



SCOTTISH HOSPITALS INQUIRY

**Hearings Commencing
20 September 2021**

Day 3
Wednesday 22 September
Morning Session

CONTENTS

	Pages
<u>Kearns, Mrs Lynn</u> (Sworn)	
Examined by Mr Duncan	1-69

10:00

THE CHAIR: (No recording) ... about probable timetable with Mr Duncan, really for the benefit of those in the room. As I understand it, we will have one witness in person this morning, Mrs Kearns, and I think our timetable, as published, indicates that it will only be in the afternoon when we would go on to hearing some witness statements being read, but as I understand your plans, Mr Duncan, if that is the way the morning runs out, you would plan to go maybe earlier to written statements, rather than leave a gap in the middle of the day?

MR DUNCAN: Indeed, my Lord.

THE CHAIR: Right.

MR DUNCAN: If we finish reasonably promptly this morning, I would propose we have a break and come back and undertake the reading-in exercise then.

THE CHAIR: Right. Well, you've heard counsel, or perhaps not everybody has heard counsel because of his confidential manner. I think -- you can hear me? Yes. Right. We will hear from Mrs Kearns this morning. It is anticipated she may not take much more than half of the morning, in which case I would propose to adjourn but not for the rest of the morning, and, therefore, we may

be in a situation where counsel will be reading in statements before the lunch break, so -- just to keep people alive to Mr Duncan's softly spoken plans. Now, can I invite Mrs Kearns to come in?

10:03

(After a pause) Good morning. Now it is Mrs Kearns? Is that right?

MRS KEARNS: Yes. That's right.

THE CHAIR: Good morning Mrs Kearns. You have, I think, met Mr Duncan --

MRS KEARNS: Yes.

THE CHAIR: -- who is counsel to the inquiry who will be asking you questions, and you are with Mr Warren from the Witness Support who I think you've met before. As you appreciate, you are about to be asked questions by Mr Duncan, but can I say this; it may be that your questioning doesn't take up all of the morning, but, nevertheless, if at any stage you want to take a break for whatever reason -- you don't need to explain -- just indicate to me and we will take a break. If you are still giving evidence at about 11:30, we probably will take a standard coffee break, but, as I say, if you want to take a break before then, just tell me.

KEARNS, Mrs LYNNE (Sworn)**Examined by MR DUNCAN**

THE CHAIR: Thank you very much, Mrs Kearns. Mr Duncan?

MR DUNCAN: Thank you, my Lord. Is everybody able to hear me? Thank you. Morning, Mrs Kearns. Can I just begin by having you confirm that you are Lynn Kearns and that you live with your husband and your two children outside [REDACTED], is that right?

A That's right.

Q And you are working, you have an administrative role in the higher education sector. Is that correct?

A Yes.

Q You've a son and a daughter, but you are here to give evidence principally about the older of your two children who is your son. Is that correct?

A Yes.

Q He is presently what age? May I ask you just to speak up a little bit?

A Yes. Sorry.

Q Thank you. And maybe -- are you close enough to the microphone?

A Is that better?

Q It is for me. It probably

says more about my hearing than your voice, Mrs Kearns, so please don't worry. We are concerned today with events I think, principally, that took place about four years ago.

Specifically, I think, we can see from your statement, December 2017 and March 2018. Would that be correct?

A That's correct.

Q And, again, just by way of introduction, this was a period of time where your son had been diagnosed with a serious illness and required treatment at the Royal Hospital for Children in Glasgow. Is that right?

A That's right. Yes.

Q And we can see that you've provided a detailed statement of his and indeed your experience in relation to that, and am I right in understanding that you are content that that statement forms part of your evidence to the Scottish Hospitals Inquiry? Is that right?

A Yes.

Q But you've agreed, nevertheless, to come along and answer some more questions about aspects of that experience. Is that right?

A Yes.

Q Thank you. Now, what I think we will do this morning, Mrs

Kearns, is we will work through your statement, and I don't mean by that that we are just going to read it, but it is, I think, next to you, and if you want to look at it at any point please do so, and by all means say to me, "I would like to have a quick look at my statement", just to clarify anything, and, similarly, can I just reiterate what his Lordship has said? We have time on our hands today, so if you do feel like you would like a break please do say so.

Let's move to your evidence, then, and we will start with a bit of background. One of the things that we are quite anxious to do in the Inquiry is to help us all understand that this isn't just about a building, it's about people and, in particular, it's about children. I wonder if you might tell us a bit about your son just so we can understand what sort of boy he was in 2017 and 2018.

A Yes. So, before he was diagnosed with aplastic anaemia which is the condition he suffers from, he was a very sporty boy. He was in Clydesdale Harriers, a local running club. He was enjoying that, they were doing short races, cross-country racing. He was also very into doing scootering, so he was always down at the local skate park doing lots of that,

so very outgoing boy, loved school as well, was really enjoying school. Unfortunately he missed quite a lot of his P7 year which was a bit of a setback for him but he now just loves school as well, so a really good boy, got on really good with his sister, we loved our trips abroad, our holidays, liked swimming as well. So yes, I mean, just in some ways a typical 11-year-old, but very much sort of out and about all the time, hardly ever at home.

Q I think something that you mention in your statement, and that maybe comes across at a few points is I think you indicate that he's quite a mature boy. Even then he was quite a mature boy. Is that right?

A Yes. He always seems to have been, I think, compared, to some of his peers who were mucking about a lot of the time, ■ has always had a sensible head on him, and I think that was why he managed to cope pretty well when we were in the hospital but we still had to remember all the time that he was a young boy, but yes, I mean, even today, you know, he's -- as I say he's already looking for his future career and he now actually wants to go into medicine because of what's happened to him.

Q Let's begin the story, then, and I think we can see from your

statement, and for those following the statement, beginning around about paragraph 10. We can see, Mrs Kearns, that if I summarise and then you can maybe just give us the detail. We can see that early December something wasn't right. There were, I think, headaches, strange micro bruising if that's the way to describe it, and you say something about his pallor and breathlessness? Was that the other aspect?

A Yes. Now, when we look back on it, there were so many things that we just didn't pick up on at the time. I mean, he was absolutely covered in bruises, but, as I say, scootering was one of his path times, so we just put it down to, oh, he's fallen again or he's bumped into things, but he then, one day at school, he had quite a bad bump on the head and after that he was continually saying he had headaches, and I did -- there was something way back in my head thought, "I know bruising is a sign of leukaemia", but I thought, "No, he's fine", but then we looked, and, as I say, his pal or was quite yellow, and he had always been so full of energy and suddenly, no, he was having to have wee rests, so we took him to the doctor's and I think she could tell that I thought there was something as well

but she said, "It could be a virus, let's just give it another week", so we waited another week, and I said, "Not any better, still complaining", so he said, "Right, let's take him for blood tests".

Cold, frosty December morning, couldn't get blood from him at the doctor's surgery, so they said, "We will whip him over to the sick kids hospital", which we're only 20 minutes away from it, so husband, Dennis, takes him over there to get a blood test, and I got a phonecall to say, "Oh, he's getting a full MOT, this is great, they're doing lots of tests," but neither of us still thought if there's anything seriously wrong here, and ■ is sitting playing on his iPad, quite the thing, and then I got a phone call at lunchtime to say, "You need to come to the hospital, they think he has leukaemia".

