Scottish Hospitals Inquiry
Second witness statement of
Louise Slorance

WITNESS DETAILS

1. My name is Louise Slorance. My date of birth and details are known to the Inquiry. I am a policy and public affairs officer.

2. This is the second statement I have provided to the Scottish Hospital Inquiry. I provided my first statement (A44585778) to the Inquiry in 2023 where I describe what happened to my husband Andrew Slorance who was infected with aspergillus and Covid-19 as a result of the hospital environment at the QEUH.

BACKGROUND

3. In my first statement (A44585778) I raise in the timeline of key events in paragraphs 139- 146 that as a direct consequence to Andrew's death, the former First Minister Nicola Sturgeon instructed on 25 November 2021 that an inspection should take place of the Queen Elizabeth University Hospital (QEUH) campus by Healthcare Improvement Scotland (HIS) to "*carry out a more general review of aspergillus in the Queen Elizabeth University Hospital and to assess and determine if there are any broader concerns that require action*". This was in response to my concerns that Andrew contracted aspergillus at the QEUH.

MAY 2022 INSPECTION REPORT

4. The first in person inspection took place in March 2022. Due to pressures on the hospital as a result of the pandemic this visit was changed to a safe delivery of care inspection methodology. In the report of this inspection HIS state that they had been instructed to carry out independent assurance of infection prevention and control measures at the Queen Elizabeth University Hospital campus by Scottish Government.

5. Paragraph 45 of this report refers to the national guidance for ventilation which recommends six air changes every hour that can be achieved by mechanical ventilation or by opening the windows. The QEUH is of course entirely mechanically ventilated. The report states that the ventilation system throughout the hospital has three air changes per hour (ACH).

6. This reduced ACH was previously mentioned in the Independent Review published in June 2020. Despite HIS recognising the substandard ventilation in the May 2022 HIS report, neither the report nor the action plan contain a requirement or recommendation to change the ventilation to meet national guidance. The statement of 3 ACH is subsequently excluded from the June inspection report focusing on IPC without clear explanation as to why.

NOVEMBER 2022 FINAL INSPECTION REPORT

7. The final report was ultimately published in November 2022. In this report it was stated on page 4 – "*This inspection has not identified any significant concerns with water management or ventilation."* Despite this overall statement of no concerns, at page 37-45 a list of concerns on the ventilation and water management to include the following:

- **Governance structures and reporting in relation to the built environment**
- **Black markings on window seals**
- **Build up dust of ventilation grills**
- **Outstanding maintenance in a high risk patient area**

- **Flushing of water outlets**
- **Cleaning of clinical wash hand basins since 2019 (no recommendation or requirement)**
- **Risk assessments for water safety had not been carried out for years (no recommendation or requirement)**
- **Governance reporting structure policy not being followed by BICC for water management**
- **Ineffective electronic system to report repairs**

8. The comment identifying that the QEUH manages their ventilation system at 3 ACH is missing.

9. There are many questions arising from this HIS report that require answers in this inquiry, particularly in light of the emerging evidence that contradicts their position. I would like to know what time period, data and comparable data they considered, for example did they compare to the Beatson and did HIS look at clinical diagnosis as well as culture positive results.

10. I would also question what expertise did the HIS inspection team have in ventilation and air sampling standards in order to assess the safety of all accommodation. Were they given access to all the historical information since the building opened?

11. The development of the patient placement policy was identified as an area of good practice. This was in fact an update, there have been several versions with room specifications changed between 2020-2022. What assurance did HIS receive for the room specifications presented in the Standard Operating Procedures?

12. I would also query how did the inspector team satisfy themselves that despite the hospital operating at 3 ACH that the sampling standards they took were satisfactory in assessing the safety of all the accommodation.

13. Did inspectors physically see environmental sampling results for both water and air and did they seek expert assessment of these to allow them to come to the conclusion that the hospital did not raise concerns.

14. With reference to this HIS report, will the inquiry be approaching HIS for comments in relation to the [redacted] and the water and ventilation system at the QEUH.

15. Was prepublication access of the report provided to NHS GGC or Scottish Government? What changes were made?

16. At the time of the former FM announcement of the HIS review, I was invited to attend a meeting with NHS Lothian and NHS GGC to discuss its findings. Several dates were agreed and then cancelled on the basis that they would not attend any meeting with my solicitors or Jackie Ballie. To date there has been no meeting with either Scottish Government, NHSGGC or NHS Lothian and myself to discuss Andrew's care or case reviews. Given how I have been treated I have been forced to raise my concerns publicly.

17. The glaring inconsistencies between this report which sought to provide me with reassurance and answers, and the contrasting evidence emerging from the public inquiry has left me alarmed.

PRESS RELEASE AND MEDIA COVERAGE

18. From my perspective as the widow of Andrew Slorance, the public availability of these documents provides valuable insight into where HIS perceive their accountability is to the People of Scotland in relation to patient safety issues at the QEUH.

