SCOTTISH HOSPITALS INQUIRY

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Hearings Commencing
20 September 2021

Day 1
Monday 20 September 2021
Afternoon Session

C O N T E N T S

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14:00

THE CHAIR: Yes. Good afternoon, Mr Gough. I think we are ready to start again. Probably we will go on to about 4 o'clock, but again, if you want to take a break, just say so. Now, Mr Duncan?

MR DUNCAN: Thank you, my Lord. Good afternoon, Mr Gough.

A Hello.

Q I was going to move on now, Mr Gough, to September 2018. Again, we will just establish the timeline first of all and then maybe look at (Inaudible) I think I'm right in understanding that [redacted] was admitted, I think, on the third of the fourth of September 2019 to the paediatric surgical ward. Is that correct?

A Yes.

Q Was that to have, as we discussed earlier, the kidney removed and the tumour examined?

A Yes. Yes.

Q Is that right? Can we begin, then, just to sort of think a bit about the environment that Ward 3B comprised and your experience of that? So am I right in understanding from your statement that when you and [redacted] arrived the room that was to be staying in was not, at that point, ready, is that right?

A No, no.

Q And you were shown to the play room? Is that right?

A Yes.

Q And do you have any observations about the play room?

A Yes. It was not set up with the same protocols as the Schiehallion rooms, so I had free access to anyone and everyone, and everything was accessible, so there wasn't the cleaning regimes, you know, and it was a play room, you know. It wasn't a Schiehallion play room, it was a play room, so certainly we didn't really access it because it wasn't clean.

Q It wasn't set up for immunocompromised children?

A It wasn't set up for -- it was clean but not Schiehallion clean, you know. It was visually clean but we couldn't trust it.

Q And when [redacted]'s room was eventually ready and you were shown to that room, do you have any observations about the room itself?

A Yes. We actually had to get the bed changed because there was brown matter on parts of the bed. Now, I don't know what the matter was -- dark, reddy-brown, could have been

blood, could have been poo, could have been iodine or something like that, but certainly it was -- aye. It shouldn't have been there so they took the bed away and changed it and then we cleaned the room. Straight afterwards I went along to the play room and they had (Inaudible) wipes, and we borrowed those and cleaned the room top to bottom because we weren't confident at that point.

Q And can you remember whether there were tap filters?

A No. There weren't at that point.

Q And just maybe to complete the picture in relation to the room itself, what were the arrangements for parents staying overnight by way of provision of a bed?

A I think that one had a fold down bed, if I remember rightly. I could be wrong.

Q You mean a Z bed, effectively?

A I can't remember whether it was a Z bed or a fold down off the wall. Not sure.

Q Is it correct that at least in some of the wards that you were in outwith the Schiehallion Unit, beds that were provided for parents were not of the fold down variety?

A No. Absolutely, and that was -- that became a problem because -- aye. The Z beds are -- they were okay but within a night, after a night of sleeping on a Z bed your backed was gubbed. Certainly, Schiehallion beds were foldy up, and once when we were down in CDSU, which is on ground level, was those type of beds, so there certainly were rooms. That one might have done, I suppose, actually, but ...

Q Just in relation to the cleanliness point, something that you mention in your statement is that at some point in your bouncing in and out of the hospital, as it were, you started to bring something with you called a, "Crash bag"?

A Yes. [redacted] moved round different wards, the nature of his illness. When he was admitted we couldn't always guarantee that we went into Schiehallion, particularly when the size of Schiehallion was reduced, to go to Schiehallion, Ward 6, therefore because each ward as different you had to be able to cope with whatever scenario you were going into, so the protocol on Ward 3C might be different to Ward 3B and what you could access on each ward was slightly different, so to make sure we had all the requirements we had to cover all bases. The first thing was

packing something to clean the room with, because having had the experiences of going into a room where the bed was dirty, and then his line infection, we trusted nothing, and then -- so therefore the first thing we did, and what I ended up doing was, I was always the first person in when had the temperature spike, me, because I was the one that physically could -- I'm not strong, but you had to carry so much because you needed to carry, well, if we are going into a ward that doesn't have a safe play room you have to carry toys. If you are going into a ward that doesn't have a facility to make food you have to carry food. If you are going into a ward that you've got to clean, which was most of them because they weren't Schiehallion, you had to carry cleaning stuff. So if you are going into a ward where access to bottled water was not as easy you had to carry water, so you had -- it became camping. It was like -- and that's the only way I could describe it. You had to have everything there, and you didn't know which ward you were going to be in until you were in there so you had to carry that. My first thing, when I went in, was to clean the room, top to bottom, and it is amazing what you found. I remember finding a pair of underwear, adult underwear in a drawer that was supposed to be cleaned. I forget which ward it was, so we were quite -- certainly wasn't Schiehallion, but one of the peripheral wards. You couldn't trust anything.

Q When you were on Ward 3B, can you remember if there were any warnings about the use of water?

A I don't think there was.

Q And again, maybe just to go back again to echoes of the evidence earlier this morning, in terms of the seniority of doctors in Ward 3B, were they first year doctors?

A Yes. Which was problematic, which I'm sure we will talk about later.

Q Well, I wanted to move, now, to just look at events on Ward 3B, and again, I will just -- I will walk you through the timeline that you've helpfully provided and then we will stop and pick up some of the detail. I'm right in understanding that [redacted] had his operation, and I think he went to the paediatric Intensive Care Unit, is that right?

A Yes.

Q That would be, I think, 4 September?

A Yes. Yes.

Q And spiked a temperature while he was on the paediatric Intensive Care Unit?

A Yes.

Q And a line infection at that stage was suspected?

A Yes.

Q Now, at that point, was that something that you were particularly concerned about or did you have your mind on other things at that point?

A Our biggest concern was him spending eight, ten hours, getting a kidney removed, so that was our -- where our head was.

Q Yes, so after that, I think the following day, in fact, I think you went back to Ward 5B.

A Yes.

Q And was that into a standard room rather than a vac room?

A Yes. That was in a standard room.

Q And just, again, to recap, maybe, on what you've said, that was a room with no water filters?

A No water filters. The only nod to [redacted]'s immuno -- being immunocompromised, and everything that was going on round about him was he was placed in a room that was closest to the nurse's station, but apart from that there was nothing, nothing. There was no protocols being (Inaudible).

