

## **Scottish Hospitals Inquiry**

Witness Statement of

**Maureen Dynes**

### **WITNESS DETAILS**

1. My name is Maureen Dynes. I was born on [REDACTED] 1971. I own my own business which is called Moto Childminding. I am 52 years old.
2. I was married to Anthony (Tony) Dynes. He was born on [REDACTED] 1958 and passed away on 21 May 2021 at the QEUH from respiratory failure, multi organ failure, refractory diffuse large B cell lymphoma and fungal chest sepsis.
3. While undergoing cancer treatment at the QEUH in 2020 and 2021, Tony contracted aspergillus and Stenotrophomonas Maltophilia.

### **OVERVIEW**

4. Tony was diagnosed with diffuse B Non Hodgkins Lymphoma in March 2018, stage 3. He was treated for this in 2018 at both Hairmyres and Monklands Hospital in South Lanarkshire which fell under Lanarkshire Health Board. This treatment was successful and he went into remission later that year.
5. In 2019 Anthony started to develop symptoms again. Ultimately in November 2019 it was deemed that he was relapsing and a referral was made to the Queen Elizabeth University Hospital, Glasgow in order that he could receive further treatment.
6. Tony was admitted to the QEUH in September 2020, and his Stem Cell Transplant took place on 8 September 2020. He was admitted to Ward 4B. During this admission Tony developed aspergillus. He was discharged from the hospital on 7 October 2020. I will discuss the events around the

aspergillus diagnosis below. Please note, Tony was never able to properly clear the aspergillus and the affects of it remained with him until his death in May 2021.

7. 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 QEUH.
8. On 31 March 2021, Tony was readmitted to the QEUH back into Ward 4B. I discuss this in detail below. Due to his ongoing cough which came about as a result of the aspergillus diagnosis in 2020, Tony's treatment was continually delayed for fears that his body would not be able to cope.
9. On 6 April 2021 Tony's laboratory results came back with a positive aspergillus result. This resulted in delays to Tony's stem cells being returned to his body and as his immune system was being kept deliberately suppressed it increased the risks to his life. I was later told that this diagnosis was incorrect and that he was fine.
10. Tony's cells were returned to his body on 19 April 2021 after which he did start to improve. Some of his symptoms were expected and some were not.
11. This remained the case until the last week of his life when he deteriorated with no obvious reason. This left the doctors thinking the cancer had returned. Tony passed away on Friday 21 May 2021.
12. After Tony passed away, I recovered his medical records and upon review of them established that Tony had tested positive for aspergillus in September 2020 and April 2021 and he had also tested positive in April 2021 for *Stenotrophomonas maltophilia*. I was never advised of this.

## **FAMILY BACKGROUND**

13. Tony was a very kind and generous person who had many friends. He was a wonderful father to his children and husband to me. He worked several jobs and worked hard to provide for his family. He would get the first bus in the morning and would get home late at night after working hard through the day. He did have health issues but overall he kept well. Tony was a Roman Catholic and his faith was extremely important to him.
  
14. Tony and I were married in July 1991. We have two adult children Clare [REDACTED] and Paul [REDACTED].

## **SEQUENCE OF EVENTS: AN OVERVIEW OF TONY'S CANCER JOURNEY AND THE FAMILY'S EXPERIENCE AT THE QEUH**

15. Tony was diagnosed with Diffuse B Non Hodgkin Lymphoma in March 2018, stage 3. We originally thought he had a really bad cold at first but then a lump appeared in his neck and it didn't disappear. He was originally treated at Monklands Haematology Hospital where he received chemotherapy treatment.
  
16. Tony went into remission the same year he had the chemotherapy treatment. On the 31<sup>st</sup> August 2018 the medical records show that the abnormalities had almost completely resolved. I can't remember if they ever explicitly told him he was in remission then but I do remember he was doing extremely well and on the 5<sup>th</sup> October 2018 the records reflected that he was doing well.
  
