hairmyres.

Q Unfortunately, the cough was

causing your late husband difficulties because it was hurting him.

A Yes, it was hurting him. He was getting weaker because there was something working on him that we couldn't find out. The cough was confining him to bed as well. Because of COVID, then there's not the opportunity to exercise and socialise more, so he was confined to one room. There's only so much you can do. Your muscles waste very quickly when not used.

Q Yes, so this was a momentous discovery, and then, a little later on, if we go onto page 178 at paragraph 29, we see in your chronological account that stem cell transplant had failed and the next option was CAR T, is that right?

A Yes. He was being-- Hairmyres broke the news to us. That was over a telephone conversation, where he just actually received the notes as he was on the phone to us through a discussion, and it was then advised that they would revisit CAR T-cell therapy and see if Tony--

Because it had taken him back to our original step of, "You can't have the stem cell transplant. CAR T is possibly an option. This time, if the stem cell transplants failed, we'll ask the CAR T team again to consider you again and take it to an MDT meeting."

Q But it would appear from the

narrative that you give us in the succeeding paragraphs that you still had this cough?

A Still had this cough on and off, constantly tested for COVID, thinking, as we all did, that if anyone coughed, they had COVID. Still trying to figure out what it was, and when they did find out, they said, "We know what antibiotic now we can give him to treat this." So, again, I'm thinking – and as did Tony – that this would be something that could be resolved by this antibiotic. We were told that he was going to be treated.

Q Just for completeness, you were worrying about COVID. Was he ever diagnosed as COVID positive?

A He never contracted COVID throughout the time of his life.

Q So he was then admitted to the Queen Elizabeth Hospital with a view to CAR T, is that right?

A Yes, he attended a meeting that I wasn't allowed to attend with him, due to restrictions, to go through the process of explaining in less detail – because we'd already had the explanation – the CAR T process, and then he was assessed. So they had to meet him to assess him again for CAR T. They agreed to accept him onto the programme.

Q We see at the foot of that page in paragraph 33, you narrate there that you were advised that he had two infections: a common cold and Aspergillus.

A Yes.

Q Then you produce a test result which shows that, I think, and records that, is that correct?

A Yes.

Q I don't think we need to dig that out, but if we go on in the narrative in paragraph 35, what you tell us there is you got a call from someone saying they were concerned about the Aspergillus.

A Yes, so the telephone call-- I remember receiving the telephone call, and I remember clearly because I had to leave-- I was actually in church at the time, and I had to leave because there was a call. I had the phone on vibrate, which is why that one stood out in my mind.

At the time, the junior doctor-- we were talking about Tony receiving his cells back. Now, with CAR T, the same as with a stem cell transplant, you go in at day minus, work up to day zero, where you get your cells back. Tony's chest infection-- it was more than a cough. I was told it was an infection, so they were delaying the return of his cells.

So day zero became day zero (+1, +2, +3). It didn't follow the normal pattern that they returned cells to, and I was asking, "Should Tony be having his cells

returned back to his body if the chemotherapy conditioning was wearing off?" And they said, "Well, he has Aspergillus, and they will look at that-- the consultant will look at that on Monday, and we'll see whether or not the cells could be returned to Tony."

They said this is the furthest that they were aware-- or that person was aware that it's ever been pushed. So, that concerned me because obviously then you don't want your own body attacking the cells you're still wanting to be suppressed.

But, yes, they did say-- they mentioned the Aspergillus, and at that point, I said, "He had that the last time when he was in for his bone marrow transplant. He came out from hospital with that. I recognise that."

Q Perhaps we could just look at the document you referred to there – bundle 27, volume 10, page 167 – so we're clear what you're referring to. Is this something else that was obtained by you from the medical records?

A Yes. All the information was only obtained by myself asking for the medical records. Nothing was given to me.

Q Yes, so we see there in the kind of first narrative line:

"Haematology patient.
Finished chemo awaiting transplant but delayed as ?aspergillus in sputum, underwent bronchoscopy [and then various other comments]."

So that's what you're referring to there?

A Yes, that's what the junior doctor was explaining to me over the phone, but I didn't see the document.

Q Thank you, and you were told they were really kind of pushing the boundaries of how long they could leave it?

