The Sheku Bayoh Public Inquiry

Witness Statement

Dr Erica Ellison

Taken by [redacted] by MS Teams
on Wednesday 13 April 2022

Witness details

1. My full name is Erica Ellison. My date of birth is in 1981. My contact details are known to the Inquiry.

2. I am a doctor. I work in general practice, part time. I work five sessions a week. I'm a partner in [redacted] Medical Practice, so it means we basically own and run as a business, but we work within it as doctors. I am also a trainer.

3. I usually come into work at about [redacted] and leave about [redacted] then paperwork at home or whatever after that.

4. I guess we have 6,000 patients, and when they need to be seen, they contact us, and then, predominantly, at the moment, we triage them. They book in for a pre-bookable appointment, and then we assess them, assess who's the best person to see them because we don't have many GPs. We have lots of other people who support us now. Then we either see the patients or give them advice over the phone. We also oversee and support other professionals within the practice, like pharmacists, advanced nurse prescribers, mental health nurses – people who help us do our job. We

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oversee what they're doing, and if they get stuck or concerned then they come and ask us for support with the patients. We go out to patients' homes, if necessary, and we go into nursing homes.

Qualifications

5. I graduated with an MBChB from the University of Glasgow in 2004. I've got my family planning accreditation. It's a diploma in obs and gynae. That was probably when I worked in Elgin.

6. I've been a member of the Royal College of General Practice – MRCGP – since 2010. If you become a GP, you pass two parts of an exam: a written exam called the AKT, and a clinical exam called a CSA, but it's changed now because of COVID. Basically once you pass those two things you become a member of the Royal College of General Practice. As long as you still pay your membership, you get to put the letters after your name but if you don't pay your membership, you don't put letters after your name.

7. I am a GP trainer. You do this through a training course. You apply for it as an application process which is quite convoluted and complicated, involving videos being assessed, and there's lots of assessments. And then you go on a course, you do the course, and then you have continuous assessments, regular meetings and regular reviews, and they come out and assess us at the practice regularly to check that we're still meeting all the criteria for being a training practice.

8. I have a trainee within the practice who I'm training to be a GP with my partners. I'm his lead trainer, but everyone contributes to his training. As part of that I oversee his training, and I have done that for years – not just his but other trainees as well. I've overseen him for three years, but I've overseen many trainees as part of my role as a trainer.

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Professional history

9. I qualified as a doctor in 2004 and changed jobs every six months after that. I worked in emergency medicine in A&E, then acute medicine, then anaesthetics and ITU, then rural medicine covering A&E. I have done a lot of acute medicine compared with the average GP. The first year I worked, I did six months of surgery, and then I did six months of medicine, and they were in the Victoria Hospital in Glasgow and then in Paisley in Glasgow, and then I went and did another six months of acute adult medicine in the Paisley hospital, Royal Alexandra. So all these jobs, when you're working in acute medicine, you go into A&E as well. And then I did six months of A&E in the Victoria Hospital in Glasgow, and then I worked in Wishaw in ITU and anaesthetics, and then I worked in Wick General Hospital for a year, and the first six months was acute medicine, but it was remote and rural, so we covered all the A&E. We covered everything up there. And then I did six months of general surgery there, but you cross-covered A&E for that as well, and then I went to Elgin, and I worked in obs and gynae and paeds, and then I went to Turriff and started my GP training there and did remote and rural general practice. We're first responders so we cover casualties and all the rest of it there. We cover acute patients.

10. I became a trainee GP in 2007. I didn't do a traditional model, so all of my previous experience was counted towards my general practice training whereas that's not the modern day way of doing it though you could argue that all of those years I trained put towards my general practice training, but nowadays you do a general practice training scheme.

11. I have been asked if it was normal when I was training to do hospital training and then go into GP training. Yes, that's how everyone did it back then. You do still do it like that to a certain extent, but the trainees take three years now and they change for two of those years in hospital and then one of the years in general practice. General practice is a specialty in its own right. And that is

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their specialty training, is general practice training, so they're training to become GPs.

12. Then I moved down to here and worked in Markinch in general practice. I started working at Markinch Medical Practice in 2010 as a trainee GP, became a salary GP with the practice in 2011. I can't remember the year in which I became a partner.