Q So this wasn't the Schiehallion umbrella?

A No. Absolutely not.

Q And at this point what sort of shape was [redacted] in?

A Wasn't great. He had had -- well, he had just had an organ taken out. He had had -- he was undergoing chemotherapy and has cancer. He has also taken a huge reaction to some of the chemicals that they used, because one of the natures of chemotherapy is to makes you more likely to be allergic to stuff, so he had had a huge reaction to one of the chemicals they had used to clean his skin which ended up being treated as a third-degree burn. You know, it wasn't a burn, but that was the only way they could do it, so he had that as well, so he wasn't great.

Q Am I right in understanding from your statement that that was causing [redacted] quite a bit of discomfort?

A Yes. Yes. We -- latterly, not that day, but we ended up having to hold him to stop him from physically -- burning, scratching -- it was a burn. That was the only way we can describe it, as a burn.

Q And there was also, at this point, the unresolved question of

whether there was a line infection. Is that right?

A Yes.

Q And if we then move into the following day-- --

A Yes.

Q -- am I right in understanding that there was an attempt to take blood from him, and am I right in understanding that they took blood from his line and also there was an attempt to take blood from him from other parts?

A Yes. Yes.

Q Now, do you want to walk us through that and just explain what was happening?

A From my understanding, and you better check in the medical notes, but from my understanding they needed to compare peripheral draw from a draw on the line so they could compare locations, something -- they needed to compare the line with a draw before they could start a specific set of antibiotics, so that was the key thing.

Q Just pausing there, step one was to get a comparison between blood in the line?

A Yes.

Q Or blood drawn from the line?

A Yes.

Q And what you describe as a control.

A Yes.

Q Where was the control to come from?

A A peripheral, so the junior doctors that came in were -- went to the four extremities to try and get blood. It was unsuccessful to say the least. He ended up quite traumatised by it, to be honest, and it goes back to the -- not being under the umbrella, not having the people that can do the job well, they were trainees, they did their job as well as they could under the circumstances, and I hasten to say I don't denigrate what they were doing, and their skills and -- but they weren't up to -- they didn't have the skill base to be able to draw blood, so discussing it later, latterly, from what I understand, rather than -- I talked earlier on about looking at the hand and really investigating to say, okay, well, if that's my Plan A, that's my Plan B, you know, knowing areas where they can go and find blood, it wasn't easy because he was not well, so it wasn't an easy draw, they just slapped on the emla all over his extremities, came back in half an hour to start trying to get blood and it was just a nightmare. Post event he was quite traumatised by it.

Q Just pausing there, I mean, you described it that really effectively there were two discrete bits to the investigation. That's the drawing of blood from the line --

A Yes.

Q -- then you describe that they put on the emla cream and you talked about that earlier. That's effectively a painkiller of some kind?

A Yes.

Q And then they go away and they come back. Apart from the issue and the difficulty in taking blood, was there another issue that was emerging by this stage?

A At this point they had -- exactly the timeline -- and it was within the space of about two hours, so exactly the timeline that went on, I don't know whether it was before or after, it would have been after the draw, they accessed the line to take the blood to compare with the blood, if that makes sense, and he started to deteriorate. It happened after. He started to radically deteriorate after they tried to access blood from his hand. He started shaking, going into rigour, throwing up.

Now, we were -- we wondered how much of that was a reaction to being poked at in four different places and being unwell, and all the itchiness because he was hunched up and being sick, which is not great to see when -- you know, he has got a scar from -- a smiley face across the whole of his belly, and that's an open wound, he is hunched up being sick, so there's an awful lot going on then, and -- but they still hadn't managed to get the blood from his hand to start the antibiotics, so yes, that was going on, and we started, at that point, to raise concerns that this isn't great, so by 45 minutes between -- to clock the time exactly -- 45 minutes from the accessing of the line to we had a serious, serious condition and that scared me because I didn't realise that he could deteriorate so quickly, because after 45 minutes in, he was heart rate all over the place, temperature, vomiting -- yes. That wasn't a fun period.

Q Yes. So if we -- just to try and understand the timeline on that, and I appreciate it is hard to remember the detail of it, and maybe quite hard to speak about it as well, I imagine, but there was an attempt, or rather blood was taken from the line.

A Yes.

Q And the emla cream is put on at that point and then [redacted] a left alone, is that right?

A Yes. There was a period where he was left alone.

Q And there was rapid deterioration at that point?

A Rapid deterioration. As soon as his line was accessed, click, and then 45 minutes later he was in a state, and he was deteriorating through that period.

Q And who was there at the point that he began to deteriorate?

A We were -- I had to -- well, myself and my wife had to go and raise the alarms with nurses and doctors.

Q How did you do that?

A Went to their room, ended up going through to their room.

Q Did you do anything before that? Did you press a buzzer?

A I think we did press a buzzer to come through.

Q Did anybody come?

A The issue was, if I remember rightly, that one was a lunchtime so it was difficult to get people on -- you know -- yes. We had issues getting people and getting --

Q So the picture we should understand is that after accessing of the line during the 45 minutes of rapid deterioration there was no clinician present in the room?

A No. Not that I can remember.

Q And when they returned -- sorry -- when clinicians returned to the room, you say it was two junior doctors?

A Two junior doctors and then -- and -- yes. They dealt with it initially, before raising it, and it was accelerated up the chain.

Q We will get to that in a minute, but their response was to try and take blood from his hands and feet at that point? Is that right?

A I think so, yes.

Q Yes, and how many attempts?

A They tried each -- so it was at least four attempts, so on each sticky out bit, so they tried one hand, then the other, then the foot, then the foot. I can't remember whether they tried -- they tried at least once, they might have tried two or three times on the same bit going for a different vein, but certainly they tried on each extremity at least once.

Q Was that in itself something that was causing distress?

A Oh, absolutely, and we wondered whether -- not knowing what the temperature spike was, we wondered whether his reaction was --

we underplayed initially because it was part of that getting worse, his deterioration curve, we wondered how much of that, at that point, before it got down to here, how much of that, that progression, was reacting to the -- being jagged four or five times, and that experience, you know, that -- you know, was he reacting -- it transpires it wasn't, but, you know, we didn't know along the curve that he was going to -- we didn't expect it to carry on down there so certainly he was very --

Q You say, "Carry on down there". What do you mean by that?