A Yes, and I respected that because it was a new treatment. It's a fairly new treatment that they had within the ward. If he'd had it the first time, he was presented for it, he would've been the first person in Lanarkshire to have been put forward for it. So there wasn't very many people going through it, and we appreciated that every treatment has risks, but it was our only hope.

Q In paragraph 37 of your witness statement, if I can go back there, at page 179, the consultant comes in on the 19th and says, "No, he doesn't have Aspergillus."

A Yes.

Q Did that comes a bit of a surprise to you, given what you've been told up till then?

A Well, yes, because I believe whatever doctor's telling me about my

husband's medical condition over the phone, and this was, again, over the phone. And I mentioned it first to say that, on Saturday, I was told and it was immediately dismissed as, "No, no, no."

And you take a minute in yourself and question, "Did that happen? Did I do that?" And I thought, well, it's not a word that you hear in everyday conversation. It certainly wasn't in the media at that point, so it's not something I've heard anywhere else. So, yes, they disputed it.

Q In any event, he did get his cells back.

A His cells were returned back that day.

Q I think that's recorded at paragraph 40 of your statement on page 180, and he was in intensive care for a while, and then paragraph 42, you're discussing the possibility of him getting home because there's a suggestion that he might be safer there than in hospital, which you assume was because of COVID.

A So, before coming, I kind of refreshed my memory on the timeline of CAR T, and I'm not going to quote it exactly in case I do give it in error, but they do review it from-- I think from about day 10 of having your cells back to do it.

So they're really wanting you to go home unless you show any kind of severe reactions. For CAR T, you're not

allowed to be more than an hour away from the hospital. So it was still then-- the onus was being on me to look to see, so he was in a lot longer than they anticipated.

Q Then what we see from your witness statement is quite a dramatic change in your late husband's condition because, in paragraph 43, you strike a positive note that your husband seemed bright and-- thin but bright, and you were thinking things were going well. Then immediately thereafter, things start to change.

A Yes. He was more like my old Tony because he had hope from getting out of hospital, for going home to his own bed. Just small things and cognitively, which CAR T affects greatly, he was able to tell me every staff member who'd been in his room as he handwrote notes for them.

We'd made up small parcels because the staff were amazing with him. The staff were excellent, and the only way we could say thank you was just a small gift for each of them. It was just a small (inaudible), but Tony hand-signed them all, and in his medical notes, you can see, when he's really ill, the handwriting changes. And when he signed them, they all looked like Tony's signature again, and that made-- that gave us both hope that things were

actually working.

But then he did start to decline. It was all of a sudden. I was due to take him on the Wednesday, which with CAR T is-- day 30 after getting your cells back, you go for a PET scan, and the PET scan can show whether they think, they believe, that CAR T has been successful. In some cases, it's shown complete remission, and that's what we were holding out for, day 30.

So Tony was due to leave hospital. I would collect him and take him to the Beatson to save a tiresome journey in the hospital transport and to take him home.

Q But things didn't work out like that?

A Things took a great turn, and they didn't work out on that, and when I was up on one of the evenings of that week, on leaving, I said to the nurse, I said, "There's something not right. I don't know what it is. I can't quite put my finger on it, but there's something working on him, is the best way to describe it."

His eyes-- It might sound silly, but his eyes didn't seem to be fully there, kind of. They were-- I don't know. It's very hard to describe. It was just something I knew wasn't right. Like a parent knows when a child's sick, I just knew that there was something not right, but I couldn't say what. He didn't have-- As far as they were able to check, he didn't have a

temperature, his oxygen was okay. But just something different all of a sudden.

Q Then you got a message that he had some kind of infection, is that right?

A Yes.

Q Paragraph 45.

A In 45.

Q He's back on oxygen----

A Yes.

Q -- being closely monitored. You're told the line had a bug.

A That the line had a bug and removed.

Q Now, in paragraph 46, there doesn't seem to be any certainty at this time as to exactly what's happening.

A No, no certainty exactly what's happened, except they did say that they struggled to get the new cannula in. They had to get somebody up with the appropriate machinery to try and locate a blood vein, which he'd been doing well before. Whenever he wasn't well before in the stem cell transplant and things, cannulas wouldn't stay in. This was another issue, so he was deteriorating, and that's just a day later.

Q Then, just very shortly thereafter, you were told that the treatment hadn't worked.