13. In 2015 I was a partner in the [redacted] Medical Practice, doing the same work I am doing now.

14. I trained to be a GP trainer and qualified as a trainer in 2015. So I train doctors to be GPs. General practice training is their specialty training, so they're training to become GPs. That's quite a robust process within general practice. I have had trainees since that time, and I guess our role has developed in the sense that we oversee allied professionals a lot more now than we used to.

Recollection of 5 May 2015 consultation

15. 5 May 2015 is the first time I saw Nicole Short about the incident with Sheku Bayoh. That's the first entry in my notes after 3 May 2015. We didn't have time dating back then, so I couldn't say what time I saw her, unless I could look through the practice system.

16. We didn't have a triage nurse back then and we didn't triage in the same way as we do now back then. Patients just usually phoned up. But we did have emergencies on the day, but we didn't have a triage nurse so I don't think that could've happened.

17. The only thing I remember outwith the notes was the guy that came from PIRC. I remember him coming to the practice, and there was a woman with

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him taking notes, but I can't remember his name or anything. It says in my previous statement his name was Edward Miles, and he came with Lynn Ungi. I couldn't remember that was her name. I don't have any recollection really, unfortunately, of consultations.

18. Before 5 May 2015 I knew Nicole Short as a patient. I don't know her personally at all. I'd seen her in the capacity of being her GP before. I wouldn't know why without looking in the notes. I couldn't remember what problems she'd had.

19. I have been asked whether her notes suggest that the things she came to see me about before relate to problems with the side of her head, or her back. Having checked my notes, no, it wasn't anything to do with her head. It was nothing to do with head pain or back pain or chronic pain.

20. In my previous statement to PIRC (PIRC-00320) it says at page 2: "*I saw Nicole Short on the 5th of May 2015 (8.50 am)*". That would've been her appointment time. Nowadays we click when we send them in, so it timestamps the moment they arrive and when they leave and stuff, but we didn't have that then, I don't think. Must've been the morning if it said that in my statement. Before the pandemic the first patient would come in between 8 and 8:30. So it'd be one of the first patients. Half 8 was standard, but if you're on call you see them earlier. I'd do extended hours, could've been the first patient probably half 7 for that.

21. I have been asked whether, without looking at my notes, I can remember her coming in and assessing her. No. Because we usually see about 30 people a day or more. It's obviously quite a lot people.

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Notes from 5 May 2015 consultation

22. Nicole Short arrived in the building at 08.54. Well, she's booked in at 08.54, and then I sent her in at 08.59 and then I completed her notes and closed them at 09.30. I've taken that from the appointment system. That would be the entire time she was in and including the time I would've typed up the notes. I can't really remember anything from it, so I can tell you what I've documented. That's what the statement is essentially. My statement says the same. In fact, I think it's almost word for word. On 5 May, I've documented:

> *"Describes being involved with an incident at work which involved her being attacked by a man, ended up on ground and jumped on her back. She describes no LOC but injury to neck and knees. Saw A&E twice. On co-codamol and ibuprofen.* [redacted] *Neck very painful. On examination, limited range of movement in neck, knees bruised, slight loss of train of thought when speaking. Suggests likely concussion and time off to recover from this. See back next week to review. Sleeping tablets if required, given severe distress.* [redacted] *Suggest heat and cool packs and change ibuprofen to naproxen. Happy with plan."*

23. Then I've issued the prescriptions: *"Naproxen - 500 milligrams, one to be taken twice daily.* [redacted] *."* Naproxen is an anti-inflammatory. It's the same kind of painkilling family as the ibuprofen.

24. She was sent in – that's when we'd have gone to the waiting room and called the patient through – at 08.59 and I closed the notes and completed them at 09.30. I have been asked if that means Nicole Short left before 09.30. Yes, appointments usually at that point were ten minutes long, so it was a long appointment.

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Assessment

25. I have been asked whether Nicole Short's injuries matched the account that she gave me. Yes, she said that she had injuries to her neck and her knees and she had reduced range of movement in her neck and her knees were slightly bruised.

26. I have been referred to the point in PIRC-00320 where I state, "She'd been involved in an incident at work and had been attacked by a man. She said she ended up on the ground and he had jumped on her back and that she had sustained injuries to her knees and her neck." and have been asked if I was led by what Nicole Short said about her injuries, or if I looked for other injuries. I can't remember. I don't know. I have been asked what I would normally do. It depends really on what the patient shows you, what they tell you.