A Deteriorating. You know, this was -- when you go in with your child, when your child is told they had cancer, the moment they tell you, or before they tell you, your child is dead until people start intervening, before the doctors and nurses start intervening, your child is dead. Dead child walking, but when they start their work the odds work, and I tend to deal in numbers. It's the way I kept my sanity throughout this. So through the work of the doctors and nurses they changed a zero survivorship to a 90 per cent survivorship, and that's great. You know, 90 per cent survivorship, but that's still -- and, in fact, by the end of it, we were looking at a 95 per cent survivorship, five-year survivorship,

which is good, which is good for cancer kids, you know. Still too many, still one person in this room is going to die of cancer, and that's better rather than two people in the room dying of cancer, but -- because we've got about 20 people in the room -- but you want to stay away. You want to stay out of those scary numbers, those -- stay out of the red, stay in the black, and that was it, and that was when I felt he went from the black into the red. He was circling the drain. His heart rate was above 200, the room, by the end of it, was full -- [redacted] actually said it. I asked him about it. "Can you remember this process", "Yeah, I remember seeing seven doctors in the room at one stage, daddy", and not just trainees, you know, top end, people just kept on arriving, and when you see fear in doctors' eyes, fear of the intelligent people, not the trainees, but the really intelligent people, that sucks. That is scary. That, for me, was -- that -- yeah. That was difficult to cope with and we had kind of steeled ourselves for dealing with cancer and the implications of cancer. What we didn't expect was to be put in a position where the building almost killed our son, and that's really -- to put it brutally -- hospital-acquired infection was the point we came closest to

losing our son, and with hindsight -- we had a conversation about this, and I try and keep things light, and you probably picked this up from this point, I try and look for the positive side and a sort of a debrief, I had flagged the doctors, and I thought, well, it was only a line infection, it's not, you know, compared to what had happened with the cancer, and getting kidney removed, it was only a line infection, and the doctors were like, no, actually this was the scariest, this was the thing we are most concerned about, and that, to me, put the fear of God in me because, you know, it's -- my son has just had his kidney out, he has just had treatment for -- he has just had treatment for cancer, and the most concerning thing about this weekend is the line infection.

Now, you know, that just -- I found that quite difficult to compute, that -- and that really put a rocket up my bahookey, for lack of a better phrase, because if that's how dangerous a line infection can be, you always have to be on point. You have to make sure every time you go into that room it is perfect because I don't want to get a line infection again. Do you know, you've got to make sure any time any doctor or nurse accessed the line, they follow the protocols, so I felt

an awful lot of responsibility to make sure that -- not that I knew what I was doing, but -- because -- and the way I dealt with that was saying, you know, if this happens again, and it doesn't go well, if this goes unsuccessfully, if moves into the -- you know, if we lose to a line infection I need to be able to say to myself I did everything, and these are the things you think about at 3 o'clock in the morning when your son is spiking, I need to be able to say to myself, "I have done everything and that means I need to be on it", but yeah, but it wasn't fun.

Q These are things that you thought about subsequently?

A Yes. Yes.

Q And you've already alluded to the meeting, and we will come to that, and I don't think anyone would be in any doubt, having heard your evidence today, Mr Gough, that you truly are somebody who has a glass that is at least half full. I want to think, though, about the time as it actually happened. I mean, did you think, "I could be losing [redacted] here"?

A The second time it happened I think -- the first time I was kind of not aware of it happening. It was like watching something in slow motion. Things were happening so quickly that you were catching up with

it, so you were always about five minutes behind, so it kind of didn't -- kind of caught up with it after it had happened, but there was a huge panic, when your son's heart rate is sitting above 200 consistently, when the machine has been silenced, needs to keep on being silenced because it is set, the maximum that you can turn the alarm up to, to disengage the alarm is 150 beats per minute and [redacted]'s heart rate is above that the whole time, it was sitting at 200, his temperature is through the roof and he is -- yeah. It's not fun. It wasn't fun seeing him like that and -- yeah. It wasn't fun. We don't want that to happen again, and I hope it doesn't happen to anyone else again and -- yeah.

Q But it did happen again, didn't it?

A Yeah, and that was, I suppose the second time -- and -- yeah. It wasn't -- I was amazed how quickly it went wrong.

Q Well, let's look at that second time.

A Yes.

Q In fact, it was the very next day, I think.

A Mm-hmm.

Q And I think by now the advice that was coming from the microbiologist, according to your statement, is that antibiotic block put on the line.

A "Uh-huh".

Q Did you actually have a discussion with the Senior Clinician about when would not be the ideal time to do that?

A Yes. Dr Hettle who was fantastic, who calmed the room the first time, and when Dr Hettle came in, the first thing -- as did Jenny, the nurse -- fantastic. I really can remember, he was great, just -- and had a calming influence on the room. We discussed it, he managed to get blood out of , but was very much, yeah, just start the antibiotic, get it on, get it started, get to working. When he -- when we discussed it, I was -- it was suggested when they put the block in, and I had said, well, let's not do it on Friday afternoon because we struggled to get people here on lunchtime and Friday afternoon you've all got to go home and I wouldn't want to detain you in your getting home, so let's not put it on a Friday afternoon, shall we avoid 4.30, in a sort of jovial -- let's not, you know, and he was very much, oh no, let's not do it on a Friday afternoon at 4 o'clock, so they did it on a Friday afternoon at 4 o'clock, and that became a problem, because Friday afternoon at 4 o'clock, quite rightly,

people are going home because it is Friday afternoon at 4 o'clock, so again, there was issues about getting people on site that could deal with it.

Q Deal with what would become a crisis?

A Yes. Yes.

Q Well, let's go immediately to the crisis first of all to understand what it was that was happening. There was a flushing out of the line in some way?

A Sorry, what do you mean?

Q The antibiotic block on the line, what exactly is that?