A Yes. He went for a CT scan, and I came-- I was asked to come to the hospital and made arrangements with

work, left my work, and went into the hospital and Tony wasn't in the room. I just went, "Where's Tony?" They went, “For a CT scan.”

I believe they received the results that night, of the CT scan, but they didn't want to tell me until the next day, when they asked me to come in to speak with one of the doctors and with the senior nurse. And they told me, before they-- we told Tony, that the treatment had failed, that the CT scan showed that the treatment had failed and his cancer burden had increased, which I believed at that time.

Q Well, if we can move forward a little bit from that sad conclusion to that sequence of events, what you tell us in your witness statement is that it's Louise Slorance who-- her appearance brought the word Aspergillus back into your mind.

A Yes. The news was on. I finished work. I work from home as a childminder and the news was on and I was in the kitchen, and I heard the word "Aspergillus" again and I thought, "I'm going in to rewind the news to hear that." And I didn't think-- I still, at that point, didn't think that it was as serious for Tony because I didn't know enough about it. I still hadn't researched it. It's the first time I'd heard it in a long time.

I messaged her. I didn't know how to contact her, and I just sent a

Messenger to say, "My husband was in at the same time as your husband. He also contracted it. If there's anything that I can do to help, please contact me."

With all of the media bombarding at that time, that was unseen. We weren't friends on Facebook, so it disappears into the great unknown. And months later, I came back and asked her again, and she said, you know, “It might be worth getting Tony's medical notes.”

Q You then went on and recovered his medical records?

A Yes. I was given some of his medical records and noticed that some of the dates didn't tally up from the doctors, the nurses and the test results. I'm an amateur looking at it, so I was just going what I could.

Contacted them back again to be sent out a full set of test results, which then had some of the results that I already had in the first bundle, missing from the second bundle. So I still don't know if I have Tony's full medical notes from the hospital or not, but the ones that I do have, then I was able to have a wee bit more deeper understanding of the implications of these.

Q The two documents that you reference in paragraph 56, one is said to be a test result for Stenotrophomonas, is that right?

A Yes. Now, if I can explain, if I

can elaborate how I came across the Stenotrophomonas one?

Q Please.

A Going through, I was only looking for Aspergillus. I wasn't looking for anything else. I'm not medically trained. I hadn't spoken to a doctor or anybody. I was only looking for Aspergillus. Louise and myself were going to meet the former First Minister, Humza Yousaf, and saying that our husbands both contracted this within the Queen Elizabeth Hospital.

The night before, when we were trying to firm up a timeline, just a rough timeline, we were speaking, and I noticed then-- I said, "That's really strange. Why is there something from Public Health England in Tony's medical notes?" And I knew about [redacted], but I-- how tragic it was, but I didn't connect-- When I read Stenotrophomonas, I didn't connect that immediately as----

Q We're not going to use that name, if you don't mind.

A Sorry, I apologise.

Q But anyway, you hadn't connected----?

A I hadn't connected with the previous medias.

Q You saw a reference to Public Health----

A So I saw a reference to Public Health England and, at the meeting with

the First Minister, I did not mention Stenotrophomonas. I only mentioned Aspergillus, where he said that he would look into Tony's case, and I'm still waiting on a response from him regarding that, and that was last year.

Q Is the document that you found one of the documents you've referenced in paragraph 56, the Public Health England one?

A Yes, it will be, if that's the only one.

Q Let's just bring it up on the screen, so we can just check.

A Yes.

Q Bundle 27, volume 10, 171, I think.

A Yes, it is.

Q So this is from the Colindale Laboratory Blood Culture Opportunistic Pathogen Section: Stenotrophomonas maltophilia?

A Yes, it's taken on 16 May, when they didn't know what infection Tony had.

Q So you've now got Stenotrophomonas in the records and Aspergillus, possibly?

A Well, from what I understood, yes, Aspergillus was there.

Q One of the questions that's cropped up with other witnesses is the question of a post-mortem, because the suggestion is that some infections can

only be proved or disproved from tissue samples during that process.

A Yes.

Q Was this discussed with you at all?

