Witness Name: Dr Saleyha Ahsan
Statement No.:
Exhibits:
Dated: 26 July 2024

UK COVID-19 INQUIRY

WITNESS STATEMENT OF DR SALEYHA AHSAN

I, Saleyha Ahsan, will say as follows: -

1. I am a member Covid 19 Bereaved Families for Justice UK. I also lead the Health Care Worker sub group within the Group. I formally adopt the contents of the corporate statement of Matt Fowler for CBFFJ UK dated 18.12.23.

2. I am a Doctor in Emergency Medicine and a PhD candidate at the University of Cambridge on the subject of the delivery healthcare in armed conflict, examining preparedness, resilience and response. I am part of the Royal College of Emergency Medicine EPRR committee. I am also a filmmaker and journalist working across mainstream media platforms. I am a former British Army Officer, commissioned into the Royal Army Medical Corps prior to my career in medicine, as a non-medical support officer and undertook operational service as part of the NATO Stabilisation Force in Bosnia. I have an LLM in International Human Rights Law and Humanitarian Law and have a special interest in the Right to Health.

3. During my training and service in the British Army, I trained regularly in how to put on, work in and then safely take off protective clothing (nuclear, biological and chemical warfare equipment) and respirators. This involved knowing how to manage teams and arrange healthcare settings and lead my troop due to my RAMC role. This has been the only period in my career, which was prior to me re-training to be a doctor, that I received any instructions on protective equipment, clothing and how to function in it.

4. I wish to highlight the following key themes on behalf of CBFFJ UK in this Healthcare Module: Ambulance services; Infection prevention and control, restrictions on visiting in hospital, quality of care provided, care towards end of life; PPE, burial rites and traditions, shielding and long term impacts.

5. During the first wave, I worked for Public Health England doing shifts at Heathrow Airport on arrivals coming to the UK. Initially this involved taking phone calls from aircraft flying into the UK about passengers suspected of having symptoms of COVID-19. This would then involve attending the aircraft in PPE, examining the passenger and taking a history. If COVID-19 was suspected the passenger was then arranged to be admitted to a nearby hotel for quarantine. In the second week of doing this role, in February 2020, the instructions of how to manage symptomatic patients was stepped down. We were instructed to not meet patients at aircraft, but to speak to them on the phone whilst they were still on the aircraft and advise them to go home via whatever means they chose (including public transport). We did not have anywhere or anyone to give the names and details of such patients as this information was not being logged or recorded.

6. In February 2020 whilst on shift in North Wales I was asked to respond to a call from passengers on a train coming to North Wales from Scotland. They had stated that they had been around someone with confirmed COVID-19. At this point, there were no recorded COVID-19 infections in the North Wales area that we were officially aware of. I tried to seek guidance on what to advise the passengers who wanted to come to the emergency department. One of the passengers said they had symptoms suggestive of COVID-19. I tried to call Public Health Wales (it was a Friday evening between 7-8pm) in order to alert them of the coming of potentially infected passengers on the train. I was able to leave a message but was told that I would be called back with instructions in the following week. After consultation with colleagues, it was decided that the advice was for the passengers to go home and if they deteriorated then to seek medical advice. I was then called the following week back from Public Health Wales but I explained that there was a need to be able to speak to someone out of hours should such cases recur. I was told they were not taking details of potential cases at that point.

7. I am not only an eyewitness to the horrors of the Pandemic but I am also bereaved. I lost my father, Ahsan-ul-Haq Chaudry, on 28 December 2020. He was 81 years old and a retired teacher. He suffered from well controlled brittle asthma (was on a biologic therapy that significantly improved symptoms), well-controlled mild heart failure and stable, non-metastatic prostate cancer. Before he fell ill, he was able to walk with a stick and was independent. He had a small degree of paralysis in his left hand caused by a neck operation resulting in nerve damage in his hand about 20 years ago. He spent most of the time on his feet cooking the whole family meals. Cooking was a passion of his. Prior to the lockdown he had a busy and active social life involved in community affairs. In March 2020, he received a letter that he needed to shelter.