A From what I understand, it is a -- it is sticks -- bleach in a pipe, bleach in a straw. Your wiggly is a straw, fill it full of bleach -- it's not bleach, I hasten to say, so ... I hope it's not bleach -- but put this stuff in that kills the bug that's are in the line. The issue with this bug in particular, [redacted]'s bug, was it is a poo bug but it is a sticky bug which means it is difficult to get out of plastic. It is a bit like when you put spaghetti in Tupperware and you wash it out and you get that red greasy stain, and that was the way it was described to us, that it gets into the thing, so it's difficult to get out, but yes. That was --

Q And so I understand from your statement that the process of ...

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A -- nastiness or tube of -- This tube had been put out of bounds. There's stuff in here and, in just moving it, pushed out nasty stuff into the system and it just, as you say, charged the system with all the bugs that they were trying not to and within 40 to 45 minutes, to the minute, all hell broke loose again, and --

Q And so, what does all hell breaking loose come down to?

A We had temperatures all over the place, heart rate through the roof, rigour. Yeah, circling the drain. You know, moving out the 90 per cent, moving into the 10 per cent. And, from conversations afterwards, that was the scary bit. That was --

Q But that was on this occasion --

A On this occasion.

Q **--** having been through it before --

A Yeah.

Q -- Mr Gough, that you're thinking of the time too, “This could be it.”

A Oh aye. Oh aye. Yeah, it's not fun to --

Q What did you --

A I held his hand and

hoped for the best. What else can you do? Yeah, it wasn't fun. All you can do is hope. And hope that the right person comes into the room. And that they were -- You know, when Dr Hettle arrived, I was happy. He was my saviour. "I'm happy you're here. Go and do what you have to do. You did it last time, you did it this time." And everyone was trying what they could, but yeah, it wasn't great. And getting people there, getting the experts there, and getting people there that were used to dealing with line infections. You know, we had the Jane and -- I forget. Apologies. The two senior nurses eventually came over, only because it took a bit of time for it to filter from the new Schiehallion, came across -- so, that's down six flights of stairs across and up -- and out of breath because they had run. And they came over, who are experts in dealing with line infections. So, it was great to see them as well at that point. They could lend their expertise. We could see a Schiehallion face there at that point because --

Q A bit of the Schiehallion umbrella arrived.

A Yeah. And the people that were there did what they could, but fundamentally, we started off in a situation where there wasn't enough

people who were expert enough to deal with it and that was probably the timing really didn't help.

Q I think in your statement you indicate it took about 90 minutes to stabilise [redacted].

A Yeah. That was a long 90 minutes. That was a long 90. Yeah, that wasn't fun, and for either of us, myself or -- You have, throughout the process -- gonna sound weird -- you've gotta make cancer fun. I know that sounds the weirdest thing. You can't live in a negative toxic bleurgh. It's gonna be at least nine months. Maybe, you know, for some people, three years of their life is doing this. So, you've got to make that journey -- for lack of a better phrase -- as enjoyable as possible for both you and the child because, you know, if you're happy, it's easier to deal with. And there are points of this that we do look back with fondness. Others (inaudible) points about we look back at (inaudible) to wake you in the middle of the night and this is one of the bits for me. This is one of the key bits that I'd look back and go -- And I would've said, "This point impacted me more, had more of an effect on me than when I was told my child had cancer."

Q I wanted, then, to move on a wee bit to think about your

reflections on these incidents. (Inaudible) what you've said, but did you feel that [redacted] was under the protection of the Schiehallion umbrella during these (inaudible)?

A I mean, no. I think that he had some very good doctors and nurses, but dealing with line infections, which was Schiehallion's thing? We didn't have them there. And having Schiehallion there, I feel would have been -- They would've been much quicker at picking up (inaudible) because they deal with it on a daily basis.

Q When did you discover that it was a line infection?

A We were told the day of the operation. I think the day after. Certainly, he came out of ICU, and he'd had a temperature spike in ICU, and that was confirmed as a line infection. I can't remember when we were identified exactly what the infection was. I can't remember whether it was during the week or at a meeting we had at the weekend, but in that period of five days, we were told at some point throughout that process exactly what the infection was. Certainly, we were told on the first day.

Q I think, according to your statement, initially, the indication from one of the clinicians was it was a poo bug.

A Yes.

Q And then later, at some point, you learned the Latin name for it.

A Yeah, yeah.

Q Serratia marcescens.

A I'm glad you did that word.

Q Yeah, well, you saw I had to check my notes.

A Yeah, well done, you.

Q Yeah. You mentioned that you had a meeting, when there was a discussion about the infection. And I think you met with two senior clinicians: one, the oncologist, in fact, who was in charge of [redacted]'s care --

A Yeah. Yeah.

Q -- and you also met with a microbiologist, I think.

A Yes. Yes.

Q And I think the way you put it in your statement is that, again you were maybe looking for the glass-half-full aspect on this, that the cancer is the problem.

A Yeah.

Q The entity indicated to you that, in fact, no, it was the infection.

A Infection. Yeah, and that was the point that -- That was the nail in the coffin for me of the fear of God

about line infections, was, “I've seen him. We went through it, and now they're telling us this is the worst thing.” So, yeah, that wasn’t --

Q At that point were you told where the infection had come from?

A Yeah, we was told it was a hospital (inaudible).

Q And were you told that there may have been other children who were affected by this particular infection?

A We were made aware, whether it was specifically that -- It might have been that. I think it was that day that there were people that had children being affected by it. I can't remember the exact date, but we were certainly aware of that. I think. I don't know, I lose track.

Q And at that point, you reflected on what had happened and what you'd been told and what you'd seen, how did you feel?

A My son wasn't dead. That's all I cared about at the time. Immediately after, we were shellshocked. All we cared about in the immediate vicinity afterwards was, “Our son isn't dead. Nearly lost our son. Our son isn't dead. That's good?” And that was my knee-jerk reaction, being half-full rather than

half-empty. Very quickly it turned from that to -- No, it shot my confidence in the hospital an awful lot. Not to Schiehallion, but to a lot of the other places and I felt a lot of responsibility at that point to make sure that I was doing everything to make --

Q Why did you feel responsible?

A Because I need to be able to look myself in the eye if he dies and say, “I did everything I could”

Q And what, did you wonder whether you had?