A No, because the hospital said they still didn't know what Tony died from, apart from his cancer. It was, "He did not die from any infection." There was a previous note that said that-- it was actually from a physiotherapist, who said that they couldn't send--

I should have said Tony's PET scan was being delayed because if he was scanned it would only show up in a possible infection, and they may not be able to see the true result of the CAR T cell therapy. So I don't know if a CT scan is also the same, where it will not-- it will only show up an infection as well as cancer. So how would they have known that the cancer had progressed from that?

So to say that Tony's death was from his cancer, I question now, because if he had this definite infection and, as you have just said, possible Aspergillus infection, surely they could have presented as being cancer increasing. So, therefore, I was not told anything that he had could have contributed to his death until I found it in the records.

Q Can I just ask you about another section of your witness statement? Obviously we'll have the whole witness statement among the evidence at the Inquiry, but I'd just like to ask you about the bit you deal with under the heading of "Communication."

A Yes.

Q That's at page 185, paragraph 66. You mention Stenotrophomonas and you say at the end of that paragraph you do think this was purposely not disclosed. What makes you say that something was purposely not disclosed to you?

A Why withheld? Because the hospital was already under scrutiny at that point. In hindsight, looking back, I can only question myself as to why they wouldn't tell me. Where would be the harm in them telling me? Would it be because they would have to launch an internal inquiry? Is it because they would have to do a post-mortem? Is it because then it would show that there is definitely problems and issues within the water and ventilation system? Is it concealment? Do they not want this on record?

Q So, your late husband had one positive test for Stenotrophomonas, some material suggesting Aspergillus – although at least one doctor said no – and you're just wondering why you didn't know all of that more fully earlier on, is that fair?

A Well, when going through his records, there is another one for

Stenotrophomonas reported on the day of his death, which was reported at – sorry, I have to find the time – 10.39 from his Hickman line culture. So, to me, they knew on the day of his death. He [redacted] So there's one that came in, so there's two.

THE CHAIR: Sorry, I'm not sure if I'm----

A Sorry.

THE CHAIR: -- just following that. It's my fault.

MR CONNAL: No, I think what I had put to the witness, my Lord, was-- We'd started asking, "Why do you think something was concealed?" and (to the witness) you gave me an answer to that question. Then I'd suggested that perhaps you didn't have the information about Stenotrophomonas, and I'd suggested there was one result recording Stenotrophomonas. I think the witness is about to tell us that there's a second----

THE CHAIR: Yes, that's what I picked up.

MR CONNAL:

-- Stenotrophomonas result, which is not set out in the witness statement specifically.

A It's not set out in the witness statement because I've only recently discovered-- I didn't have access to Tony's medical records after they were submitted to the lawyers, so I've only managed to find it in the last-- yesterday.

Q So this is additional to the one we looked at from Public Health England?

A This is additional, yes.

Q This is dated on the date of your late husband's death, is that right?

A Yes, it was performed on 15 May and reported on 21 May.

Q Just tell us what it says.

A "Microbiology culture results for Staphylococcus epidermidis." And it says, "from bottle both, culture results: Stenotrophomonas maltophilia aerobic." So that was one that I presume was carried out within microbiology within Glasgow. As I say, I'm not medically trained, but I've came across that last night or yesterday during the day.

THE CHAIR: Right, so there's the Colindale result which we've looked at on screen, but this is a result which was produced by the Glasgow labs, is that right?

A Yes. I can pass it to you, if you'd like.

THE CHAIR: Well, we'll get it in due course.

A Okay, no problem.

MR CONNAL: Perhaps if----

A Just in case, if it clarifies for you where it's from.

Q We'll get it into the system if you arrange for your----

A Yes. There was no time for me to----

Q -- agents to pass it to the Inquiry later.

A Yes, no problem.

Q But, essentially, it's a result showing Stenotrophomonas maltophilia on the-- taken on the date of your husband's death, but the result not available until a little while later, is it? Or is it the other way around?

A No. Well, it says, "Date/time authorised: [redacted] from microbiology, and Tony [redacted] that evening.

Q Thank you. So the thrust of your evidence to the Inquiry is that there were these infections, that you weren't told much about them, and you don't really know what impact they had on your late husband's health?

A No, because if a post-mortem-- if somebody had said to me at the time that a post-mortem would be recommended, I wouldn't object because, one, I appreciate CAR T just came out recently from the trials and things. Was it to find that? And it's the only way medical advances can be made, but certainly, I just don't think that it was an option presented to me because it would reveal Stenotrophomonas.