27. I have been asked to comment on Nicole Short having said that somebody jumped on her back, but there being no record of a back injury. I've not documented an examination of her back. I don't know if I did or didn't, but certainly all I can go by is what I've documented. I don't have them, but also, she's been seen in A&E twice, so I don't know what they examined.

28. I have been asked whether, if a patient told me someone jumped on their back, I would normally look at their back to check if there were any injuries there. It would depend on if they had ongoing problems with their back, if they'd been seen somewhere else already, and if it had been assessed already. There's no real "what you would normally do". Unfortunately, general practice is so diverse, and we have patients with multiple things wrong with them and short times to see people that we focus our examination appropriately, so it would really depend. There's no kind of usual, unfortunately.

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29. I have been asked whether, if a patient told me they had a sore neck and sore knees, I would look only at those areas and not also carry out a full examination just in case they have an injury because there isn't time to do that. It would depend again, because if they've already been assessed twice by A&E, then if they've had those areas assessed already, then it might be that we wouldn't necessarily need to do that, but it depends on each individual patient. If someone broke their arm and they're in a plaster cast, we wouldn't re-examine their arm necessarily if they came in. It really does depend.

30. I have been asked whether, if Nicole Short had told me that someone had jumped on her back and I had then examined her back, I would have documented that examination. Probably. We try and document relevant negatives, but I'm not perfect, so I can't say I did or I didn't. I can only go by what I've documented there. There's certain things that are considered significant relevant negatives, like I've put in my notes "no loss of consciousness", that would be quite relevant often in a head injury.

31. I have been asked whether Nicole Short told me there was no loss of consciousness. That's all what we call history. So it's all history from the patient. The patient says it. I don't know if there was something in the A&E letter. I don't know. I haven't seen the A&E letter recently, but I may have in the past. But I've certainly said she's been to A&E twice. This is 5 May and I have been told it was on 3 May. I couldn't say whether she told me that or it came from notes. That's a lot of medical contacts in a short period of time though.

32. I have been told part of the statement Nicole Short provided to the Inquiry:

> *"I don't think Dr Ellison's statement reflects what her thoughts on my condition actually were, as stated by her to me. She was very concerned about the long pauses in my speech, losing my train of thought and said I was definitely concussed. She also commented that*

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she had seen me a few months previously and that that put her in a good position to judge the differences in my behaviour and demeanour."

I have been asked whether that is familiar to me. No.

33. I have been asked whether, if I thought Nicole Short was definitely concussed, I would have included that in her notes. I think I've written in the notes it "*suggests likely concussion*". I have been asked if that means she was definitely concussed. We have no definites, unfortunately, in medicine, and in general practice we don't have access to all the tests and investigations we would in hospitals. We do our best guess from what we see in front of us, and I've come to the conclusion that it's likely concussion, but I don't know what the A&E letters said. I don't know if they made any reference to that. I can't remember.

34. Loss of consciousness is where you're knocked out at the time of an injury or at some point, and concussion's a condition that is often seen in patients if they've had a head injury. It sort of slows you up and can mean you find it hard to have normal brain function in a sense, that you can find it hard to get your speech out properly, or you can feel a bit forgetful. It can present in lots of different ways for different people. If I gave her advice, I guess it would be everything I've already stated.

35. I have been asked if I can remember how Nicole Short got to the practice on 5 May 2015 and whether anybody came with her. I would have to document if there was somebody else in the room, but I haven't done that, but I couldn't say there wasn't.

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Notes from 15 May 2015 consultation

36. I next saw Nicole Short on 15 May 2015. She was booked in at the practice at 09.31 and I've sent her in at 09.36, and I've clicked the notes closed at 10.02.

37. My notes say:

> [redacted] *Saw medical team re facial weakness on right side. CT reported as normal. Still getting pain in back neck and altered sensation in right side of face. Not seen any* [redacted] *support from work as yet, but due today.* [redacted] *Right side of my mouth slightly drooping but good strength on testing. Cheeks puffing out, decreased sensation of the forehead, cheek and chin on right side… I will contact medical ward to discuss the face follow up re facial weakness.* [redacted] *Review again in two weeks. Happy with same and another sick note was issued."*

38. I have been referred to my statement to PIRC at page 2: "*On 15th May 2015 Nicole was still having pain in her neck and altered sensations in the right side of her face,*". I have been asked to comment on any discrepancy between my notes and this section of the statement, particularly relating to the reported pain in "*back neck*". I read the notes to the guy that took notes for that statement. I read that to him, so he then summarised it. My notes say "*Still getting pain in back neck and altered sensation in right side face.*". There is no comma in my notes between "*back*" and "*neck*".