So shot over to the hospital and ■, again, you know -- I think this was the thing, and with this condition that he suffers from, he didn't seem ill, you know. He still seemed okay, so I got taken into a room and told, "Yes, 90 per cent certain he has leukaemia". Okay. So we waited in A&E until there was a bed available, as we now know it was in the Schiehallion ward, so we went to the Schiehallion ward and, of

course, as soon as you walk into that ward, you are seeing children on drips, children walking who have lost their hair, children with feeding tubes, and I knew ■■■, as I say, quite a mature boy, he is going to know what this is, so he looks at me and he says, "Mum, is this the cancer ward", and I said, "Yes", and of course, first words, "Have I got cancer, am I going to die", and of course at that point we didn't know, and to me, leukaemia, you know, was a blood cancer as I know it to be, and I said, "Gosh, I don't know ■■■."

We had a terrible night where, you know, he was so upset, and I'm trying to, you know, reassure him that, no, he's not going to die, and the next morning they did a bone marrow biopsy which I think is what they do to test if you've got leukaemia, and obviously by this point his blood counts were so low he was having platelet and blood transfusions, so took him for a bone marrow biopsy, and later on we got called into a room to say, "The good news is ■■■ doesn't have leukaemia but we don't know what he is suffering from". The condition that he has a very rare and I think as I said, they had only had one case before in Glasgow about seven years previously, and basically his bone marrow is empty. There's nothing in it.

It's not producing anything. I think with leukaemia you have abnormal cells but his doesn't. However, again, as I say, he wasn't -- he didn't seem to be ill, so they decided that after blood transfusions and platelet transfusions he was stable enough to go home and that began a backwards and forwards to the hospital.

Q Okay. That's extremely helpful. Extremely helpful overview of everything that happened on those first few days of this journey. Let's just maybe go back through parts of that. So you were referred to The Children's Hospital, and who took your son there? Was it both you and your husband?

A No. I was at work, so Dennis took him over. Because again, we thought it was just to get a blood test, so --

Q And this is when -- as it was described -- he's having an MOT?

A Yes.

Q But then you end up, all three of you back at the hospital?

A Yes.

Q And this is the occasion that it is indicated to you that there's a 90 per cent chance that ■■■ might have leukaemia?

A Yes.

Q And was this done -- was

that a conversation that took place in front of him?

A No. No. I was taken to a side room and told, and they had done the same with Dennis. They had told him separately.

Q How did you feel when you were told that?

A Just -- I just wanted the ground to open up and just disappear into it, and as I say, I think my first reaction was, "Is he going to die?"

Q And am I right in understanding from your statement, Mrs Kearns, that you were moved really immediately to the Schiehallion Unit?

A Yes.

Q Is that something you had ever heard of before?

A No.

Q And that's on the second floor of The Children's Hospital?

A That's right. Yes.

Q And did you know at the point that you were being told you were being moved to the Schiehallion Unit what it was for?

A I mean, I guess I must have put two and two together thinking, "Well, if it is leukaemia it will be the oncology ward."

Q But you are describing that if anybody had any doubt about

that, it was fairly obvious once you arrived?

A Absolutely.

Q Is that where we see an aspect of ■■■'s maturity, that he understood immediately?

A Yes. Yes. Right away he knew, and of course, you know, to him, having cancer means you are going to die.

Q How did he react?

A He was in tears, he was just so upset, and trying to tell him, "Look, we don't know if this is what you've got. You know, it might not be as serious as that, you know, it could be something else and they will be tests on you and we will find out and then, you know, hopefully there's treatment", and of course, what do you do right away? You start Googling it as well, and I knew that recovery rates from leukaemia, children's leukaemia were quite high rates of success and treating it.

Q And did he stay overnight on --

A Yes.

Q -- and would that be Ward 2A?

A Yes.

Q And who stayed with him?

A I stayed that night.

Q And I think you've already said this, that was a tough night?

A Oh, it was awful. Yes. Yes. He just -- you know, he just wanted to know what was going to happen to him. Again, as I say, that's his maturity coming through, and what can you tell him, you know? You just have to keep saying, "No, you are not going to die, they will make you better".

Q But you next day you are told, "It's not leukaemia", but are we right from understanding your statement that at this point they didn't actually know what it was?

A They didn't know, no, and it took quite a long time for the diagnosis because it is such a rare condition, and it hadn't been seen before for a number of years.

Q And I think the plan was, from what we can see from your statement, the plan was to discharge ■ from Ward 2A and then to begin a series of treatments, blood transfusions? Is that right?

A Yes. Yes.

Q And was this the point at which, round about this point, that there was the bone marrow investigation that you described a moment ago?

A Yes. That got done the morning after we had been admitted, so they did the bone marrow biopsy, and I think they take sort of slithers of the bone marrow to see, look at that, to have a look at through the microscope to see what the cells were like, and that's why they could tell, no, it's not leukaemia.

Q And when you said, "It was empty", what do you mean by that?

A Apparently -- I'm not a doctor but I believe that a bone marrow is a bit like a sponge, is what it looks like, and it should have all these little spots in it, but I believe that ■'s had very few spots in it because there were just no cells there. I mean, when he was admitted, his platelets, which are the blood clotting agents, were only five. I think a healthy child are up about 200, and even now, after his treatment and all this time, they're only -- well, this week they're about 38, but his body has adapted to cope with that, and his red blood cells were very low as well. I mean, everything was low, and what's happening is the bone marrow should -- as the cells, I think, leave the bone marrow, it rejuvenates and to makes its cells again, but his wasn't doing that because what they think happens in this condition is that

his immune system was attacking the cells and killing them all. So, he was reliable on transfusions at this point.

Q When you were discharged from 2A that morning, were you given any advice about management and, in particular, about temperature?

A Yes. I mean, obviously, you know, we knew then that ■'s immune system was compromised, so, you know, we were told, "Any worries at all to bring him back", and, to be honest, we were back and forwards every couple of days anyway to get his transfusions.

Q And I think in your statement you say it was something like a hundred visits?

A Yes. I got to the silly stage of counting how many, and, I mean, we were lucky because, as I say, we are only 20 minutes away. In some ways maybe that was worse because it was easy for us to come backwards and forwards, but there has been a lot of visits.

Q Can we see from your statement that effectively you are back and forth over the Christmas period?

A Yes.

Q And there's still no diagnosis at this point?

A No.

Q How were you feeling by this stage?

A Jaded. We just wanted to know what it was that ■ was suffering from, and he wanted to know as well, and the difficulty was that he didn't -- when he got the transfusions, you know, he felt brand new. He didn't feel there was anything wrong with him, but he still had to, you know, almost wrap him up in cotton wool and make sure that he wasn't being silly, so there was no more scootering, you know, and we realise now that he had been complaining of some breathlessness when he was running, and we realise now, again, that was not having enough red blood cells and his body was causing that, so the waiting for a diagnosis was just really, really hard going as well. I mean, they did lots of tests, sent them all over the country and they were doing their best to find out, and they did at one point say, "We think it could be this condition called aplastic anaemia".

Q Yes. I detected that from your statement, that there was a kind of suspicion that was shared with you, is that right?

A Yes.

Q And eventually there was -- I think January --

A January, yes.

Q -- confirmation that this was aplastic anaemia?

A Yes.

Q Mrs Kearns, what is that and is it serious?

A It is. It is a life-threatening condition. It is very rare, and it just -- what would -- I mean, people do die from it, and it is the infections that are the worst thing, because you don't have an immune system. Most of the time you are immunocompromised, you are neutropenic, and the only cure is a bone marrow transplant. Hannah, ■■■'s sister, was tested to be a match and she wasn't, so they decided to go down this alternative route of ETG treatment which I think I mention in my statement.

Q Yes. Sorry to interrupt?

A That's all right.