8. On 17 December 2020 my father went into A&E at I&S in I&S to have a catheter fitted and it is suspected that he caught Covid-19 there. When he returned home, he had a restless night's sleep and was unsteady on his feet. On 21st December 2020, the family had to call the community treatment team and a nurse found that his oxygen saturation levels were very low. He was advised to go to hospital. He was taken into hospital by my sister, GP I&S and my brother, junior doctor working in ITU at the time, I&S as they were advised that an ambulance would take too long. It was a frightening and stressful journey as my father was struggling to breath, as relayed by my siblings. My father was tested for COVID-19 when he arrived in hospital, however his first result was lost. A chest X-ray was done that revealed an image suspicious of COVID-19, which was seen by my siblings. He was re-tested on 23rd December 2020 and received a positive test result.

9. My father was placed on a normal ward initially with patients who did not have COVID-19. Although, he did not have a confirmed positive test due to it being lost, he had symptoms of COVID-19 and a chest X-ray that was suspicious of it. He was getting progressively more short of breath and frightened. He was only being treated with an oxygen delivered through a simple face mask. For 2 days he was not getting adequate COVID-19 care and the protocol treatments for COVID-19 were not begun. We had been in regular contact with the ward team to ask for COVID-19 care according to established protocols. We as a family tried to

advocate for a further review. Eventually a review by an experienced medical registrar took place on the night of the 23 December.

10. My father was placed on non-invasive ventilation of CPAP. He was moved to a COVID-19 ward. He needed one to one care which I provided. I stayed in my father's hospital room 24 hours a day for 6 days in full PPE. He was not taken to a high dependency unit (HDU) which would have been the right place for him. At the time, my place of employment was within critical care (both ITU and HDU) and myself and the team were managing patients similar to my father either within HDU or intensive care units. This was a hospital in North Wales. I took compassionate leave from my ITU job in North Wales to travel to London to care for my father.

11. The hospital that my father was admitted to was I&S in I&S. It was a hospital that all my siblings including me, had worked in during our careers. I had worked in the Emergency Department between 2011 to 2016, during its period of being under Special Measures following CQC assessments. I had made a series of films from its emergency department in 2013 for the Guardian to demonstrate its challenges. My sister I&S a highly experienced GP, worked in its Urgent Treatment Centre and was its clinical lead during this period. She described how busy the hospital was with numerous patients attending with COVID-19 symptoms and that the hospital was overwhelmed. As it was explained to me by the on-call ITU consultant, there were no beds available even for much younger patients. In normal times, my father would have been a candidate for HDU or ITU for 1:1 care. The decision on this occasion, as explained, was not made on a clinical basis but on a capacity basis. The ITU consultant explained that young men in their 40s were also awaiting beds and she was looking across the region to transfer them out to other hospitals including I&S.

12. My brother, Dr I&S was known well to the I&S ITU by doctors working there due to him having worked there quite frequently and relatively recently prior to the pandemic. With this in mind, I stayed bedside with my father to provide closer care and to not leave my father alone. It was required because often, the CPAP machine piping would become disconnected from the machine or he would slip down the bed and then not be able to breath. Because he was in a

side room alone, he did not have continuous nursing care so had I not been present in the room 24 hours a day, such incidents would be missed and he would have suffered great distress with a risk of a distressing death.

13. The hospital had a policy that if a patient had a carer at home, they would allow a carer to remain with a patient in hospital at this time. Due to the immense pressure the staff were under, it appeared obvious to me, from what I witnessed, that they would have not been able to provide care to those with care needs. My father had a carer at home due to the paralysis in his left hand that made taking his medications independently difficult. Thus, I was permitted to stay with my father.

14. End of life (EOL) care was raised and was the right subject to be raised at this time. Whilst painful, I understand this is required through my own professional work. I work with colleagues to ensure timely and empathic discussions on EOL care are had with patients and their families. The previous year our mother suffered a horrendous death in I&S hospital, where end of life care was not provided and a DNACPR not completed in a timely manner. Our mother suffered an unsupported death, with no medications to ease her suffering and it was a traumatic death with difficulty in breathing. Our father had witnessed this and we were worried he would suffer the same. Due to its seriousness, my mother's case is under review. We understand as a family the importance of supporting patients at this time.