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39. I probably can't unfortunately say anymore about this. All I've documented is what I've stated, so unfortunately, I can't really say anything else that happened.

40. The plan was to review again in a couple of weeks' time and contact the medical team. I don't know who that team was. I can't see that part of the notes, but I have written on 15 May:

> *"Spoke with Acute Receiving Secretary. No mention of facial weakness in notes and no follow up planned. Spoke with ENT, they advised discuss with maxfax.* [redacted] *advised outpatient referral, and will discuss with his consultant, and if they need to see her sooner, they will call her. Patient informed of same and mobile phone number given to hospital."*

41. I've obviously phoned lots of people about it, but I don't know what the outcome of that was. That second entry I put in because I'd phoned the hospital team, and then I'd spoken to ENT and then I spoke to maxfax. It was actually maxfax.

Nicole Short's statement to the Inquiry

42. I have been told of part of the statement that Nicole Short provided to the Inquiry that relates to her appointment with me on 15 May 2015:

> *"She made a referral to the maxillofacial department at the Queen Margaret Hospital due to drooping and swelling to the right side of my face. My memory of what Dr Ellison said is that she was sure that I was badly concussed which would explain my feelings of being drunk. This differs from her statement which states she thought I had likely concussion. Dr Ellison told me to stop taking Ibuprofen and instead to take Diclofenac."*

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43. I haven't documented that. All I can say is what I've documented. Diclofenac's just another type of anti-inflammatory. I have been asked if it would make sense for me to tell her to stop taking ibuprofen and instead take diclofenac. It is possible. I think when I said my last bit from 5 May, I'd said to change ibuprofen to naproxen. That's what I've written on 5 May. I don't know where the ibuprofen's come back in again. I can't say that I documented about that.

44. I have been asked if it would make sense for me to have told Nicole Short to stop taking naproxen and instead take diclofenac. These are all possible things but I haven't written anything down about it, so I couldn't say that I hadn't.

45. I have been asked if there is any reason that you would stop taking naproxen or ibuprofen if you have a facial droop and those kinds of symptoms. Not that I could think of. They're just all anti-inflammatories. Diclofenac's the same type of drug. It's just a different one of the family, so I can't see why you'd worry about one and replace it with another.

46. On the 15th of May, I did give her a sick line. It did say, "*Ongoing concussion symptoms and neck pain.*". So these are symptoms that could describe concussion. I have been asked if that's the same as saying she's likely been concussed. Yes.

47. I suppose you say "likely" for a lot of different medical things because it's very difficult to be 100% certain in medicine. Medicine's a bit, unfortunately, grey and not black and white. I guess if you've got access to lots of different types of scans and tests, investigations and a specialist in every area looking at every single illness that a patient came in with, then you could be fairly confident about what you're saying, or if it's a definite, you've either got this or

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you haven't. But a lot of things we deal with are probables and possibles, and I know it's probably frustrating, but that's general practice.

48. I have been asked to comment on the discrepancies between Nicole Short's statement to the Inquiry and my account. I don't have any recollection of the situation so I can only go by what I've written.

Maxillofacial referral for Nicole Short

49. I have read the maxillofacial notes relating to Nicole Short (PIRC-01361). I have been directed to page 5 and asked if this is something that I produced at the practice. We have a computer system that we use called EMIS, and within EMIS we send letters through a system called Sci Gateway, and they're basically like electronic referrals that are like emails that go from our computer system to the hospital system. I have been asked if page 5 is the kind of thing Sci Gateway would usually produce. Yes.

50. I have been referred to the box at the bottom of page 5 in which it is stated "*Date submitted by practice: 18-May-2015*". That must have been when it was sent.

51. I've been referred to the entry on page 6: "*Dear Maxillofacial Surgery Team*". This is a letter that I produced. I would have typed it. I don't remember writing it.

52. I have been directed to the entry that reads:

> *"She was involved in an incident whilst at work as a policewoman. It is described she was pushed to the ground and was struck to the back of the head, and she thinks that she may also have been stamped on to the back of the head and neck area."*

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and have been asked from where I would have received that information. I would usually just take the information directly from the notes, so I don't know if there was anything written in the A&E letter. I have been asked if that means the information could have come from the A&E letter. Yes. When we do referrals, we try and put as much information into referrals as we can from all the sources we have.