Q I think we can see in your statement, it's at paragraph 25, there was a discussion around treatment options and the decision was to go with something which we can describe as, "ETG". How were you feeling at this point?

A Relieved in some ways that we had some -- you know, we had a diagnosis, and there was a way forward now. Still quite concerned that perhaps -- you know, we didn't know

what this treatment was going to involve because I knew that bone marrow stem cell transplant meant chemo and of course for ■■■ then saying, "Am I going to have chemo with this treatment, will I lose my hair?" His hair was his crowning glory at that point, so -- but we just didn't know, but again, what do you do? You go and you Google it. There's a great aplastic anaemia trust which were really helpful in providing information about, you know, the treatments that were available.

Q Now, preparation for treatment; we understand from your statement that ■■■ had to undergo surgery to have a line fitted.

A Yes.

Q And is there a particular name that we can give to that line?

A The Hickman Line.

Q Now, we've had some evidence about Hickman Lines already, but we are here to hear your post perceptions of these things, so it would be helpful, I think, for us to hear your description of what a Hickman Line is and what its purpose is?

A Yes. So, before the Hickman Line, ■■■ had a cannula in his hand or in his arm and that had to go in every time we went into hospital so you can imagine, with these numbers

of visits, so that he could get his blood transfusions, they were having difficulty finding the veins.

A Hickman Line is basically, you know, straight into the bloodstream, but it's quite a serious -- well, not a serious operation to get it in, but the problem is when you've got it in, you have something, these two bits of plastic, that are -- could be open to the elements, so the risk of infection, then, is exceptionally high. So ■ went for, I think it was 14th February -- I think it was maybe Valentine's Day -- under general anaesthetic, and they inserted this, I think, on his right-hand side, so there's the still scar today, and these quite long tubes, about that length, with two caps on the bottom, and it just means it was very easy access, then, for taking bloods and also giving him the blood and platelet transfusions, and then inevitably the ETG treatment was also given.

Q Yes, so the advantage is the treatment is easier, the disadvantage is there's a risk of infection?

A High risk of infection. Yes.

Q The two caps that you described, are they part of the process or are they --

A Yes. They sit at the end

of these two plastic tubes, and you can imagine, you know, it is quite visible under your clothes, so ■ then was -- I mean, ■ was still attending school at this point, so unfortunately he was subject to a wee bit of bullying at this point because, you know, he was now unusual. He had this big bit of plastic sticking out of his chest, you they, and some of the, "Cancer boy", comments and things weren't very helpful, but ■ being ■, you know, he rose above it, so yes, so that was inserted, ready for his treatment.

Q And were you given advice about precautions to take around trying to prevent or reduce the risk of infection via the Hickman Line?

A Yes. Yes. So we had to -- we were given sort of cleansing wipes and told, you know, we had to wash our hands first and, you know, clean this just about every day, and also it needed to be flushed through once a week, so we had the outreach nurses from the Schiehallion ward would come out, as I think I said, sometimes even to the school -- they were fantastic -- to flush this through just to make sure there were no infections and that. I mean, thankfully -- I mean, I know infections are quite common with these but thankfully ■ never suffered from an infection in it.

Q Now, I think we can see that there was some sort of glitch in the planning of treatment?

A Yes.

Q There was a delay, but eventually it came time to start the treatment.

A Yes.

Q What were your confidence levels at that point in terms of the care that was wrapped around you and ■ at that stage?

A Yes, pretty high. I mean, we had been having -- the day care that we had been attending, the staff were all fantastic. They had not had any issues at all, and the set up in the day care ward was great, so yes, it was -- quite prepared for it. We knew it would be a long time, we thought we would probably be in about three weeks to a month, so we were ready for that.

Q And day care, that would be Ward 2B?

A Yes.

Q But in March 2018, ■ was admitted to begin treatment, and that would be in Ward 2A?

A Yes.

Q I think we can see from your statement at paragraph 30 that he was admitted, I think, on 7th March, and you then go on and you describe

to us aspects of the environment, and I would like you to maybe just help us a bit with that just now. Paragraph 30 you give us a description of the room itself, and whether you want to go to your statement or just describe it to us, can you maybe just tell us a bit about how the room appeared to you?

A So the rooms are functional. Obviously, it is a hospital room, you've got the main -- the hospital bed and then they have quite a good set up for the parents. It looks like a wardrobe but it is a pull down bed, but it means it is back up against the wall near the window. There's normally a couple of sort of seats, not particularly comfortable seats, and there will be a table for going across the bed for patients to have their food or whatever they want on it. There's usually a couple of little cabinets to keep your belongings in. There will be a sink in the main room, there's obviously all the medical equipment round the back of the bed. TV, which, as you know, never ever works, still this week when we've been in, still doesn't work.

You then have -- I mean, they have decorated it nicely, in some ways maybe a bit young, but then obviously they don't know what age the children are going to be who are coming in.

You have quite long windows. I think when we were in that room, we had a window that looked out onto the atrium of the hospital. They all are fitted -- they're sort of double glazed with blinds that you should be able to open and close, but they didn't always work.

You've then got two quite large doors to go into the wet room which is the -- you know, the toilet area, where you will have your toilet, your sink and your open shower. There's a rail, usually for the shower, but there's never any curtain on it, and it has a seat for you to sit on in the shower.

Q What was the temperature in the room like?

A It either was too hot or too cold, and there are -- on the wall there is a thermostat control. Again, never ever worked, and, in fact, you know, I have tested it recently and it just whizzes round. So I did ask, you know, could we get the temperature altered, but I was told it gets controlled centrally, so not sure why they obviously -- whether they originally thought they would use these and it never ever happened.

Q Do we understand from your statement that ■ had his treatment in the room?

A Yes. Yes.

Q And you described the

provision of his medication at paragraph 34, and I think you say he was monitored constantly?

A Yes.

Q And you go on to say this was also difficult for a young boy?

A Yes. So he had to have a -- because of the side effects of this treatment, and I think as well because this treatment -- as I say, nobody had had this condition for seven years in Glasgow, so the nursing staff weren't really sure, you know, what was going to happen here.

It was a very slow infusion through his Hickman Line through the drip which would last about 12 hours, and we had to have a nurse there constantly in case -- I mean, one of the side effects, as we know ■ then took, was to have seizures from this, so it did mean if he needed to go to the loo or anything we had to have -- I mean, she wouldn't come into the toilet with him but she was in the room constantly with us, so it's always a bit awkward, when you don't know somebody and they're really, you know, close to you for that length of time, so I probably spoke too much at the time, just to take the edge off things, but, yes, that was hard going for us all, I think.

Q I would like you to maybe help us a bit about understanding the

facilities on Ward 2A, and in particular facilities that were there to help ease the experience for children and, indeed, for parents, and not just for children, for the young people, teenagers and those perhaps, like ■■■, who were in between. Are we right in understanding that there was a play room on Ward 2A?

A Yes. Yes. So there was a play room with tiny seats that, you know, it is very difficult for parents to sit in as well. You know, to me they're really for preschool age children. I mean, I have to say, I mean, the play staff were great, and occasionally they would come to the room and they would bring ■■■ Lego and things, but as I say, he wasn't -- he didn't feel ill so he wanted to, you know, move about, so we tried going to the play room a couple of times, but it was -- it really was aged for, I would say, eight and under. You know, there was crafts to do, there was dolls, there was dolls houses, so that was great for the younger children, and they certainly made good use of it, so --

Then, obviously, there's the Teenage Cancer Trust room, but it's, I believe, for ages 12 and above, so ■■■ was in this, as you say, in between stage where too old for the play room and too young for the Teenage Cancer

Trust room. I did ask if he could get into the Teenage Cancer Trust room but was told no, he wasn't allowed to.

