Scottish Hospitals Inquiry

Supplementary Questions for the CNR Expert Panel

Gaynor Evans

1. It appears from the Public Health Commentary authored by Dr Emilia Crighton, NHS GGC Director of Public Health and submitted to the CNR in February 2021 that she and NHS GGC then considered that it would be useful to carry out additional epidemiological analysis and specifically that:

    a. An analysis comparing infection rates within the NHSGGC Unit to the combined Aberdeen and Edinburgh Units was carried out by HPS in 2019 (Bundle 7, Document 6, Page 214) should be included in the Case Notes Review; and

    b. That that the use of statistical methods (like indirect standardisation) would be more suitable to assess the chance of a real excess number or cluster to avoid the cognitive bias of “Clustering Illusion”.

    How did the Expert Panel respond to this Public Health Commentary in general and the request that additional epidemiological analysis be carried out?

A We reviewed the Public Health commentary in detail and amended out report in response to the feedback. There are 36 references to HPS contained within the CNR. We considered that a further request for epidemiology as it fell outside the Terms of Reference for this review. Chaper 2, section 2.2 , 2.3 and 2.4 of the CNR.

2. Can you provide further details beyond what you stated in your earlier statements as to the role that NHS GGC or its staff had in (a) defining the remit of the Case Notes Review, (b) setting the selection criteria for cases within it and (c) the decision to include all Gram-negative bacterium in the scope of the review?

A a) I cannot say how much input NHSGGC had in defining the remit of the CNR. The cohort was defined using, I believe, the HPS 2019 analysis (Review of Haemato-oncology data) with which the panel agreed with the caveat we would continue to review throughout the process

b) setting the selection criteria for the review was already confirmed at the first meeting with the panel and therefore have no knowledge of any prework undertaken by NHS GGC. This is defined in section 3.2.1of the CNR

c) The cohort did not include all Gram-negative bacteria in the scope of the review. Escherichia coli being the most common Gram -negative See section 4.3.5 of CNR and Appendix D

3. Why does the CNR Overview Report not contain any comparative data on infection rates?

A The panel was asked to answer a specific set of question these can be found in section 2.1 of CNR:

1. How Many children in the specified population have been affected, details of when which organism etc?
2. Is it possible to associate these infections with the environment of the RCH and the QUEH?
3. Was there an impact on care and outcomes in relation to infection?
4. What recommendations should be considered by NHS GGC and, where appropriate, NHS Scotland , more generally to address the issues arising from these incidents to strengthen infection prevention and control in future?

5. If a comparative epidemiological analysis was to be carried out to compare the rate of infections in the patient cohort covered by your review knowing what you now know about the Schiehallion Unit and its patient group how would you go about selecting comparable hospitals to compare it with and do you have in mind any particular hospitals/units with which a comparison could be made?

A This is a question more appropriate to an epidemiologist, however I would suggest selecting hospitals with a similar demographic, population size, similar specialist oncology tertiary centres across a UK wide network to provide a larger cohort . I would also like to include a study of other wards across QUEH site to determine if there is a similar pattern of infection across the organisation not specifically within this patient cohort

6. In applying your methodology to the cases in the review what consideration did you give the possibility that any particular infection was a commensal infection arising from a colonised patient by reference either to the particular circumstances of the infection, the epidemiology of the infections observed in the hospital and any published papers about the prospect that particular bacterial was more or less likely to be arise from colonised patients?

A We discussed the possibility of infection arising from other sources in particular in section 3.6.6 of the CNR, Categorising the likelihood of an environmental source for an infection. We considered the possibility of external sources from other hospitals or outpatient departments or from home where there was an opportunity. Many of these patients had been inpatients for a number of weeks and therefore with a similar infection in another child in the same locality, it is more likely to have been transmitted. Our objective was to find the most likely source of infection as we were unable to confirm the source.

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