53. I have been asked what would happen if there was a contradiction between what the patient tells me and what is in a letter from A&E. I don't know if I've ever come across that. Usually the history that we have is the history from the patient. So, if the A&E team have given us what's happened as a history, then that would usually be the history the patient gave them. I have been asked if I would take that as meaning that the A&E team must have accurately recorded that the patient told them. Probably, yeah. So all just given to us by patients. Most of the information we take from history is from patients, or sometimes we can get it from letters or referral letters or if there's scan results or anything like that. But, yeah, I've obviously taken something from an A&E letter because it says there:

> *"She was initially seen on the 3rd of May following the incident in A&E where it was felt there were no abnormal features on neurological examination, and she was discharged with head injury advice. She made contact with out of hours ..."*

She's obviously contracted the out of hours team, and again, we get a letter from out of hours telling us what's gone on. So when someone phones NHS24, a letter's produced and we get sent that, so I could've taken information from that as well. I don't know.

54. I have been directed to the entry on page six of PIRC-01361 that reads:

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"She seemed to have slight drooping of the right side of her mouth. She herself feels this as well when she looks in the mirror and continues to have reduced sensation on testing her face across the forehead, cheek and chin area."

and have been asked if that is what Nicole Short told me or what is in the A&E discharge letter. All the history we take predominantly from patients comes from them telling us what's feeling wrong or what's happened, unless a witness comes with them, like a relative or something. Basically, our history is based on talking to the patient about what they've felt wrong or what they think's happened to them.

Further GP appointments

55. I have been asked whether I saw Nicole Short again after 15 May 2015 in relation to her neck pain and possible back pain. I saw her on the 29th of May. I've written:

[redacted]

Feels helping, but still a long way to go. Discussed taking part with all activities offered. Still no word from MaxFax. She will check her post and let me know if any appointment at home. Knee still painful. Using naproxen with effect. Suggests see/if can see physio when in residential unit. Can add in paracetamol if required. Happy with same. See back two weeks but extend line until end of month. Not going to be able to get back to work before then."

and then I've issued her a sick line again.

56. There are another 20 consultations that year. The next is on 12 June 2015:

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"Saw MaxFax and awaits MRI. They feel she does have swelling behind her eye, she reports. Getting shooting pain from head, sudden and short-lived. Also getting strange sensation in upper lip, like feel like they're full of fluid but not actually swollen. Discussed these are also likely related to pressure on nerves. Offered option of [redacted] *and* [redacted] *but declines at this stage. Discussed would hopefully improve later... Knee still very painful at times, can also swell. Unable to kneel properly. No swelling at time of examination. Tender across inferior joint. Agreed to referred physio. Naproxen not helping, so we'll try diclofenac in place of naproxen and in addition to co-codamol, which she finds helps headaches."*

57. The next entry is on 19 June 2015. It talks about "*Cannot get diclofenac from chemist... Wishes to try* [redacted]" That was the same day. I don't know what I've documented there, actually. It says, "*Death of person, 3rd of May, and injury to officer. They have medical mandate, so can discuss her case. Complex inquiry. They'll send us a copy of mandate.*" That must've been the PIRC people. That's not actually a consultation then. I said, "*We'll check with practice management and get a copy of the mandate.*" And it says "*Looking at six o'clock on the 24th of June.*".

58. I have been asked whether I know if PIRC ever recovered Nicole Short's GP records. I don't know. Our office manager might know.

59. I saw Nicole Short on 26 June 2015:

"Reports of a reporter at her door. Seems to have had disclosure of identity. [redacted] *CT today and MRI in July. Court date July 16th, needs soul and conscience. Will also need one in August. Not heard from*

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[redacted] *physio. Knee still quite problematic, pain behind my eye and head worse* [redacted] *but couldn't tolerate gabapentin."*

About the examination I've said:

[redacted]

Facial droop much the same but seems to hold train of thought for longer than previous consultation. Discussed moving out of area but plans to remain with us until more settled. We made this exception for her staying with us. Aware cannot offer home visit and accepting of this, alternatives discussed. Agreed fit note to return to work, soul and conscience to be completed and continue analgesia of co-codamol and diclofenac for headache and knees. Await CT and MRI. See back at two or three weeks. Moving in two weeks. Doesn't want employer to know her new address."