19. I note that the November 2022 report is not available on the new site either in the inspection pages nor the news pages, despite the new website containing reports further back in 2022. I raised this directly with HIS in March 2024 who responded saying that this would be raised with their comms team who are

handling the transfer of documents. This report is still not available on the new website at the time of writing.

20. I am unable to provide the inquiry with the associated news release for the November 2022 report, as it is not available on either the new website or the archived website, however the Press Association text provides much of the information contained within:

INFECTION CONTROL AT FLAGSHIP HOSPITAL 'GENERALLY GOOD' INSPECTORS SAY

By Neil Pooran, PA Scotland Political Reporter

Unannounced inspections of Glasgow's flagship hospital found "generally good" approaches to infection control, a watchdog has said However Healthcare Improvement Scotland said the Queen Elizabeth University Hospital (QEUH) was under "significant" staffing pressure, with dozens of wards carrying a risk rating of red. The inspectors visited the hospital in March and June this year. A separate public inquiry is investigating its infection prevention measures after it emerged that patients have died after contracting infections at the hospital complex.

Ten-year-old [redacted] died in 2017 after contracting an infection at the QEUH's Royal Hospital for Children's cancer ward, and senior Scottish Government official Andrew Slorance died in 2020 with an infection caused by a fungus called aspergillus. The Healthcare Improvement Scotland inspection was said to be "wide ranging" and examined the prevention of aspergillus. Its report noted: "On the first day of our inspection, senior managers told us that 27 wards across the hospital campus scored a risk rating of red at the start of the day.

"This can result from staff numbers or the staff skill mix not being optimal. “It said patients were happy with the cleanliness of the hospital and staff were adhering to infection control measures. Donna Maclean, head of service at Healthcare Improvement Scotland, said: "At the time of our inspection visits, the Queen Elizabeth University Hospital campus was experiencing a significant range of pressures,

including increased hospital admissions, increased waiting times in emergency departments and reduced staff availability

"These pressures are not isolated to this hospital, with similar pressures being experienced across NHS Scotland.

"Despite the significant staff shortages across the campus, staff within the clinical areas told us they felt supported by senior leadership, and we observed clear communication throughout the inspection.

"We observed that most infection prevention and control practices carried out by staff working across all roles to support care delivery was generally good, and in line with infection control guidance and standards.

"This report has highlighted several areas of good practice, with some areas for improvement detailed within the requirements and recommendations within the report.

"In order to prioritise the requirements from this inspection, an action plan has been developed by NHS Greater Glasgow & Clyde." Health Secretary Humza Yousaf said: "I welcome Healthcare Improvement Scotland's (HIS) report into infection prevention and control at Queen Elizabeth University Hospital and am pleased to see positive feedback from patients on the care they have received.

"Patient safety is paramount and the report highlights good infection prevention and control leadership at QEUH, a vigilant approach towards aspergillus infections, and strong communication across the multidisciplinary and infection prevention and control team.

"I note the HIS recommendation on the development of national guidance on the management of aspergillus infection and the Scottish Government will give full consideration to this as part of its work in developing an interim healthcare associated infection strategy."

21. The public message omits relevant infection prevention control findings contained in the report. While some general recommendations were given, there is no assessment or determination regarding the risk of aspergillus to patients housed in the QEUH campus, the report's objective.

22. The November report reads like a reassurance document, with the news release focused on a positive message and remaining silent on the original issue it was instructed to investigate. Communications between the Scottish Government, HIS and NHSGGC may provide some insight to this narrative.

CONCLUDING COMMENTS

23. While the HIS report was instructed to provide answers to the concerns I raised in respect of Andrew's two hospital acquired infections, it has had the opposite effect. The reports have demonstrated a willingness and determination to bulldoze through the narrative of the QEUH campus as a safe patient environment, despite evidence to the contrary. The number of organisations involved in the QEUH cover up expanded when I received the November HIS report (which may in part be why neither HIS nor Scottish Government saw fit to alert me in advance of its publication). To establish answers, no stone can be left unturned, no question left unsaid. HIS appear to have accepted what they were shown / given and asked very little.

24. The associated action plans to these reports should be carefully considered alongside all other reviews into the QEUH as well as the Public Inquiry expert reports.

25. Analysis of the effectiveness, or otherwise, of the HIS response to patient safety issues arising at the QEUH should be carefully considered. There is a serious and fundamental gap in regulation of the NHS in Scotland. HIS does not have regulatory powers, and as such the inspections and reports carry little weight, with health boards free to ignore all recommendations and requirements. It has also been established that the same is true of the new

NHS Assure, set up to ensure healthcare buildings are compliant with standards and are free from avoidable risk. This has been demonstrated by NHS GGC's refusal to allow NHS Assure to review the refurbished Schiehallion unit on the QEUH campus.

26. In reviewing, the March 2022 and the November 2022 reports it is also recorded that HIS do not follow up on their own unsafe observations, so why would a Health Board?

Declaration

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