A I think I wasn't aware at that point, but I think I'm a planner, hence the reason why crash bag; I'm a planner. That's why I do; I plan. You make sure you cover all bases and do your best to reduce risks. Stay out of that 5 per cent, stay out the 10 per cent. That's what I do. I don't deal with the 90 per cent. I don't deal with 95 per cent. Doctors and nurses do an incredible job and saved my son, but there's a very, very small percentage there that we might influence. I don't necessarily say we do, but we might influence. And if this goes bad, then you need to be able to look yourself in the eye and say, “Well, I did everything I could to make sure that I was doing my job properly.” And so, therefore, it put responsibility on us to make sure

we were doing everything.

Q And did you ever have any concern at that point that maybe you hadn't? Was there anything that --

A I think, when they were talking about poo bug, you immediately assume. You don't think a hospital poisoned your child. You don't. Nah. State-of-the-art hospitals. It's a state-of-the-art hospital. This is designed by intelligent people, cost millions of pounds. This doesn't make our children ill. Must have been something I've done. And I hasten to say, I've got clean house, but a hospital? It doesn't happen in a hospital. So, it's everyone's reaction. If someone said, "This has been," you immediately assume that it's your fault. So, that wasn't great.

It's difficult to put into words. Knowing it was a poo bug, I think, was a bit of a shocker. When they told us it was a hospital-acquired infection, there was a small bit of us that were like, "Well, at least it wasn't our fault," which was good. On the other hand, my goodness, the hospital? It's the hospital? Where to keep our kids safe? Really, someone has designed and built a hospital that is not fit for purpose. Part of the purpose of a hospital is to provide a safe environment for your children and

adults to be cared for. If someone can put a drain in the drains uphill, or an air conditioning unit that doesn't work properly, then that isn't fit for purpose, and it's poisoning our children, and that's not great, to be honest.

So, we have to do everything we can to mitigate that, but it wasn't great.

Q If we move on a little, then, in the in the timeline, Mr Gough. One of the things, I think, that had happened as a consequence of the line infection, was that [redacted]'s line was removed, is that right?

A Mm-hmm.

Q The other thing maybe to pick up on is just the outcome of the operation. I think I understand from your statement that the chemotherapy had actually killed the tumour completely.

A Which was great.

Q But there was nothing to biopsy, is that right?

A Nothing to biopsy. So, we ended up, because of that, having to go for -- They continued on with chemotherapy because he was an unknown quantity. So, you're better off giving it a chemical disinfectant (inaudible). Playing it out with chemo just in case.

Q And that commenced soon afterwards, I think.

A Yeah, yeah.

Q And for that purpose, was [redacted] admitted again? This time I think to Ward 1E in the children's hospital to have a port (inaudible).

A Yes, yes.

Q Now, you indicated that I should ask you about what port is, and I want to do that. What is a port?

A A port is a bit different to wiggly. The best way I can describe is, you know those badges you get, which you squeeze the back? There's a wee pin that sticks in and you squeeze.

Q Yes.

A Those badges that you squeeze in and you can put through the front. Well, it's a bit like that, but the badge-y bit sticks here and connects the line into your system and the sticky-in bit -- technical phrase, good one there, “sticky-in bit” -- is attached to a line, so this sticks in here, buried beneath the skin. And the advantage of this bit underneath here is that because it's covered up, it's less likely to get an infection, so you can do a lot more with this. The difficulty is you need to access it through the skin, so you need to punch through the skin, hit this disc that's below the skin. So, that's what [redacted] had.

Q And I think that took place on the 26th of September.

A Yes.

Q And by that stage, I think, Wards 2A and 2B of the Schiehallion Unit were, in fact, closed. The Schiehallion Unit had been moved to Ward 6A in the adult hospital. So, I think [redacted] was transferred to Ward 6A.

A Yes.

Q And I think, according to the timeline, he was eventually discharged on the 27th of September in order to have his treatment again as an outpatient, is that right?

A Yep. Yep.

Q Would that mean that his day-care treatment as an outpatient would be in Ward 6A of the adult hospital?

A Yes.

Q At the meeting that you'd had with [redacted]'s oncologist and with the microbiologist on the 17th of September, had you been told much about the move to Ward 6A?

A There wasn't a lot of information at that point. Very, very little information.

Q This, of course, wouldn’t be the last move, as it were. What was your overall impression of the hospital's approach? To the apparent need to close wards and move patients elsewhere?

A It was a knee jerk reaction. Quite rightly so, because we were dealing with a ward that was dangerous, moving into a ward that was slightly less dangerous. In hindsight, there wasn't a huge amount of planning with regards to -- I don't think anyone expected it to take as long as it did. They didn't expect it. You know, "We'll be home for Christmas." They didn't expect there to still be in. Well, it still hasn't moved back yet. And I think the way it was set up was this is just a short term to get them back into Schiehallion as quickly as possible. Which, you think, if it was going to be a short sharp, jump in, jump out again, then, actually, we can muddle through for a month or two. Not for a year or two or three.

Q In your statement, you describe it as being a make do and mend approach.

A Yeah. Very much so.

Q You even, I think, at one stage, described it as a Heath Robinson approach.

A Yeah. Yeah. Fundamentally, you've lost two wards of hospital, and you've got to make space somewhere to accommodate these children. So, whatever you're doing, someone's put out.

Q Yeah, but what you saw, at least, you didn't see any evidence of there being any kind of plan.

A No. It was, "There's a space. Shove them in. Let's just get a space for these kids." And there was no obvious strategy about creating a space and environment that was suitable to all the needs required, not just the accommodation. So, it wasn't just -- There were rooms, but there was not the whole gambit of stuff that was required.

Q I want to move on now, Mr Gough, and ask you about your experiences and [redacted]'s experiences on Ward 6A. And I think one thing you emphasise in your statement is that the Schiehallion staff moved there too.

A Yeah.

Q So, I take from that that that bit of the Schiehallion umbrella went with you?

A Yes.

Q But what about the infrastructure?

A It went from having areas that you could congregate, both as children congregating and adults congregating. So, you went from having teenage playrooms and tea rooms, for lack of a better phrase, to nothing. You went from there to being into isolation because there was no space for anyone to chat, interact.