We did sneak in when we had been an in patient at Christmas time but I think that made it worse because, you know, for a young boy it was a dream room with PlayStation, pool table, comfy seats, jukebox. It was just great, but poor ■■■ wasn't allowed in, so he was stuck in his room -- TV that didn't work. We had so many people came out, you know, state-of-the-art TV comes round off the wall, either there was no remote control or if you got it to switch on the screen would be upside down or it would just say, "No signal". It was just not good.

Q What was the solution? Just use the Wi-Fi?

A Use your Wi-Fi and, yes, bring your own tablets and things. We would maybe sometimes ask if they could -- they had a trolley and there was a TV and a PlayStation, but again, either people had -- well, yes, stolen the games or stolen the controllers from the ward, so it was quite sad.

Q What was the Wi-Fi like?

A Luckily through my employment I can use the Wi-Fi from the university, so we were quite lucky that we had that which was okay.

Probably not for doing much streaming, but you could watch the IPlayer on it.

Q If you didn't have that?

A I think it's quite poor. It may have improved now.

Q Do we understand from your statement that there was some fund-raising done to try and assist with these issues?

A Yes.

Q And I think ■ was actually the beneficiary of that?

A Yes. Two young patients who I think now are sort of not -- are in remission now, they set up fantastic fund-raising to get a teenager's room for that, or, you know, young person's room, probably, would be better to call it for that period, aged between sort of eight and twelve, so it would be great if we could see it but obviously the ward is still shut because we are still being treated in Ward 6A, the Schiehallion at the moment.

Q I want to move on to think about aspects of ■'s treatment. Before I do that, I want to ask you about one further aspect about the Schiehallion Unit in Ward 2A. We can see that at paragraph 31 of your statement, Mrs Kearns, that you describe that there were issues to do with the use of water on the ward that

you were aware of at the very outset.

Is that right?

A Yes.

Q Can you tell us something about that, what those issues were, and how you felt about them?

A So we noticed as soon as we had gone into the bathroom that there were large bottles of spring water sitting at the side.

Q The bathroom, sorry to interrupt, the bathroom in the --

A In the room, actually in the room. So we were advised that under no circumstances -- there was an issue with the water was all we were told at first, and under no circumstances should we be using the water from the tap, that we needed to use the bottled water for everything, so --

Q Everything?

A Everything.

Q Including washing and cleaning?

A Including washing, yes.

Q And you were told, "An issue", was that it?

A An issue, yes, and then I think from sort of hearing things we started to realise that it was bacteria that had been found in the water system.

Q Did this mean that, for example, there was no washing with hot water?

A No.

Q No showering?

A No.

Q Later in your statement, Mrs Kearns, paragraph 64 for those following the statement, you mention other indications that all, as you saw it, might not be well with the water supply?

A Yes.

Q You talk about seeing filters on taps?

A Yes. Yes. So, they came and fitted sort of plastic bulbous fittings would be the best way for me to describe it.

Q Sorry, who is, "They"?

A Maintenance workers.

Q Were you there when this happened?

A Yes. Yes. I mean, we had a constant procession of, you know, daily people coming in, "Oh, we are just in to check the water", and they would do, they would run it, do a dipstick test and then go away again, and that would be both in the sink in the room and the toilet area.

Q And was there any discussion with the workmen about what they were doing and why they

were doing it?

A I think my husband probably asked as well. I mean, we said, "What's going on", and they said, "Oh, we've found bacteria in the water". That was it, and just told to keep using the bottled water.

Q Okay. Now, I want to move on now and think about some aspects of ■'s treatment that you describe in your statement, and I'm thinking, in particular, about events beginning on 9th March. You describe those in your statement, beginning at paragraph 38. You describe that at one stage during his treatment ■ suffered a seizure --

A Yes.

Q -- and he required to be sedated and intubated. Were you present when that happened?

A I wasn't, no. I had taken the chance to go home and get a shower, since I couldn't get a shower in the hospital, so my husband was with him at that point and I just got a phone call to say, "You need to get here urgently, ■'s had a seizure", they couldn't get it stopped, it had been going on quite a long time, and they'd had to sedate him, intubate him by putting a tube down his throat and took him down to the Paediatric Intensive Care Unit.

Q And how did you feel on receiving this news?

A I mean I don't know how I managed to drive to the hospital, you know. I was just crying all the time and managed to get there, ran up to the door to the Schiehallion ward. The nurses met me there and they took me into a room, ■ was down in the Paediatric Intensive Care at this point, tried to calm me down and said that, you know, he had come through and he was stable, so -- and then they took me down to the Intensive Care Unit where Dennis was with him.

Q And I think as you've just indicated, ■ was stabilised?

A Yes.

Q And he was revived from his sedation, and you describe at paragraph 41 that part of that process, his tube -- feeding tube, breathing tube?

A It was a breathing yes, yes.

Q -- required to be removed?

A Yes.

Q Were you present when that happened?

A I was, yes.

Q Was ■ conscious or unconscious when that happened?

A He was conscious.

Q You don't say much about it in your statement, Mrs Kearns, but you do describe it as a harrowing event?

A Yes. It was.

Q Are you able to describe it to us?

A Yes. So ■ had -- after he came out of the Intensive Care Unit on -- it was a Friday afternoon, he was taken back up to the Schiehallion ward back to his room, so all night he had this tube --

Now I have had, you know, a camera tube down, and even that's not very pleasant, so to have this in for hours and hours, he got to the stage, he said, "Mum, can I just get this out", and he could hardly talk with this in. I think we were having to write things down, so they agreed to -- you know, he didn't need it now, they had kept it in just in case he relapsed, so they said yes, they would take it out, and basically they can -- I can still envisage it, they pull it out, and it doesn't just go to here. It goes down -- I mean, we are talking -- it was almost, you know, in hindsight, it was almost like one of these magicians' tricks where they just kept pulling. I mean, I couldn't believe how long this was, and it was agony for him because he didn't know how long it was either and he just wanted

this out of him, so it was just horrible. He was so upset and I was so upset.

Q And would it be fair to say that ■ was in a bit of a mess afterwards?

A Yes. Yes. So he had, you know, vomit, you know, saliva and all sorts all over his face so what did we want to do? Give him a wash. What could we not do? Give him a wash.

Q Why couldn't you give him a wash?

A Because we had no hot water. I could wash him with the spring water, or I could use a wipe but, as everybody knows, when you feel dirty you just want to get some nice hot soapy water and just get it on you and the poor soul, you know, he couldn't. So, we had been in, you know, almost -- four or five days by then and he hadn't had a wash. It was just not good enough.

Q At the point that his tube was removed, was that in the morning?

A Yes. Yes.

Q Was there any discussion about giving him a wash?

A I think if I was happy to wash him with cold water, then yes, I could do that, but no, I wasn't doing that, so, you know -- and he was still

obviously quite traumatised with, you know, having had the seizures, still he was feeling weak at this point and they had obviously had to stop the treatment, so this was another concern for us. What was going to happen now, could we restart the treatment? And as you will see, they decided they couldn't risk it at that point, and ■ just wanted to know, "What's going to happen to me now mum?", "Do we have to wait another X amount of time before I can start the treatment again?" and by this point he just wanted out. It was just not a nice experience at all.

Q Why was it okay to wash him with cold water?

A We could use the spring water.

Q From the bottle?

A From the bottle.

Q Were you provided with anything? I don't mean by way of water, but anything else?