15. Thankfully, in my father's case, the palliative care team were engaged and a plan was made with medications provided to help with secretions and progressively worsening breathing when it began to occur. The point was to make a plan of all eventualities and included if and when EOL care would be delivered. All efforts were made once on CPAP and on the Covid ward to see if my father would improve. He was on a medication that belonged to the group known as biologics for the type asthma my father had and it was not yet known if this would assist recovery as the evidence and experience on this was still emerging but it was worth waiting to see, explained the medical consultants. Biologics have been life changing for people with asthma in a positive way due to their actions on the lungs.

16. When it appeared however that my father was not turning a corner and was increasingly suffering with bouts of being unable to breath (thrashed like he was being suffocated) which was highly distressing, frightening and increasing in frequency, a decision was made to give him some relief with medications to make him more comfortable. His mouth at this point was also full of blood because of the CPAP and complications of COVID-19.

17. He also had been unable to eat or drink because any removal of the CPAP mask resulted in rapid desaturation and being unable to breath. He had not eaten for 4 days and his stomach was growling with hunger. I could feel boney protrusions on his back from the weight loss he had acutely suffered. On the 5th day of this, he said he wanted to die. It was at that point EOL care was begun and he passed away on early morning of 28 December. One of the last things he said was 'I have 6 children.'

18. In accordance with our beliefs as Muslims, burials need to happen as soon as possible. Preferably on the same day. It was my father's wish. It was challenging and stressful trying to get the death certificate signed due to the workload of staff but also the lack of understanding of the need, by staff of religious requirements. It was also challenging due to the time of year being the period between Christmas and New Year and a Bank Holiday Monday. We also found out that the Muslim burial organisation, Gardens of Peace, were overwhelmed with burials. They were stretched due to the numbers of deaths. We had trouble getting through to the correct authorities to organise the release of my father's body on the phone. However, when they were able to get the message, they worked in a supportive and kind manner to help us. My siblings and I worked together to secure all the required paperwork from the medical team to then present to the hospital's bereavement officer and then arrange movement from the mortuary to the Gardens of Peace. It was a highly stressful and distressing period. Had we not been there to advocate for my father there would have been a potentially significantly delayed burial that would have been against his wishes. The challenges were associated with a lack of understanding of the urgency required by some of the medical team, the medical workload in preparing the death certificate, the volume of patients

dying, and the time of year. However, when it was explained to medical staff of the need, they then acted with compassion and speed.

19. My father was buried on 29 December. Three days after his death, I had a phone call from the GP inviting my father for the COVID-19 vaccination.

20. My siblings then also caught COVID-19 from my father, it appears from when they came to say goodbye. I&S all contracted COVID-19 and started to become ill immediately after the funeral. I then went from looking after my father, to looking after my siblings, the very next day after the funeral. It was a frightening time as they were struggling with breathing. My sister I&S was pregnant at 4 months with her first child. She is a paediatric consultant. After 10 days of being unwell, my sisters recovered.

21. My sister I&S suffered complications in pregnancy secondary to her contracting COVID-19 from this episode. This included placental insufficiency and intrauterine growth retardation, which affected the growth of her baby and which are recognised as being linked to COVID-19. She developed pre-eclampsia and then full eclampsia where her and her baby's life were in danger and she had to undergo an emergency caesarean section. There are also documented links of this condition in pregnant women who have suffered COVID-19. Her blood pressure was extremely high (over 200/100), and she was having incontinence, visual disturbance and was extremely unwell. On arrival in the emergency department, an emergency decision was made to deliver the baby immediately. The baby was one month premature. Both my sister and her baby were cared for in Intensive Care.