17. On 14 January 2019 Tony started to experience symptoms again which led to him having a further round of chemotherapy treatment at Monklands hospital. On 27 August 2019, a repeat CT scan showed that there was a large mass around his adrenal gland.

18. On the 8<sup>th</sup> November 2019 a letter was prepared from Monklands Hospital to the Queen Elizabeth University Hospital (QEUH) with a proposal for Tony to undergo CAR T-cell Therapy.
19. Tony started attending the Beatson Clinic between Christmas and New Year for his stem cell collection and then on to see Dr McQuaker. He did stay overnight during this procedure but there were no notable infection episodes at this point. He started attending outpatient appointments at the QEUH on 7 January 2020. Tony at this point was considered too far gone for a Stem Cell Transplant so the CAR T-Cell Therapy was the alternative.
20. On 11 March 2020 Tony and I attended an outpatient appointment with Dr Latiff. This was a day appointment in her office where we discussed what the side effects of CAR T-cell therapy would be and what Tony had to do. He was given 2 weeks to get his fitness levels up, the irony of this being that he had to be sick enough to get the treatment but fit enough to survive it. When I say he needed to get his fitness levels up, the goals were things like walking from one lamp post to the next, he wasn't expected to be able to walk on a treadmill or anything like that.
21. Due to the Covid-19 pandemic, lockdown was then announced on 17 March 2020 and treatment was then cancelled.
22. Tony remained at home during this period and shielded in the upstairs area in the house. He was put forward for Bridging therapy. He was put on a medication that Lanarkshire Health Board had to approve due to the cost. Dr Latiff made the request for this medication to give Tony longer. Tony was put on polatuzurnab which he had a good response to and allowed him to be referred back to Dr McQuaker to look at his options again.
23. At this point Tony's diagnosis had developed into Refractory Diffuse Large B cell lymphoma. He became well enough to be recommended for a stem cell transplant. It felt like snakes and ladders with the treatment.

24. The first time Tony was an inpatient in Ward 4B at the QEUH was September 2020. He was admitted early in the month and then on 8 September 2020 the Stem Cell Transplant took place. He was extremely unwell during this admission. He was discharged on 7 October 2020.
  
25. He developed an unusual lingering cough during his September 2020 admission and it was unclear why. After he was discharged Dr Betts and the doctors from the Lanarkshire team had been trying to work out what it was and treat it. I recall hearing the word aspergillus in discussions with the doctors during his admission in the QEUH but the word didn't mean anything to me. I was just focusing on Tony getting better. I was told it was "just an infection". The significance of it was not explained. I exhibit an aspergillus PCR test result dated 24 September 2020 as **MD/001 (A49630227 - Maureen Dynes Exhibits\_proposed redactions – Bundle 27, Volume 10, page 160)** and progress summary from his medical records as **MD/002 (A49630227 - Maureen Dynes Exhibits\_proposed redactions – Bundle 27, Volume 10, page 162)**.
  
26. For many months Dr Betts and the team at Hairmyres Hospital was attempting to treat this cough and work out where it was coming from. It was there that the connection with the QEUH was first made. When she used the word aspergillus in the conversation I recalled that I had heard that in September. She explained to me that it was not an infection that they usually see or even look for. She described it as something that lay down in the bottom the lungs and hid in warm dark areas and grew. Before they worked out what it was he would always be given antibiotics and get a bit better but then he would then decline again. It was because they couldn't see that it was aspergillus.
  
27. He was constantly tested for Covid-19 because of this cough. He didn't have it before the admission though. The cough gave him a lot of problems because it was sore on his back and muscles. There was a fear that if he didn't recover

from it that he wouldn't be able to have his reinfusion treatment which ultimately took place in April 2021.