A I think they gave us wipes, sort of baby wipes, and I would take my own wipes.

Q Yes, and how was ■ feeling at this point?

A Dirty and horrible. As I say, you know, he was weak, he was just a wee soul, really. I think we've got photographs of him and he just -- you just wanted to cuddle him

constantly and tell him it was going to be all right.

Q And I think just sort of winding forward a little. I think in your statement you say a day or so later it was, in fact, Mother's Day, and you said there was some nice touches on the ward?

A Yes. They did great things like that. Mother's Day, they gave me a massage, they gave me gifts; Easter time, all the kids get Easter eggs. They did lots of things like that but they couldn't get the basics right.

Q Just staying with Mother's Day which I think was 11th March, that's -- what? A few days, give or take, after ■ has had his tube removed with vomit on his face, and hasn't been given a shower, and by this stage, has he been given a shower?

A No. No. We couldn't shower.

Q I think the following day we can see from your statement that there were discussions about restarting therapy, and it was really a case of waiting to find out when that would be available.

A Yes.

Q I think it was quite expensive therapy, is that right?

A Yes. I believe so.

Q And by this stage, so the beginning of the week, the Monday, has he had a wash by this stage?

A No. No. Still no wash.

Q And is he now just accepting it or is he -- you know, is he still --

A I mean, if he had been older he would have discharged himself I think by that point, just felt -- you know, you are on these beds with the plastic sheeting as well, so you are sweating. You know, even if you change your clothes you are still -- you just don't -- you just feel dirty all the time.

Q Was he distressed about what had happened to him?

A Yes. So we -- I mean, as well as, obviously, being down in intensive care they then -- they needed to know why there had been these seizures. Yes, it could be a side effect of the treatment, but -- so they gave him brain scans to find out if there was anything wrong, and luckily there was no neurological reason for it but, I mean, even afterwards he was still -- quite often in the evenings we found he was having these sorts of mini seizures.

Q But in these early days after the events, after -- around the

removal of his tube, was he still troubled by those -- by what had happened?

A Yes. I mean, you know, he still remembers to this day the horrible feeling of getting that pulled out. He will still quite often say to me, "That was not nice mum, I don't ever want that to happen again".

Q To help him at least clean himself up, did you continue to push and try and get some form of hot water provided to him, and something was eventually provided? Is that right?

A Yes. That's correct.

Q And what was that?

A So eventually, as I say, we just had had enough and he just desperately, desperately wanted to get clean, so I said, "Look, can you not get me something", so they said, "Look, we will get you a basin of hot water", so they brought me a basin which was obviously in a kitchen sink for doing your dishes, a round basin, and a plastic cup, and that was put in the bathroom and that was what I had to use to wash him.

Q I think we should maybe look at your statement and what you say about that. Ms Ward, I wonder if we could go to Bundle 3, please, and could you take us to page 184? Mrs Kearns, when this comes up, once it

settles on the screen, page 184.

Mrs Kearns, if you are able to see that reasonably as well, could I ask you to read paragraphs 48 and 49? You can miss out the reference to the picture, but if you read the rest?

A Yes:

"I was provided with a basin of water which I took a picture of and have provided it to the inquiry. The water had been warmed but I don't know if it was from the tap or bottled water. My eleven-year-old son, just hitting puberty, had to stand in the bathroom on a towel and I had to use a plastic cup to try and wash him. It was literally a case of me scooping up the water and pouring it over him. He was at the age where changes were happening and he was becoming more conscious about his body, so standing naked while his mum washed him was humiliating for him. I asked for a gel of some sort to help with the washing and an auxiliary provided some baby wipes and an aerosol. I sprayed the contents on to his back and discovered that it was actually emollient, a dry oil moisturiser and not a shower gel. I can't recall if I spoke to the auxiliary, I

was probably so fed up I just got on with it".

Q Thank you Mrs Kearns.

Ms Ward, I wonder if you could now take us to the picture that's referred to, which I think is page 197 of this bundle. (After a pause) Thank you, Ms Ward. Is that the basin of water?

A That's it, yes.

Q Why did you take a photograph of it?

A Because I was just getting so angry by this point. I couldn't believe that I was in a state-of-the-art hospital, been in all this time, my son was going through treatment for a life-threatening condition and I didn't have the basic facilities to wash him; and this is what they had provided. I just couldn't believe it.

Q So the towel and the plastic cup will probably help us a bit in assessing the size of what's provided there. About the size of a dinner plate?

A Yes. Yes.

Q And the depth, about the depth of the cup?

A Yes.

Q Was this a humiliating experience for ■■■?

A Oh, totally. You know, I think if he hadn't felt so bad there was no way that he would have let me do

that, so -- and obviously, you know, he couldn't even do it himself because he had -- you know he probably still had things in his hands and things. I can't remember now what he would have had or, you know, even -- and obviously we had to watch the Hickman Line as well because that was the other thing that was starting to concern me, because I'm thinking, "I'm having to wash him with this, we are always being told to watch for infections in the Hickman Line. How clean is the floor here?" you know, that has always been an issue as well, how clean is the actual place round about you. It was just awful for him.

Q Now, Ms Ward, I wonder if you could take us back, please, in the statement to page 185 again. It's paragraph 50. Thank you very much.

I think you then go on in your statement to describe some further provision that was made which would allow you to have water within the room. Could you perhaps read to us what you've said in paragraph 50, and again just miss out the references to the pictures.

A Yes. Okay:

"So portable sink units were installed in the ward at 4.30 am on Tuesday, 13 March 2018. I think these were put in all the

rooms, certainly in ours. We were now advised by the nurses not to use the sinks in the bathrooms at all, only the portable sinks that had been provided and a letter would be provided to all in patients. We weren't given any particular information about the portable sinks.

We also received a letter advising us to speak to an auxiliary if parents wished to shower they could be provided with a taxi to go to Marion house, the CLIC Sargent place. This is the accommodation for parents and families who do not live near the hospital. We never actually did this so I cannot say where it is. It's fine if you had more than one parent on the ward but most parents take turns at staying with their children.

Certainly I would not have wanted to leave for a period of time to go and have a shower in another location. My husband and I had been taking turns at staying overnight, so at least when we returned home, which was only 20 minutes' drive from the hospital, we were able to shower and clean our teeth

properly".

Q Thank you. Now, Ms Ward, with apologies, can we now go back to the end of the statement, and can we go to the pictures, please, the first of which is at page 198? (After a pause) What is that, Mrs Kearns?

A That's the portable sink units that were installed. So that's in the main room, not in the bathroom.

Q Is that cold water only?

A I think so from memory because I cannot see how it would be heated up.

Q Were you allowed to drink the water from that?

A No. No. That was just for washing.

Q And if we go to the next page, please, Ms Ward?

A Yes. So that's the letter that we got about if you need to get a hot shower you could go elsewhere.

Q It says: "Due to the present water situation ..." What was the present water situation?

A That's -- well, we presumed it was this bacteria that had been found in the water.

Q Why did you presume that?

A Through talking to the maintenance personnel.

Q Why did you need to rely

upon presumption?

A That was all I could do.

Q Why was that?

A I hadn't been told otherwise.

Q Was there discussion among parents or among parents and staff about these matters?

A Yes, the staff were getting quite annoyed about it as well because, obviously, for them, washing their hands, they have to do that constantly, so -- and I guess that was one of the reasons why the sink units would be put into the rooms so that they could wash their hands, but, again, you know, is that enough, just washing it with that?

Q Were they able to say what the present water situation actually was?

A No.

Q Were they able to say why it had arisen?