22. My brother I&S, a junior doctor at the time of COVID, had a kidney transplant in 2012. Later in the pandemic, due to the dangers they faced by going into work, immunocompromised Health Care workers like my brother, were instructed by the government to shield. This impacted their careers and as they were unsupported financially had, in my brother's case, dire consequences. However during the first wave, whilst working in a hospital in London, my brother was made to work with patients who had COVID-19, but without adequate PPE.

He contracted COVID-19. He collapsed and lost consciousness at home. He was living with my father at this time. This was March 2020. I then moved I&S to live in my flat in order to safeguard my father. I was able to conduct hospital level monitoring (blood tests, oxygen saturations, blood pressure, respiratory rate) at home. I had regular phone consultations with his renal consultant at the I&S I&S Hospital. He was on daily renal medication to prevent rejection of his transplanted kidney but had to stop taking these while he was ill because it is an immunosuppressant. I&S had some junior experience in ITU having worked there as a junior doctor. He was proning himself (turning on his front) to improve ventilation of his lungs. This was at a time when his oxygen levels had gone down to 92-93%. I was caring for him and isolating alone with him. If his oxygen levels had not improved, the plan was to take him to the I&S Hospital. However, he did improve. I myself then developed COVID-19 caught from him. We were both in recovery for a collective period of one month.

23. I have subsequently developed symptoms that are being examined for long covid. Various blood tests have shown I have a new inflammatory response and after 2 years of being unwell, I have been diagnosed with lupus and am on treatment. All my symptoms (nausea, severe fatigue, muscular aches, periods of shortness of breath, elevated blood pressure going up to 190/100, raised platelets in blood tests) began after developing COVID-19. I am also immunocompromised due to lupus and have had recurrent varying infections since then. This has had an impact on my ability to work medically, including within the infectious diseases department due to concerns of contracting further infections and also my work as a humanitarian doctor working overseas. Evidence suggests that there is a correlation of developing lupus after contracting COVID-19.

24. During the COVID-19 pandemic I made a number of television and radio documentaries about COVID on the subject of preparedness, PPE and how the NHS was responding. This included interviewing significant numbers of patients and staff as well as experts. The first documentary was Channel 4 Dispatches Coronavirus: Can Our NHS Cope? This was a Dispatches investigation that asked the question of whether the NHS would run of beds and ventilators and what the impact on patients both with COVID and also those with chronic conditions

including cancer would be. The conclusion was that it would run out and that without proper robust interventions, patients with COVID-19 and chronic conditions like cancer would not fare well. It also asked the question of whether there were enough doctors and nurses to manage the pandemic in the NHS. The next documentary for Channel 4 was What's It Like to Catch Coronavirus (April 2022).

25. There followed two BBC Radio 4 documentaries for BBC Inside Health. The first was BBC Radio 4 – Inside Health, Coronavirus Special where I reported from my own hospital in North Wales about preparations for COVID-19 and getting fitted and trained in putting on personal protection equipment. This was the first time I had ever received such training on PPE during my career in the NHS as a doctor. This was at the start of the first wave (11 March 2020). The second radio programme was BBC Radio 4 How I&S Intensive Care Unit is Preparing for Winter during COVID (28 October 2020).

26. The final film was a Channel 4 Dispatches Special called Condition Critical: One Doctor's Story which involved four months of filming and interviewing staff and patients during the second wave of COVID-19. The project was first presented as an idea in August/September 2020 when I realised from government actions and proposals on managing the pandemic in the coming months, leading up to Christmas and winter plans, that there would be inadequate interventions to safeguard against the predicted rising numbers of people contracting COVID-19. Filming commenced in November 2020. For me and the healthcare workers I interviewed, it was clear as early as the late summer that by winter there would be a film to make to demonstrate the increased pressure on services, higher case rate and impact on staff in December 2020/January 2021 – indicating in mine and those I interviewed that this was well within the ability of others, such as those tasked within the department of health and elsewhere, also to recognise. I have 4 months of footage that details concerns, poor supplies of PPE, out of date PPE and staff stress. Some staff stated clearly that they were worried in their interviews taken in late October and November.