28. It was only later when the cough was discussed again and the word aspergillus was used did I recall it being mentioned in September. When we were advised of this it was presented to us as "an infection" and the significance was not explained.
29. We were advised that the Stem Cell Transplant had failed on 5 February 2021. The next option was CAR-T Cell Therapy.
30. Tony had a Hickman Line inserted at Hairmyres Hospital with no issue. He was then readmitted to Ward 4B at the QEUH on 31 March 2021 to undergo CAR-T Cell Therapy.
31. When Tony was admitted, the restrictions from the pandemic were still in force so at the beginning I wasn't able to visit. He was told that the chemotherapy wouldn't be as bad on him as per the last round which was reassuring because he was really worried about this due to how hard it had been the first time. Tony was feeling quite positive in the beginning. He still had the cough and we were concerned about the reinfusion date because of this.
32. The way the treatment works is that a patient's immune system is suppressed from Day minus until Day zero when they receive their cells back. So Tony was admitted on day minus 5. Because of the cough the cells were delayed in being returned to his body. This meant that Tony stayed in the minus days, they weren't able to move forward to day zero for quite a long time.
33. I can see in my messages on my phone that during the week of the 5<sup>th</sup> April I have been advised that Tony had two infections, the common cold and aspergillus. I then communicated this to family and friends. I exhibit a test result as **MD/003 (A49630227 - Maureen Dynes Exhibits\_proposed redactions - Bundle 27, Volume 10, page 164)**.

34. I can see from further messages in my phone that I was told on the 12<sup>th</sup> April that Tony was still viable for infusion of the cells. The consultant wanted 1 week to get him free of infection.
35. I received a phone call from a junior doctor at the hospital I believe on Saturday 17<sup>th</sup> April. They raised that they were concerned about the aspergillus. They had originally been planning to do the reinfusion on Monday 19<sup>th</sup>. I remember saying to them that he had that when he had his stem cell transplant before. I didn't know how bad it was at that point, I just remember thinking they will know how to treat it. I didn't realise it had been there this whole time and had never gone away. I also exhibit a result that references delays in Tony's treatment due to the aspergillus as **MD/004 (A49630227 - Maureen Dynes Exhibits\_proposed redactions – Bundle 27, Volume 10, page 166)**.
36. The junior doctor became a bit vague with me and said they didn't really know what was going to happen with Tony's treatment but that I should be aware that they were pushing the boundaries for returning the cells to Tony's body. There was a question of if he would need more chemotherapy. I was advised the consultant would discuss it with me.
37. On the Monday (19<sup>th</sup>) when the consultant returned she said to me "No no, he doesn't have aspergillus" entirely dismissing it. I responded to her saying oh I was told he did and the response was a straight "no he doesn't". The conversation was left with me saying oh I must have mis heard but in reality I hadn't. I didn't challenge it at the time because I didn't realise the implications of the infection.
38. Dr Annie Latiff said to me in that conversation that she didn't think that Tony needed another round of chemotherapy and that he could get his cells back. At that moment we were just going along with everything that we were told. Tony got his cells back that day and he had a lot of side effects. We knew he would have a strong reaction as he had a heavy disease burden. We were

advised that if the cells were doing their job properly they would give off toxins which the body would then have to fight.

39. We had watched a documentary called "War in the blood" which was about CAR-T Cell therapy so we understood what was coming.
40. Tony got his cells back on 19 April 2021 and ended up being moved into ICU on 1 May.
41. Tony remained in ICU for a day or two before he returned to Ward 4B on 3 May. When he was on ICU during this time I was immediately struck by the differences in protocols between the two wards. Ward 4B was very strict with PPE, taking temperatures and procedures that we could see were to keep Tony safe, ICU didn't do anything like that. Tony told me that he felt safer on ward 4B because of this which is incredibly ironic.
42. When Tony returned to Ward 4B the plan was to get Tony home as soon as possible because being at home was safer than being on the ward which we thought at the time would be because of the Covid pandemic. Around day +30 which would have been 19 May 2021, there was talk that the only reason he wasn't able to go home was because he was still showing signs of a chest infection.
43. It was agreed that after a PET scan appointment which was due to take place on day +30 (Wed 19 May), that he would go home afterwards into strict isolation. The week before we made little gifts for every member of staff that had been part of Tony's care. His cognition was very alert that week, he was fully normal it was my Tony. That left me feeling like there was light at the end of the tunnel. Yes he was thin, but his eyes had a sparkle again.
44. The last week of Tony's life really does merge into one long event now. I can't recall exact dates for everything but on the 19th May, I went up to visit and I was asked by the Charge Nurse how I thought Tony was. I could see



something wasn't right, I couldn't put my finger on it but there was something different about him that worried me.