A No. I mean, I initially -- I thought -- I know that sometimes stagnant water can produce legionnaires bacteria, and that was what I thought had maybe been discovered. That was just my assumption.

Q Thank you Ms Ward, we can put that to one side.

Now, soon after this situation, still

in March, your statement at paragraph 51, Mrs Kearns, you describe another issue to do with water.

A Yes. So, this time they were actually going to put the water completely off. They said it would be shut off again. I can't remember when it had been shut off previously, but I know that I have got an email moaning to my friend that it was going off again, and at this point we couldn't even use the toilets. There was no water at all on the ward, so if we needed to go to the toilet, or staff needed to go, they had to leave the ward and go elsewhere.

Q How far did you need to go?

A So you would have to go out and into another ward which would either be downstairs or upstairs.

Q Was that -- as far as your perception of things was concerned, was that the same situation for the staff?

A Yes.

Q What about if you were a patient? What were you supposed to do?

A You had to use a bed pan and this just -- I mean ■■■, obviously had been saying -- you know, he's at that stage, he's starting to get embarrassed about things, so,

you know, being told that now he has to do the toilet in a bed pan, he was just "No, I'm not doing this", so it was just -- by this point I had had enough.

This knocked me over the edge.

Q So how did you get past saying, "I'm not doing this"?

A Well, he had to do it or, you know -- he had to go somewhere, so he had to do it, but he was not happy, and I understand. I didn't even, you know, like having to leave him and wander about another ward to go and use the toilet or use the general ones.

Q And was [REDACTED] the only patient that was having to do this?

A No. No. It was the whole ward that the water had been shut off in.

Q So all children on the ward, all ages were now having to use bed pans?

A Yes. Yes, and then you had to take the -- that to the sluice room which was another embarrassment and not a pleasant thing to do.

Q Why was that an embarrassment?

A It's not very nice carrying things about through a corridor and, you know, he was embarrassed. Every toilet function has its embarrassment, so he is getting

embarrassed that people have known he has had to go to the toilet, but, you know, for kids it is easy things that can embarrass them.

Q What does a bed pan look like?

A Sort of grey, as if it is made from hard cardboard.

Q Has it got a lid?

A No. So, you sort of cover it with paper towels. Not nice.

Q I want to move on to something else related to the issues that you've just described, and it's the issue of communication. Did you feel you were having the situation you were facing explained to you?

A Not a great deal. I mean, the nurses would say, "Remember, don't use the water", but we weren't getting an explanation of why, we weren't getting an explanation of when we could use it again, and there's a constant procession of maintenance workers, workmen coming in to test it, and you didn't know what was going on. So, no. I mean, there wasn't great communication, but in fairness, I suspect that the staff themselves didn't really know what was going on -- as in the nursing staff -- because, from some comments from them, they were getting pretty fed up with the situation.

Q Yes. I take from your

statement you are not criticising --

A No. Absolutely not.

Q -- the, as it were, front line staff?

A No.

Q Was it your impression that they told you what they were able to tell you?

A Yes, and I suspect they probably didn't know very much either.

Q And were your concerns about this more than just the inconvenience, the embarrassment and the humiliation about not being able to use a water supply?

A Yes. Well, it's -- infection as well was concerning because I think, well, even now we all know how important it is to keep clean and, you know, bacteria away from you, but of course, when you've got no immune system that's, you know -- utmost in your thoughts is trying to keep clean all the time.

Q And did you reach a point, and we see this from your statement that you effectively didn't feel you were getting answers, is that right?

A Yes. Yes.

Q Is that what provoked you to speak to a newspaper?

A Yes. I just had had enough, as I say. You know, I was

sitting, day after day in a -- you know, a horrible environment, really.

There was nothing for ■ to do. We had no TV, no play room to go to, he's sitting in this uncomfortable bed, you've got an uncomfortable seat as well if he wanted to get up. It was just awful, and switching the water off, after the fiasco with having to clean him, I just did -- I had had enough, and I thought, "I want people to know what seriously ill children are having to go through here. This is just not on".

Q Was the story published?

A It was, yes.

Q Did the article contain only your story?

A No. I think there was mention of other stories as well, which I realised then -- which I hadn't known about at the time.

Q Just very broadly, what were those stories about?

A I think it was about people actually contracting infections from it, and I think -- I can't remember timeline-wise, but obviously it will say that ■ then got put on antibiotics just to prevent an infection and I think we all know that we shouldn't all be getting pumped full of antibiotics. That doesn't really do us any good, but they were obviously not taking any risks by that point.

Q Are you indicating to us that upon reading the article that you discovered that there was a suggestion that some children had actually experienced infections?

A Yes.

Q And you said, "From it". What do you mean by "It"?

A From the water. From the water supply.

Q Did you also indicate a moment ago that about this time you also discovered that the patients, children were having antibiotics to them to ward off infection?

A Yes. We were advised that by a consultant.

Q Infection from what?

A The water.

Q And you've already said this, I suspect, but how did you feel about that in the context of caring for an immunocompromised child?

A Absolutely ridiculous. You know, I had asked, could we maybe get moved, just us, but, you know, why could we not get moved? In hindsight I'm thinking they shouldn't really even have admitted us if this is what the conditions that we were being almost kept in. It was just -- water supply should be the first thing that you have, so to not have it was just absolutely ridiculous.

Q I mean, did you -- at this point, mid-March, did you know where he was going to end up in his treatment?

A No. No. You know, we didn't know, was it going to be successful, what was going to happen, we didn't know how long we were going to be in. We knew nothing.

Q We're just over a week from the drive to the hospital in tears not knowing what you were going to face, is that fair?

A Yes.

Q Now, do we see from your statement, Mrs Kearns, that, again, in mid-March, I think, according to your statement, on 17 March, he got a day pass?

A Yes. Yes. That was a brilliant day. So finally, I mean, he was -- as I say, you know, he was never really ill, so with some provisos that we didn't do anything too mad, he was allowed home. So finally, he could get a shower, and also I mentioned some proper food, because that's another issue. The food at the hospital is just appalling. Only word for it.

Q Why do you say it's appalling?

A It is poor quality, poor choice, unhealthy choice. I know my husband has had a rant to one of the senior managers about it. We thought

it had been improved but I have had experience of it just this week, and it is still -- for children who are supposed to be trying to get better, it is just awful. It's chips with everything. You don't get offered salad, you don't get fruit. You just wouldn't believe it.

Q I think we can see from your statement that ■ eventually went back to Ward 2A?

A Yes.

Q I think, in fact, on the Sunday 18th March?

A Yes.

Q How did he feel about that?

A It was like going back to prison, I think he said. I mean, it was just --

Q Why was that?

A Because, I mean, I expect some prisons probably have better facilities, because that's what it felt like. We were getting kept in a room with no entertainment, no water, hated going to the toilet -- it was just a horrible experience, you know, and you've got this -- You can imagine staying in a hotel and having to put up with things like that, but this is somewhere that you are going to save your life, really, you know? And it was just horrendous, and he really didn't want to go back but he knew he had to

because we knew we had to get the treatment restarted -- or what was the option, was just to keep him on blood transfusions, which you can't do forever.

Q But happily, I think, back -- was it during that visit was it that treatment was, in fact, completed?

A Yes. Yes.

Q On 21st March?

A Yes.

Q And I think we can see that ■ then went on to steroids?

A Yes.

Q And we also see there was a bit of a wind up from his sister about some aspects of that?

A Yes. Steroids, as you will probably know, they make you puff up, so yes, he has always been known as having hamster cheeks at that point. So yes.