27. The Channel 4 Dispatches film Condition Critical: One Doctor's Story included the story of patients who died from COVID-19, patients recovering from COVID-19 and also retired NHS staff who died from the virus. The film is set in both I&S

Wales and England It also charts the diagnosis and illness of my father, Ahsan-ul-Haq Chaudry and features my father during his admission in I&S.

28. I was employed by Channel 4 News for 4 months between April to July 2020 as a specialist expert to support their journalism and coverage of COVID-19. This included interviewing and researching other cases of COVID-19 patients and deaths and NHS responses. I spoke to families of NHS doctors who had died from COVID-19 and arranged for their interviews on Channel 4 News. During the interviews, the family members spoke about how their loved ones had publicly and on social media asked for better PPE. This included surgeon Mr Abdul Mabud Chaudry at the I&S who had publicly, via Facebook criticised the lack of PPE during the first wave of the Pandemic and who unfortunately contracted the virus. He wrote on Facebook asking for politicians to better equip NHS workers with adequate PPE. He died in I&S and his son did an interview for Channel 4 News about this. As a doctor, I was able to secure key interviews to help tell the medical story of the pandemic.

29. I wrote and spoke extensively for print and broadcast media about the pandemic. My family also were interviewed. This was particularly so after the death of my father which was covered in news. The particular interest was due to the fact that myself and my siblings (5 doctors and one pharmacist) had all worked in the NHS for many years and were all serving on the NHS COVID frontline. My father's story of raising 6 children who all fought COVID-19 was covered and that he sadly had died from it.

30. This included media coverage across the BBC, Channel 4 News, Sky News and ITV and in print (Daily Mail, Mirror, Evening Standard, Guardian and others), in the days and weeks following my father's death and then also to coincide with the Channel 4 Dispatches that featured my father unwell and then dying from COVID-19.

31. Whilst working in I&S I saw and wore out of date PPE including masks because that is what was provided during the second wave. These face masks broke whilst wearing them. This was experienced by myself and other staff. Staff

including myself experienced the mask's elastic breaking whilst in the isolation room with a patient unwell with COVID-19. It meant that ease of access to replacement masks was challenging and not able to occur immediately.

32. Whilst working during the pandemic I witnessed nursing staff telling nursing home managers that they were sending patients home without being tested for COVID-19. This resulted in heated and distressing phone conversations that I witnessed. On talking to the nurses after the phone call they informed me that the managers were 'begging' for their residents to have the test before being sent back to the nursing home. The nurses were following instructions from senior management who had outlined strictly that no-one was to be tested prior to discharge back to nursing homes. The nurses said they were not able to go against this instruction but they were not comfortable following it.

33. During the first wave of COVID-19, PPE instructions for emergency medicine doctors was communicated to us through both emails, verbal advice, Facebook group and through group WhatsApp chats. At the start of the pandemic the level of PPE was FFP masks, shield, gowns and gloves. PPE was downgraded three steps in the same week even though cases were rising and there had been no new evidence on the national guidance to suggest it was safe to downgrade. The final PPE downgrade was to surgical face masks and apron. There was concern amongst staff because this was not considered adequate to keep us or patients safe. One message from a senior doctor at the time was that should there be any further opposition to this, there would potentially be negative repercussions, including disciplinary action, and that this decision was not for further discussion. This was during the period of March 2020.

34. After my father died from COVID-19 on 28 December 2020, I returned to North Wales to work in COVID-19 ITU two weeks later. I also resumed filming for the documentary and conducted further interviews about the COVID-19 response at the same time. Thus, I gained a deeper understanding of what it was like to lose a family member to COVID-19, gain a chronic condition as a consequence of COVID-19 and gain insights from staff and patients through extensive interviews with them.

35. I suffered from depression, anxiety and burn out from March 2021 and had to intermit from my PhD for a year. It also impacted my ability to return to clinical practice during this period. I have not yet returned to clinical practice but am preparing now after a 4 year break to attempt a return.

36. My uncle I&S 75 years old also died from COVID in the second wave. My brother-in-law also died from COVID during the first wave.

Statement of Truth

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

Signed: Personal Data

Dated: 26/7/24.