45. I have a message on my phone dated the 17<sup>th</sup> May that says: *"Hello everyone, Annie the consultant, was called in to see Tony tonight, he has an infection and they are trying to find the source. They have removed the Hickman line and put a cannula in. He may get a PICC line instead as he will need IV meds. He was also put back on oxygen but she doesn't think he will be on it for long"*. The PICC line was inserted on the 17<sup>th</sup> May.
46. There is also a message on the 17<sup>th</sup> May that says: *"Managed to chat to the consultant. Tony is being closely monitored by the nursing staff in case he develops sepsis from an infection. He is on 3 antibiotics and 1 steroid. They reduced his other steroid by half over the weekend. The current steroid is to reduce inflammation in his brain. The Hickman line did have a bug but the lab are analysing it to ensure he is on the correct antibiotic"*. Later on the message says: *"The Sister said that he was a little slower and was a little confused..."* and *"Hopefully he can get out as soon as he can as he is anxious to get home"*.
47. The consultant called me at 00:35am on Tuesday 18<sup>th</sup> and told me that Tony might not be coming home on the Wednesday. I remember the Senior Charge Nurse Lisa Halliday saying that if she didn't know better she would wonder if he had sepsis but his temperature wasn't increasing. A CT scan took place during the evening of the 18<sup>th</sup> but I wasn't advised of the results until the Wednesday.
48. On Tuesday 18 May I visited the hospital and while I was waiting for Tony to return from a scan, there were a series of staff coming to his room saying that they were going to miss him and they were delighted he was going home. Tony always affected people, he had a great memory and would remember names and things going on in other people's lives.

49. Tony returned from the CT scan in the evening around 6pm and I remember thinking that he didn't look good at all. I went home around 7:30pm. The following morning I received a call from Lisa who asked me to come in immediately. She wouldn't tell me what was going on, so I went into the hospital and eventually met the consultant. The consultant told me that the treatment had not worked and that was it for Tony.
50. I can't remember all the conversation. We all went into the room together and told him together. It was the only time I heard him say "why me".
51. It was agreed that he would be going home and carers would come in to make him comfortable on the Monday. I stayed in the hospital until later in the evening and went home at 11:36pm. The next morning I received a call from Lisa telling me I needed to come back as he was not doing well at all. Tony was going downhill fast, he was hardly speaking.
52. I returned and at that point I was absorbed into the ward, I wasn't going home. Tony's brothers were supposed to have a short visit to say goodbye individually on the Friday. This couldn't happen due to me testing positive for Covid that morning. Clare, Paul and Father Ivan had short individual visits on the Thursday night. the children would have been allowed back on the Friday individually if all had been ok.
53. I tested positive for covid-19 on the morning of 21 May. It then became the case that no one except me could be in Tony's room. Most of that last day became a fight to keep me there. I was really frightened that I wouldn't get to stay until Tony died. The conversation about if I should be allowed to stay continued until I was told that no matter what I would have to leave at 6pm. Tony passed away at 17:35 and I was in my car by 17:45. I was numb and exhausted at this point. It was right that the IPC policies determined that I should leave the hospital as soon as possible, It is worth noting though that I was supposed to be in a room that was sealed. As long as no one came in there was no risk, at least officially, I do wonder if I was moved out quickly out of fear that the room wasn't as secure as it should have been.

54. I thought he had passed away from the cancer. Looking at the records now, I question this.

### **EVENTS AFTER MAY 2021**

55. How I connected it all was Louise Slorance. I saw her on the news and I remember her saying the word “aspergillus”. When I heard that word it immediately got my attention. I got in touch with her and we spoke about what happened to Tony.