Q During that stay, Mrs Kearns, we can see from paragraph 60 of your statement, ■ was able to have a shower. Is that right?

A Yes. Yes.

Q What had changed?

A Don't know. Don't know, but we just were told, "You can now use the showers".

Q And so he was able, also, to drink the water?

A No. You couldn't drink it,

but you could wash your hands with it.

Q We see from your statement, Mrs Kearns, that there was an issue even then with the shower?

A Yes.

Q What was that?

A So for some reason the design of the bathrooms, it doesn't -- so, as I say, there's a rail for a curtain but there's no curtain, and when you have a shower there's a drain point in the corner, but the water doesn't seem to drain quickly enough, so when you are in the bedroom area you suddenly notice that any water from the shower suddenly seeps out into the bedroom area. Not a good design.

Q What do you do when that happens?

A Shout for someone to come and mop it up.

Q When that happened were there discussions with the staff about it?

A I can't remember whether -- I think it was, yes, because I think they said that this was a common issue.

Q Did you have any concerns about this?

A I did think it was a bit of a silly design, to be honest. I thought, I don't think if you had done that in your house you would have put up with it.

You know, should that not have been tested at the sort of initial stages of the build and find out why the water from the bathroom doesn't drain quickly enough?

Q How do you feel about water from the bathroom floor sluicing into the patient's room?

A Not very good, because -- and I mean, as I say, sometimes the cleanliness leaves a lot to be desired. I'm never sure whether the mops that are used are only used for your room, or are they been used elsewhere, prior? Not the best.

Q As you've indicated, however, we were -- you were at the end of ■■■'s treatment, and his discharge and ■■■'s story has a good ending. Is that right?

A Yes. The treatment was successful. It took a couple of months to see an improvement in his bloods, and as I mentioned already, they will never been normal, but his body has adapted to cope with that, so he is officially in remission, so we are still treated as patients in the oncology haematology unit.

Q Is he running again? Scootering?

A No. He goes out on his bike, but --

Q I want to ask you now,

Mrs Kearns, to give us some reflections on what you've described, and the first thing I'm going to ask you about is communication to do with the water issue. I think we will do that again, if it's okay with you, we will again just look at your statement and have you read aspects of it.

A Okay.

Q Ms Ward, could you please take us back to Bundle 3, page 194, paragraph 85? 194, Ms Ward. Apologies.

A 85, sorry?

Q Paragraph 85, if you could read that to us, please?

A Yes:

"The communication around the water problems was really non-existent, other than a few letters about being told not to use the taps or the toilets. It was not acceptable, but we just got on with it. In fairness, I think the staff were in the dark too, and, as I mentioned, they were also affected by the likes of having to go to toilets that were further away, so it didn't make their jobs any easier. The staff were great, and it was clear that the problems were out of their control".

Q Thank you. Were there any other reflections on the issue that

you discussed there at paragraph 85 that you would want to share with us?

A I just -- I mean I think that they could easily have told us a bit more about what was going on. You know, the fact that you were just given a big bottle of water to use is really not acceptable and for somebody even to have come round and explained what was going on would have been -- you know, somebody from hospital management -- would have been a nice touch, particularly when you were in the hospital for so long, and for such, you they, serious conditions. It just -- it wasn't good enough.

Q And I think already you've more or less said this today, and we can see at paragraph 90, you make some observations about the impact on the clinical staff. Is there anything you want to say about that?

A I mean, as I said, the staff were great. I think it made their job even harder, the fact that the patients were unhappy as well, and the fact that they couldn't wash their hands properly. I suspect they were having to use antibacterial gel as well to clean things, but -- and it probably put them in some awkward spots as well with patients and parents asking what was going on when they knew nothing about it, and didn't know what to tell

us.

Q You indicate in your statement, Mrs Kearns, that some of the things that you've spoken about are things that I think, as you put it, you could have lived with -- the broken TV, that would be one?

A Yes.

Q The food?

A Just about, yes.

Q Broken blinds and temperature controls?

A Yes.

Q I mean, are these the issues that have led you to come along today to speak about?

A It was the whole -- I think it was the whole thing, but it was mostly the water. To me, having hot running water is a basic function. It should be available, particularly in a hospital, and just, when it got to the stage that we didn't have that at all. We didn't have any water at all. As I say, it just -- and I just wanted people to know what was going on at the hospital, and I'm not sure things are much better now. I mean, all the taps still have these big filters on it. Obviously Schiehallion ward is still closed, but I just wanted people to be aware of what was happening and that something could be learned from it, I think, and not have other families to go

through what we had to experience. You know, it was bad enough having to be there with all the stress of what your poor child is going through, but to have this as well, it just made it so much worse.

Q How do you feel about the situation of a patient not being able to have a shower after an invasive, harrowing, messy procedure?

A I mean, it's just ridiculous and I don't know why the staff didn't think about that either. I mean, I don't know whether showers were available for patients anywhere, obviously we were offered to go elsewhere, but some of these children are in much -- we were in three weeks and that was a long time. Some are in months and months, so to not have that at that point was just ridiculous.

Q I mean, you've already used the phrase, "A state-of-the-art hospital". How do you feel about a state-of-the-art hospital where a child with vomit on his face was not permitted to have a shower?

A It shouldn't happen. It shouldn't happen.

Q Do you consider that there's something slightly ironic, if that's not an inapt word to use about that situation?

A In what way, sorry?

Q Would I be right in understanding that one of the reasons that you would consider it was necessary to wash your son in hot water would be to protect him from infection, the vomit on his face?

A Yes.

Q Is that right?

A Yes.

Q Are we also to take from your evidence that to protect him from infection you were not allowed to wash him with hot water from the shower?

A From the shower, yes.

Q At paragraph 77, Mrs Kearns, you describe this situation as “a disgrace.” Is that a view you hold to?

A Yes. I mean, when we think back to ■■■'s stay, the treatment almost pans into the background and it was the issues with the water that really stood out for us, and as I say, that just made it -- it would have been bearable, we could have put up with all these other small things, but that was just -- I can't describe how it was, and I don't know how poor ■■■ felt, you know. I mean, it's him at the end of the day that we need to think about as well, and it must just have been such a horrible, horrible feeling to feel so dirty and not be able to get a proper wash.

Q I'm going to ask you

about how you feel about it, how you feel and how you felt about taking your immunocompromised son a hundred plus times to hospital where there was a concern about the safety of the water supply.

A I mean, you know, every time we go now, I'm still -- even pre-COVID times I was still never very happy about going. There's always that sort of thought there, what is lurking in the taps and in the showers, , and I felt that, did I let ■■■ down because I couldn't protect him from this and I couldn't give him the basics which were completely outwith my control but -- you know, and I did my best to see what we could do to solve the problem.

Q Would you consider that the problems that you've described this morning and in your statement to be consistent with the highest standards of healthcare?

A No. Definitely not.

Q Would you consider the features of the hospital that you have described as being consistent with state-of-the-art hospital accommodation? At the end of your statement you mentioned something about visiting Ninewells Hospital?

A Yes.

Q What was your

impression of that?

A Night and day. I mean, it was very small but the facilities that we were put into, it was almost like a suite, so there was a room, the normal hospital room, but you also had a living area with a couch, a TV that worked and a kitchen area and hot running water, and I thought this is a much older hospital, why have they not used this as an example? So, ■ said, "If I get treated again can I go to Ninewells", but I said, "No, it doesn't quite work like that", so yes, it was so much better.