You had your room. You couldn't go to other people's rooms. So, you could really speak in the corridor and that was it. And you didn't really want to congregate in the corridor because that was the thoroughfare, as you'd identified from the drawings. I actually haven't seen those yet. Schiehallion day care was at the end of the ward. So, people had to walk through to get day care. Therefore, you didn't really want to congregate in the passageway. So, you were in isolation.

Q Well, you've alluded to the drawings, and I think we might look at those. Ms Callahan is helping us this afternoon on that. So, I wonder, Ms Callahan, if we could go to Bundle 2, please, to page 41? (After a pause) Thanks very much. Although it's buffering slightly, I think we could probably work with it. Again, I don't think we need to look at it too closely. I think we're seeing one of the points of the (inaudible) are there in the adult hospital, is that right?

A Yes.

Q And I think (inaudible) the title, this is the floorplan of Ward 6A, is that right? Is that right?

A Yes, sorry.

Q Yeah. And I wonder if you can just help us a bit with some

aspects of this. Where is the entrance and where is the exit?

A So, entrance and exit was both, if you go to the left-hand side, if you look for the phrase "Atrium void", go upper left-hand corner there, and that's where the entrance and exit is.

Q And in terms of play area, where was that?

A There wasn't. So, they had attempted to (inaudible) if you walked down that corridor, so you come from the entrance, and there is a set of rooms on your left-hand side, if you're walking along there and then a wall and you would come to a nurses' station. Occasionally, they would put a table to do activities maybe, but any activities that were done had to be done generally in the rooms because there was no space specifically for children to go and play.

Q And I think you've already indicated that -- I asked you about a play area, I take from what you've said that there was no playroom as such.

A No.

Q And whereabouts was the day care, then?

A If you look at that image, there's an F-6 to F-14. Imagine a line joining those two, or possibly F-5 to F-

13, I can't remember exactly where the split was, but somewhere between the two of those is where there was --

Q Yeah. So, if we go on to the fin, as it were, about halfway along there, you would, more or less, just a bit over halfway, you would reach day care, is that right?

A Yeah.

Q To get there, as you've indicated, you would have to walk through inpatient care, is that right?

A Yeah.

Q Ms Callahan, could we go on to page 42, please, and scroll down and have a look at some of these photographs? (After a pause) Thank you. By all means, Mr Gough, you take me to any particular photographs you were going to (inaudible) helpful to look at. There were four I thought I would just mention. The top left-hand corner, we see a typical view into an adult en suite bedroom. That sort of bedroom?

A Aye. Not far off. What to flag on that is there's no (inaudible) Z bed which --

Q And if we go, just in the same column, a couple of photographs down, we see a bathroom, is that the layout of the en suite bathrooms there?

A Yes. Yeah, yeah.

Q Then, in the top right-hand corner, we see "Level 6 lift"

A Yes.

Q And was that the same as Schiehallion? Were these designated lifts?

No. No. I'm sure when COVID kicked off, they designated the left-hand one, but getting up to Schiehallion -- New Schiehallion, sorry -- 6A -- was a nightmare on the lifts because that served that whole end, and getting in and out of those lifts was a nightmare.

Q So, were these lifts that served the whole of the adult hospital?

A Yeah. Busy. Very busy.

Q With all sorts of patients, all sorts of people?

A Yep, yep. All the snots and grots and all the lovely things that -- which is fair enough, it's a hospital -- That's what they're supposed to have there, but not near my child, please.

Q Yeah, how did you feel about taking an immunocompromised child in there?

A Not great. I did weigh up -- If it had been my daughters, I would have carried them up the stairs, but I couldn't [redacted]. Thankfully, managed to hold on to some weight so -- I could not have got him up the stairs. But if it had been my younger ones, I would have just carried her up

to six (inaudible), 12 flights of stairs, to avoid that.

Q And below that picture, there's a last picture I was -- That last photo, I would look at is something that's described as a typical adult ward socialisation space. Was there a room like that on 6A?

A Yes, I -- That's a very good photo. I wish that that person photographed my house because it makes it look an awful lot bigger than it is. That was the room at the end that the was used for the day care waiting room. So, left-hand side, where you see the circular table, there was a reception desk, and then you had chairs waiting around there. So, that was everything. In the old Schiehallion day care -- Sorry, the old day care, the reception desk was away from the waiting room, which was quite handy because you didn't have to air your washing in quite such a public place. Whereas that --

And to be honest, the receptionists were fantastic. You never felt in a position that you had your washing aired, but it wasn't easy for them to work in that environment. Also, in there, you had -- Because it was such a cramped space, initially, they had all the lockers for the nurses as well in there because the nurses

didn't have any space either. So, yeah, that's a space being used.

Q Thank you very much, Ms Callahan, could put these to one side? When you were on Ward 6A, was there the same interaction with parents that there had been?

A Absolutely not.

Q Why was that?

A Because you couldn't leave your room. Well, you could, but there was nowhere that you could meet other parents short of in the corridor, which had the issues of being a thoroughfare. Because you couldn't go into each other's rooms, there was nowhere for (inaudible) to go.

Q Did people just tend to stay in their rooms?

A Yeah. And to be honest, we were so happy we got diagnosed before the move because we got the four weeks of having the input from the other parents and describing the looks of the mothers in the room. I couldn't have done this journey without those people at the start, and it was made a lot more difficult not having those people through the process.

And I feel so much for parents going in there and children going in there, and actually we don't matter as parents, really. It doesn't matter. But our kids become only children because

they don't get to socialise, because they can't socialise with kids in the real world because they're immunocompromised, so we can't let them go and play in a play park, can't let them go and play with anyone else. So, you can let them play with their brothers and sisters as long as everyone's in a bubble. We all know about bubbles now, but no one knew about bubbles then. But when we had Schiehallion set up as it was, your children could have normal childhoods, rather than being -- There's nothing wrong with being an only child, but that's what your child (inaudible).

Q What was the impact on ?

A [redacted] did very well. A lot better than we did as parents. And we did an awful lot of work trying to maintain socialising with him, but it was tough. He became an only child and socialising with people of his own age was difficult. And we did an awful lot of work with him to try and get him back into reality, get him back to knowing how to not being in adult company all the time and not being the only thing you talked about was cancer, cancer, cancer.

And he very much became defined by his illness by the end of it and that's fine because he survived.