56. I recovered his medical records and through reviewing them I uncovered the aspergillus laboratory results and Stenotrophomonas. I exhibit the Stenotrophomonas test result as **MD/005 (A49630227 - Maureen Dynes Exhibits\_proposed redactions – Bundle 27, Volume 10, page 168)**. I further exhibit the laboratory report from Public Health England that I was not advised of as **MD/006 (A49630227 - Maureen Dynes Exhibits\_proposed redactions – Bundle 27, Volume 10, page 170)**.

57. I didn't know what to do with this information. I was floored that he had 2 infections and I understand that one of them is the same infection that [REDACTED] [REDACTED] contracted years prior. Why is it that years later Tony developed the same thing.

### **QEUH FACILITIES**

58. I wasn't able to go into Ward 4B in September 2020 and I was limited in how much I could see Tony in April 2021 until he deteriorated.

59. I don't know for example if Tony was brushing his teeth with tap water. I do know he was given bottled water to drink generally, and I remember his toothbrush was laid out for him on a tray next to the sink. Even if he had used bottled water to brush his teeth, there would have been splashback or any droplets on the sink would have likely spread to his toothbrush.

60. Tony had mouth ulcer gels for his mouth as part of his treatment. This would also have been another way that water could have got into him. For example a nurse would wash her hands, perhaps touch the tube, put the gloves on and apply the gel to Tony. These are potential routes that Tony could have inadvertently ingested the water.
61. Tony had a denture plate so I don't know where that would have been put. He needed it for eating so I wonder if it was cleaned with tap water at the point Tony was unable to do so for himself. Normally dentures have to soak in water so would they have used bottled water?
62. I need a room to be much warmer than other people typically do, while I don't recall thinking it was too hot in the hospital I do recall that I would always wear light clothes there. I had a sweet box for Tony that was kept by his bed and the chocolate in there would always melt.
63. I don't know what rooms Tony was in on the ward but I do know he was moved rooms. During his first admission I know he was moved because when he was able to be fully awake, he could see that his surroundings had changed. I know that at one point he was moved closer to the nurses station because he was so unwell.
64. I believe there is a portal on the NHSGGC system that states what rooms a patient is put in but I was not provided with information on where Tony was moved to during either admission. I know Tony was on a room that was considered the highest grade of protection that they had. It sets off an alarm if the door is left open for example.
65. Tony never mentioned any issues with the hospital facilities. He spoke highly of the staff and understood the difficult job they carried out. He commented that he always saw the staff change PPE which he found reassuring. He trusted the staff.

## **COMMUNICATION**

66. Now I know that an infection like *Stenotrophomonas* demands that an internal investigation take place. I question why this investigation either didn't take place or I wasn't told about it. Did they not tell me because of the upset it would cause? Was it because they didn't want another case which would have come about at a time when there were high profile cases? I do think it was purposely not disclosed.
67. I am asked if I would have wanted Tony to have had a post mortem if I had known about the infections, to know if they were the reason for his death. My answer is yes. It makes we wonder if the hospital has downplayed everything deliberately. I have actively taken this forward and tried to make Tony's case heard so yes I would have wanted a post mortem because the question that is going round my head is: did the infection kill him? Did the treatment work? No scan or investigation appears to have been done. A post mortem would have answered all of this and now I am left with the question.
68. I was not made aware of the significant problems that the hospital had to the level I do know now. When Tony was admitted to hospital what everyone was acutely aware of was that Tony was highly susceptible to infections so extra measures would need to be taken generally. We were never advised that there was a risk from the hospital building itself.
69. I appreciate that a hospital is full of sick people which comes with its own degree of risk, but I wouldn't imagine that a hospital would be one of the main dangers. I wouldn't like to think that something was hidden from me, I always ask for honesty. If I had been advised that there was a risk with the water and ventilation then yes I would have at least liked to have had the conversation and considered if it was even possible for Tony to have been treated elsewhere. I'm not sure that is even possible, but certainly it should be if this is the alternative.