60. I saw Nicole on 17 July 2015:

"Generally doing better. [redacted] *Hips and knees remain painful and also getting pain in right side of head.* [redacted] *Also, awaits neurology and MaxFax follow-up. Needs line. See back in two to three weeks. May need soul and conscience for court."*

61. I gave her another sick line. I have been asked if there are other entries relating to sore hips. I've not read it in the notes, anywhere I've seen, but I don't know if there's a letter sent to the practice about this previously. She'd been obviously going to [redacted] she's obviously been getting referred to physio, so I don't know if somebody else has documented that anywhere. I have been asked if when I said "remain", it might be because I had read it in

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something else in her history. Yes, because I can't see me having documented it anywhere else before.

PIRC statement

62. I have read the statement I gave to PIRC on 26 June 2015 at 1pm (PIRC-00320). I do remember it being at lunchtime because I remember the waiting room was empty because our receptionist had said to the chap he could have a seat in the waiting room, but he was very adamant he wouldn't be sitting. I remember that. I remember her messaging me. We've got like an instant messaging system, I just remember very vividly her saying, "Oof, just to let you know he's declined to sit down." I don't think the trainee sat down either. I remember thinking I better go and get them quickly because he's not going to sit down.

63. On page 2 of my statement he's written: "*She was prescribed Naproxen,* [redacted] *and....*" I presume it was a typing error because it's [redacted]. On page 2 at the bottom the phrase "*the crux of the consultation*" is unusual. Maybe I did say that, but it wouldn't be something I would normally say. Diclofenac on page 3 is spelt wrong as well. It's not "*Diclofenic*". I think I would've picked up on that. These are drugs we use every day, I know how to spell them.

64. I have been shown a handwritten copy of my PIRC statement and have been asked if the signatures on that document are mine. They are.

65. In the interview, the woman was writing the statement. I went through the notes to give the guy the statement. What's in the statement I've given, I've extracted directly from the entry from 5 May 2015. I read out the consultations to that guy that came, but it looks like he's summarised that. This is the first time I've seen the statement he put together.

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66. I didn't really speak to the woman. She just took notes. I have been asked if I remember anything about the questions I was asked or the way it was conducted. No. I just remember it was really long because I remember being very stressed because I had patients waiting for the afternoon. I think it was two hours. I can't remember what day it was, but yeah, it was long.

67. I have been asked if my memory of assessing Nicole Short on 05 May 2015 would have been better when I gave my statement to PIRC on 26 June 2015. That would have been closer, so I presume yes. It was all from the notes. The patients come in, we see them, we type up our notes, we close our notes, and then the system shows them arriving, being sent in and leaving, and you type up the notes before you send them as left. You type notes immediately before you complete the patient and before you get the next one in.

Media and social media

68. I've heard stuff in the news because I think it's been everywhere in the past, but I haven't really followed it.

69. I have been asked if I know Nicole Short's involvement in the incident. Other than what I have read from her notes, no. I have been asked if I know the significance of whether Nicole Short is reporting back pain or not. No, I didn't know she'd been in the news. I haven't seen or read about her in the news.

70. The only thing that I was aware of was from a girl I went to school with, who I don't really keep in contact with. I'd seen a comment that she put on Facebook that I think might have been a relative or the wife of the deceased person. I didn't look into it because I don't follow social media that heavily and try not to get involved with those kind of conversations. I've only seen her once since high school. We're not like strong friends. I didn't go in and read it. It was something on a nursery page. I think she must work at a nursery or

something, and I didn't go in and read it. I saw the name "Sheku" and I just thought, "I'm not going to look at that.".

71. I have been asked whether or not I can comment on how the medical aspects of the case have been reported in the media because haven't seen anything. Definitely not. It's not technically true that I haven't seen anything. I haven't seen anything myself in the media, but Nicole did say that she'd had a reporter at her door so I must have been aware that there was media stuff, but I've not seen any of it. I must have been aware there was stuff happening in the media, but I've not seen anything at all about her in the media. I'm sure I'd remember that. I've seen other patients from other jobs in papers and I remember them happening, like murder cases in Glasgow and things like that. But I've not seen anything of Nicole in the media. She's obviously said she's had reporters at her doors, but I've never seen anything like in newspapers or anything.

72. I believe 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.

May 17, 2022 | 9:35 AM BST
Date.....Signature of witness.....DocuSigned by: [redacted]