That's all that mattered. But, [redacted] is a fantastic child who has so much to offer. He isn't just a cancer survivor. He is a boy that likes LEGO. He's a boy that likes doing so many other things. He is not just cancer and when you keep kids in isolation like that, that's -- all they become is cancer kids, and that's not fair.

Q Moving on, then, I think continued with his treatment as a day care patient, moving into November/December 2018. I see from your statement that he experienced a temperature spike on the 13th of November.

A Mm-hmm.

Q And he required to be admitted but there was no bed space in 6A. On this occasion, he was admitted to the cardiology --

A Yes.

Q -- unit in the Children's Hospital, which I think is Ward 1E. You have it as 2E.

A I lose track, my apologies.

Q It may not matter.

A So many E's and C's and D's.

Q Indeed. So, that was an admission to the Children's Hospital, but not under the immediate care of the Schiehallion nurses and doctors,

but you indicate in your statement, and I think you've done so already today as well, you are complimentary of the care that [redacted] received at Cardiology.

A Cardio are great.

Q And you then describe another temperature spike in another admission, this time at the beginning of December. 7th of December 2018, and again, there was no bed space in Ward 6A. But on this occasion, was admitted to Ward 3C.

A Yes.

Q And that's the Orthopaedic Ward --

A Yes.

Q -- in the Children's Hospital, is that right?

A Yes.

Q I want to ask you a bit about that.

A Sure.

Q Once again, [redacted]'s in a part of the hospital where he's not under the direct management and care of the Schiehallion doctors and nurses, is that right?

A Yeah.

Q Did you see -- Was there anything that occurred right at the start of that visit that made you wonder about that?

A Going in, we went in through A&E, there was issues accessing his line. He had to lie in a specific way to get it in, and they struggled to find his line to the extent that they ended up going on a peripheral line rather than putting medicine here. Now, at that point, my hackles were up. "Hackles are up," that's a phrase. My anxiety was up because -- Is there a reason why we can't access it? Why is that not accessible? Because, admittedly, it was slightly different people trying to do it, but why couldn't that be? Is there a problem here? Is this compromised? He's got a spike, cannae get into that, is this compromised? Is there a blockage? We don't know because it had been accessed, I think a day or two beforehand, because he just got his chemo. So, what's the issue here? So, I'm up here already.

Q And when you're indicating here, that's his port?

A Yeah, that's his port.

Q So, the staff were unable to access the port?

A Yes. So, we're already anxiety level seven, because there's an issue there. We haven't worked out what it is. And also, with [redacted], if they missed it, because obviously they're trying to hit something below the surface, if they didn't get in the right

place, he would squeak because it was sore. And they hit it and it still didn't go in, so they probably just didn't get the angle, but he didn't squeak, so they were getting in the right area. It wasn't a mechanical thing. They're all the stuff you pick up when you pay attention to these things. So right area, just not being able to draw/push through.

So, we were concerned about there. Didn't have space in Schiehallion, so we were moved to ortho. Now, admittedly, ortho deals with a different type of illness. A different rate of -- It's unlikely you'll deteriorate very quickly if you've got a broken arm, as bad as that broken arm is -- and I'm not in any way, shape or form undermining some of the incredible work that ortho does -- it is a different type of work. And we certainly noticed there that there was not the responsiveness to the changing situation that there should have been. And whether that was --

Let's just assume that that was a lack of training and lack of experience dealing with it, but certainly we came out of that feeling very concerned about it because, fundamentally, we were treating with the line infection, and some of the indicators that were being flagged up showed that this was probably more likely to be a line infection than previous visits. And it wasn't being treated with the appropriate gravitas it should've been.

Q Yeah. Maybe something I should've asked you about earlier, in fact, that when there's a temperature spike --

A Yeah.

Q -- there's a protocol.

A Absolutely.

15:04

Q Effectively, it says, "We will proceed on the basis that this could be an infection --

A Yeah.

Q -- and a line infection in particular (Inaudible) come to hospital, you have 48 hours of being monitored."

A You come to hospital, you need -- The moment his temperature goes above 38 degrees C, you go to hospital. If you cannot get to hospital within 45 minutes, you phone an ambulance. If you can't get there, you phone an ambulance and the ambulance gets you there as quickly as they can because they are dealing with it -- we are all dealing with it -- as a line infection. So, that's the way we treat it.

Q And so, when you're in

the orthopaedic ward against that background --

A Yes.

Q -- and against the background of what you saw and experienced in September --

A Yeah.

Q -- were the alarm bells ringing?

A Phenomenally, you know, three observations in 24 hours. He could have been dead between obs.

Q What do you mean by three observations?

A Three measuring his temperatures and --

Q As in, that's how often it happened?

A That was it in total: 24 hours, three times. Now, we always carry a thermometer, so we were measuring him as well and I was keeping a track on it. Not being paranoid parents, but I suspect most parents of kids can tell the temperatures of their child within a couple of points of a degree, not even needing a thermometer. But you always carried your own thermometers. But yeah, three obs, and having to chase medication. That was the other concern we had was the -- There wasn't the, "Okay, [redacted]'s out

of meds, he's four hours out. He's going through rigour, he is deteriorating. We need to deal with this." Now, if I told a Schiehallion nurse or doctor this, all hell would've broke loose. I then had to go through again and rattle cages and I don't like rattling cages, I'm not that type of person, really. So, people weren't aware. And giving the devil his due, people weren't aware of the implications of not dealing with this rapidly and thankfully -- thankfully, that wasn't a bad infection, that wasn't a line infection, so we got away with it. But we might not have gotten away with it if -- Yeah, let's not go down that route.

Q At the start, when there was the issue about getting access to 's port. Do you remember doing something in response to that?

A Yeah. We ended up getting a line into his hand.

Q Yeah, but do you remember yourself doing something with [redacted]?

A Oh, yes. Sorry. Post getting all the needles in him, when he had his first couple of spikes, when he had his reaction, he didn't mentally react well to being used like a pin cushion. So, became very needle averse, which is not surprising,

considering it was a painful stimulus when he was at his lowest. So, we got to a stage where getting [redacted] to get needles into him wasn't easy. Now, luckily, his port was relatively but any time he got a thumb prick -- and before you got meds, you got a thumb prick -- even getting a thumb prick we had to -- It wasn't easy. And [redacted] was great because you could -- Not was, is great, because you can rationalise with him.