70. Tony had to sign a contract which set out in clear terms the risks he was taking on. He was scared, really scared when he read the form. If the information that the hospital wasn't safe had been included on top of that then he may have asked to have gone elsewhere. He should have had the right to have had the conversation.
71. People going into the hospital today is giving me the motivation to do this. I have a friend who is going onto that ward to have a transplant and I feel sick for them. There is no point spending all this money on treatments when an infection from the building can kill them. They should be able to look elsewhere. How many people have been affected by this and have had their immune system kick in so it's ok, and then how many others have had the infections and weren't ok. How many have died from an environmental infection and told it was from cancer?
72. When looking at Tony's medical records it is clear he has been prescribed prophylaxis medication as part of his cancer treatment. I do recall that we were given a leaflet at the beginning and there would have been conversations about him being given antibiotics to try and limit the chances of him developing an infection. What didn't happen though was we weren't advised he was being put on a medication because of the building itself. If anything we were told the opposite, that the hospital was the safest place that Tony could be.
73. Before Tony was admitted to hospital in February 2021 and indeed this was also the case in September 2020, I was not able to go into the hospital with him. I found this incredibly frustrating. This was because of Covid, but it meant there would have been information that Tony may have been receiving that he missed. He had brain fog and I could ask important silly questions so he could be properly supported. I was allowed to listen in on the call but that comes with major drawbacks. I couldn't understand what everyone was saying and there was background noise from my end as well.

## **EMOTIONAL IMPACT**

74. I try and find things to fill the gap that losing Tony has left. I stress eat and as such I have put on weight. My health has been impacted. I was on anti depressants for a while as well.
75. This happened at a time when my daughter Clare didn't live at home and my son Paul had left home in January 2021. We went from a happy busy household to just me. My business is at home so that is a blessing because there is noise during the day but come 6pm it's silence.
76. I'm sad, I'm heartbroken, I have lost the love of my life and best friend, that was hard when I thought he had died from cancer, its even harder when I know he may have died from an infection that could have been prevented.
77. I want to get answers because whatever happens in this inquiry, nothing can bring back Tony. Nothing will be able to let him walk his daughter down the aisle, nothing will allow him to attend his son's wedding next year.
78. Clare's wedding was beautiful but it was strange because we knew someone wasn't there. Clare has worked really hard to save up and purchase her own home and she commented on me that her dad has never been able to step foot in it knowing how hard she had worked to get there.
79. Paul at the beginning thought his dad had passed from the cancer. His view was much more black and white. When it became clear that Tony had passed away from Stenotrophomonas as well, that changed things. I now think he has the realisation that his dad may have not died from cancer and that has changed his view a bit. I'm glad he and his sister both have partners to talk to.
80. I wanted to talk to someone. I paid for a counsellor because you can't get counselling for bereavement on the NHS. I was given several phone numbers to find someone and I'm still waiting for those numbers to call me back to tell me I'm top of the waiting list after 3 years. I went and saw someone privately for 3 months once a week, but that was a financial strain.

81. Tony was my business partner as well as the love of my life and best friend. We ran a regulated childcare business. I can't have the same number of children attend now as a result which means my income has halved. Everything that has happened has drained our finances. Cancer has drained our finances.
82. NHSGGC must know I know now. They must know I know he contracted these infections. There should be a recourse, some system where they tell you. I don't understand why I wasn't.

### **HOPES FOR THE INQUIRY**

83. I hope that honesty comes out from it. I hope that if the investigation shows that something is seriously wrong with the hospital then they fix it and make it what it was originally designed to be. It was an all singing and dancing hospital. Yes people will continue to die there because of illness and medicine can't fix everything but all the efforts of the good doctors, nurses and healthcare assistants shouldn't go to waste because the building isn't safe. I would hate to hear of anyone else contracting another infection from something that can be fixed.

### **DECLARATION**

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

The witness provided the following documents to the Scottish Hospital Inquiry for reference when they completed their witness statement.

### **APPENDIX A**

**A50258433 – Hearing Commencing 19 August 2024 - Bundle 27 –  
Miscellaneous Documents – Volume 10**