Q I think it will be obvious to all of us, Mrs Kearns, from the evidence that you have given this morning, that you have recently been back to The Children's Hospital and that, indeed, ■ has recently been back to The Children's Hospital. Is that correct?

A Yes. It is, yes.

Q Are you happy to say a little bit that?

A Mm-hmm.

Q Was that yesterday in fact?

A It was Monday in fact he was admitted, he had a temperature spike Sunday night into Monday, and obviously when you are immunocompromised, even a low -- he

is in remission, he hasn't -- and he still suffers from aplastic anaemia, so we had to take him over and he was admitted. So, there was no room in the Schiehallion ward in the adult hospital so we were put into cardiology.

Q Could I just pause you there, cardiology in the --

A In The Children's Hospital. So Room 13 which seems to be our lucky number in the hospital, but, again, it was bad memories appeared; still have the filters on the taps. I was still a bit nervous about brushing my teeth. In fact ■ said, "Is it okay to brush my teeth mum", and I said, "Well, we've not been told otherwise, so yes".

And while we were actually there yesterday -- I mean, he's still there at the moment -- he has been put on antibiotics and I'm sure he will recover fine -- two maintenance workers appeared and said, "We are here to change the filters", and I thought, "Oh, that's quite interesting", so I asked them, "How often does this happen?" and they said, "Every two months", so they changed the filters on the two taps and they changed the shower head and the hose in the bathroom, and I take it they do that in every single room. The cost of that must be

horrendous, and it just, as I say, we almost had a laugh about it because I was coming here today but we thought, "Has anything been improved? Has anything changed?", and I did think, "Is it okay to use these taps?" That was a wee bit of a worry.

Q Just in answer to your question: "Has anything changed?" If we go back to think about some of the issues that you indicated were not the most important issues for you but were still issues, you indicated earlier that the TV still doesn't work?

A Yes.

Q Temperature?

A Still doesn't work. The thermostat just whizzes around.

Q And the food?

A Still awful, and of course now we don't have a parents' kitchen so the parents get food as well, which also seems to be chicken nuggets or pizza, and chips with everything, so yes, very disappointing.

Q Finally, Mrs Kearns, I want to just move towards the end of your evidence and I want to ask you about impacts, and this will also be your opportunity to say anything additionally that you haven't said so far, and if I can begin by just asking you a bit, please, about impacts on ■■■, and if I ask you to think in particular

about impacts of the -- what you describe as the additional problems that you faced quite apart from ■■■'s illness and his treatment. What impacts upon ■■■ have there been?

A I mean, I think the whole experience was just unpleasant for him. I mean, he's still -- even months afterwards, he was having sort of almost sort of panic attacks, and it was almost like he was reliving being in the hospital, especially at nighttime we would see him start to shake, and I think, as I say, he's a very mature boy but he thinks things through a lot and I think there must have always been the worry for him as well: "Am I going to pick up an infection here?" and obviously that meant he would be back in the hospital or, if he had got out would he be back in.

It just -- I mean, it had a huge impact, and he is now at the stage, I mean, he was very reluctant to go this week. He didn't want to have to stay in because he thinks it's not a nice place to be which, it should be a place where he is to receive top class care and, as I say, no qualms about what the staff do, and they're obviously so short staffed at the moment as well -- they run about mad. But the impact on ■■■ - as I say, he's been suffering nosebleeds as well, and I said, "Look,

if this doesn't stop we have to go in", and again he almost has a panic attack and says, "Mum, I don't want to have to go there", and it shouldn't be like that. It should be a place that we know we can go, and we get great treatment, and we are not going to catch anything, and we are going to be able to have hot running water. I mean, yes the water is running now, but, as I say, with these filters on it, you are still going, "Is this okay?"

Q Was there any impact on his sister?

A She is a tough cookie as well, but she misses him. I mean, this week, even this week has been tough for her. She, I think, misses him more than he misses her, and she -- you know, she likes coming to visit him in the hospital but to be honest, I wasn't that keen on that now because -- well, especially in these COVID days as well, but, as I say, it wasn't a nice place even to bring her.

Q Now, finally, I want to just have you maybe reflect on and tell us a bit about the impact upon your husband and upon you, and I wondered, Mrs Kearns, if we could maybe just go and have a look at what you say in your statement about that again. Ms Ward, I wonder if you could take us, please, to page 192 of Bundle

3, paragraph 77. (After a pause) Mrs Kearns, could you read paragraph 77 to us please?

A Yes:

"The whole experience was horrendous. Not only is being in hospital with your child who is seriously ill exceptionally stressful, but to not have basic washing and cleaning facilities was a disgrace. However, what could we do? You want the best for your child and presume that the clinical and hospital management know what they are doing".

Q Ms Ward, could you take us to paragraph 78 now please? Mrs Kearns, could you read that too?

A

"However the worry that people were going to catch something was always top of my mind too, especially after hearing how other people had been affected and that Hickman Line had been mentioned. Children are so vulnerable to serious infections particularly when ■■■, and presumably all the other children on the ward have little or no immune systems".

Q If we just keep that on the screen for the moment, Ms Ward.

Mrs Kearns, are there any other reflections that you would add to what you've just read?

A I mean, yes. I mean, I guess, it's just the whole -- I think until you've got a child in hospital, you can't express the fear and the stress that you are under, and all you want is to keep your child safe and to make them better, so the thought that you are actually, as we've said before, you are taking them to somewhere -- and all these kids on the oncology ward have got little or no immune systems -- so you are taking them to a place where they could pick up a bug and even the smallest infection could be really serious for these children.

I did feel I had let [redacted] down in some way, but again, what could I do. We had to take him there to get the treatment and we still do.

Q Mrs Kearns, have a look at paragraph 80. If I tell you the name underneath the black box, that's what that is -- Dennis -- do you think what you've said there really captures the essence of where you are on this?

A Yes. Yes. Definitely. As I say, I mean, the treatment almost goes to the side, and I don't think we will ever stop thinking about it, and it is certainly not an experience that we want to repeat, and it certainly will stay

with us and with [redacted] forever. It was horrible.

Q Mrs Kearns, I don't have any more questions for you. Is there anything more that you would like to say?

A I don't think so. I mean, I would just like to thank you for giving me the opportunity to put my views forward, I think, and as I say, it was just -- I think people just didn't understand what it was -- what it's like being in hospital at the best of times, but to have this on top of it all, it really was just -- it was unbelievable to put people through that, and I think to have admitted us when they knew that this --

I could understand if you were in the hospital when something happened but we got admitted when management knew that there were issues with it, and yet we were taken in, and [redacted]'s treatment could have been postponed until things were better but no, they took us in and we had to suffer in that way. It really was -- no. I don't want to ever have to go through that again.

MR DUNCAN: Thank you, Mrs Kearns. My Lord, those are all the questions for Mrs Kearns.

THE CHAIR: Just to confirm my understanding, there are no Rule 9

applications and the result of that, Mrs Kearns, is that that is the end of your evidence. Thank you very much for coming. I appreciate you have other things on your mind this week and that makes your attendance doubly appreciated. Thank you very much indeed.

A Thank you.

THE CHAIR: Mr Warren will point you to the way out.

A Okay. Thank you.

MR DUNCAN: (Inaudible) ... statements to the Inquiry have indicated that they would not wish to give evidence either in person or remotely, and the inquiry considers that those wishes should be respected. They have indicated that their preference would be that extracts from their witness statements be read in, and so when we return at midday, my Lord, Ms Arnott is going to read in extracts from three witness statements

THE CHAIR: Thank you, Mr Duncan. Well, we will sit again at 12 o'clock.

11:37

(End of Morning Session)