Q Now, the remainder of your witness statement tends to focus on the impacts that obviously everything has had on you and your family, and I'm not going to ask you to read through that, unless there's anything in particular you want to tell us about to try and tie your evidence together.

A Sorry, I'm just going through, one second. I mean, certainly for the personal impact and the emotional impact, I'd say that I know that the Health Board has "Your Opinion Matters," I think it's called. And on that, I wrote about how excellent the staff within the hospital were. They remembered Tony so well from his stem cell transplant to his CAR T transplant, and they did everything, I believe, within their power, and he believed, in his (sic) power. And the only thing from the personal statement I'd like to say is that Tony felt safe.

When he started to take the downturn, he said he wanted to go home. When he was told that he was going to die, he wanted to go home because then COVID regulations and rules would have allowed his family members to come and see him from the garden and talk to him. He would have had a chance to say goodbye and spend longer with his children. I was allowed in the hospital, but they weren't allowed in the hospital to visit him, apart from one visit to say goodbye.

Then, when Tony took a downturn

again the next day, he said he wanted to stay because he felt safe. That was the word that he used to describe the ward. He felt safe, and the irony now is mind-blowing in seeing what I can see.

And what, personally, now isn't in the statement, because it's only happened from hearing people's input into the Inquiry, is that people did know. There's email trails that I believe have-- the dates marry up. I do not know because they're redacted.

I do not know whether they are referring to Tony within the ward, but they do talk about “patients,” not “a patient” that had Stenotrophomonas, and that way, I feel hurt now. If some people did know and were concealing it when I did think that they were trying to provide the best care for myself, as well, when I was absorbed into his room, then that does-- yes.

Q Thank you very much, Mrs Dynes. I don't have anything further for this witness, my Lord.

THE CHAIR: Mrs Dynes, what I need to find out is whether there's any other questions in the room, so what I'll do is ask you perhaps to return to the witness room.

A Yes, of course.

THE CHAIR: It shouldn't be more than 10 minutes, and I'll then be able to ask you to come back and confirm whether that's the end of your evidence. But if you could give us maybe 10 minutes?

A Of course, certainly. Thank you.

(Short break)

THE CHAIR: Mr Connal?

MR CONNAL: My Lord, I'm now advised that there's a very short point that the witness feels she probably should have mentioned.

THE CHAIR: Right.

MR CONNAL: It should be the result of one question only.

THE CHAIR: Right. I understand, Mrs Dynes, there's maybe one point that's to be returned to.

A Yes, sorry.

THE CHAIR: Mr Connal?

MR CONNAL: I understand, Mrs Dynes, that you had a point which, on reflection, you meant to mention about the death certificate?

A Yes.

Q Perhaps you could just tell us what that is?

A Okay, so Tony died on 21 May. The death certificate was dated-- the handwritten copy that was sent to me was sent on-- dated 23 May. On it, it listed "fungal chest sepsis" with an indication of two months, which I don't

know where that figure came from, but it was noted there, so it doesn't specifically mention what fungal infection, but it also does not mention Stenotrophomonas, which they then had the positive results for, and I believe that should have been noted on it. And obviously further down on that sheet is the option for a post-mortem, which was ticked "No." So apologies that I omitted that.

Q Not at all. Beyond that, my Lord, I have no further questions.

THE CHAIR: Mrs Dynes, that's the end of your evidence, but before you go, can I thank you for your attendance this afternoon----

A You're very welcome.

THE CHAIR: -- and also for your work in preparing the written statement? As you understand, the whole of the statement, as well as your oral evidence, makes up what is provided to the Inquiry, and the Inquiry will have regard to that. But you're now free to go. Thank you very much.

A Thank you for listening.

(The witness withdrew)

THE CHAIR: Now, I think the plan is to start a little early tomorrow, Mr Connal.

MR CONNAL: Indeed, my Lord. We have the second Armstrong witness, who will also be giving evidence remotely, and in order to accommodate that, it's been agreed that we should sit at 9:15, so I anticipated that that witness should be no more than about 30 minutes or so, which will allow us to reorganise before the next witness.

THE CHAIR: Very well. Well, we'll see each other at about, what, quarter past nine tomorrow morning?

(Session ends)

16:06