So, we had a lot of conversation about it, and we worked out a strategy of how [redacted] could be stabilised so that he could get bloods. And by stabilised, I mean restrained. Let's not beat around the bush. So, it's and I -- we worked on it together in a jovial way, as you do, jovial way of how to restrain your child. It's where he would sit across my lap, we put his head there and his arms, and I would hold on for (inaudible) death. And in that banana position, you could put out his arm in his hands and it was it was safe, and we worked out together, "Okay, is this a sore for you, [redacted]? Is this okay? Okay. Can you move, ? Are you comfortable here?" "Yes, yes, yes. That's fine?" And we did, we practised before this had happened. But yeah, we were at the stage of -- The play team did an awful lot of work

with [redacted], subsequently, to try and get him through this because he needed to get needles done. But in the interim, we worked out the strategy of where he found a way that he could be held comfortably that would stop flapping around too, which is a bit suck-y, you know? No one wants to have to pin your child to stick a needle in them. Again, you look back at the good days and bad days and that was one of those days you look back and go --

Q And I take it from what you're saying that that wasn't a feature of [redacted]'s behaviour, as it were, when he first underwent the treatment?

A Oh, absolutely not. was phenomenal with how well he dealt with it. I don't know how he did it. He just bounced in and was always a smile. The incidences or stuff on that day when he got the line infection, dented his confidence in a lot of areas, which is fair enough. That's not surprising. But yeah, it knocked the wind out his sails quite a lot, and particularly with needles, which was just another thing we had to deal with. I know that sounds a bit rough, but, you know, "Okay, I've got to get into hospital, and now I need to get them into a state where he isn't happy." And we always bounced in -- and we always did bounce in. To the

extent that now when he goes to hospital, he likes going and visiting.

But it was so much easier when we didn't have to think, “Okay, let's do all the stuff we.” We put in protocols to make him be able to have a jag because he was so jag-averse.

Q Finally, just still in relation to this visit to Ward 2C, was there a point where you physically took to 6A?

A Yeah, couldn't get a line in and eventually 6A they would, but they needed a line in. And eventually, someone was like -- I can't remember the process of conversation, but it was decided to go and try 6A to get a line in. See if the experts could get a line into [redacted]'s port.

Q How did you get there?

A We took a wheelchair, so that was great, ‘cause the moment they said, “Okay, we can take you over to 6A,” we were like, “Aye, fine.” I went and found a wheelchair ‘cause I wasn't hanging around. Just threw him in the wheelchair and we just dashed across the hospital, because they made a decision, I have permission to take him and we dashed across and there was no problem. Literally threw him from the other side of the room. Job done.

Not quite. But the nurse in

question, just not an issue at all. It was the fact that the people that tried didn't have the experience of the Schiehallion to put it in and that wouldn't have stopped the problems of the limited number of observations, wouldn't have stopped the poor response time to dealing with situations, but I certainly would have been a lot calmer knowing that they'd got a needle in. Because while people were unable to access that, there was a doubt about that. The moment someone could get in and it was working, then that was like, “No, it's not blocked. There's nothing physically stopping that there.” So, certainly for me, I was up to 90 until that line was in. When that line was in, I could breathe out a bit.

Q Hence, the trip to 6A.

A Yeah.

Q And you put [redacted] in a wheelchair, you didn’t carry him?

A No, actually, I put him on my back. I might’ve collie-buckied him. No, that was collied-buckied.

Q Yeah. If I help you a bit here, Mr Gough, I think it's appropriate to do this. In Mrs Gough’s statement, she indicates that there was an incident where you literally put [redacted] on your back and ran.

A Yeah, yeah. No, he was

collie-buckied that time.

I lose track, to be honest. He was wheeled about the wheelchair an awful lot that time.

Q Right.

A But I do remember going, “Forget it. Let's go as quickly as we can.” That wasn't what I said in my head, but my attitude was, “Let’s just go. Go hell for leather. We've got a pass, I'm going.” And we scootled. And he loved it, yes. I remember that because he was like, “This is great, I'm on Daddy's back.” Great fun. And that's what you do: you make it fun. And it changes a scary situation into, “Aha, I got a collie-buckie from Daddy across the hospital. Can we do that again, Dad?” “No. I need a chiropractor.”

Q But it was a scary situation?

A Phenomenally. You laugh on the outside.

Q But you must have been thinking, “Here we go again.”

A Absolutely. The moment they couldn't get a line, I was back there waiting. And without any form of support, you were on an island there. You were cast adrift.

Q And so, the response is, “Go back Schiehallion”?

A Oh, (inaudible) and we

got to the stage there where -- Maybe to give it a degree of perspective, just before Christmas, the nature of his cycles of treatment were that it was possible that we're going to end up in over Christmas. And myself and my wife's conversation was, “Well, I hope we don't end up in hospital for Christmas because that would suck. We don't end up in on Christmas.” After going to ortho, the conversation was, “You know, I don't care if we end up in hospital for Christmas, but we're coming to Schiehallion. As long as we don't end up in ortho, we don't care.” To the extent that we were having a laugh and giggle, we said, “Where's our bed? The last time (inaudible) we need. We'll just book this one in and we'll just come in on Christmas Eve. That was how much to fear God that place put up to us. Aye, it wasn't fun.

Q And we can see from your timeline that there were a number of further visits, in fact, over the Christmas period and January. I'm not going to ask about all of those. I do want to ask you about admission in January 2019, because I think, as you indicate in your statement, in 2019, ward 6A itself, in fact, eventually closed as well.

A Uh-huh.

Q And around about the

same time, [redacted] required to be admitted. For those following via Mr Gough's statement, and I apologise for not doing this earlier, we're around about paragraph 247. What was the issue with Ward 6A, as you understood it at this point?

A I think there had been flagged a fungal issue about --

Q What do mean, "a fungal issue"?

A That there was a fungal issue. (Inaudible) entirely sure. That there was a fungal issue on the ward, an airborne fungal issue. Something about pigeon poo.

Q An airborne fungal issue?

A Yes, pigeon poo springs to mind. There was some communication, not a huge amount. I think my wife got a letter. With regards to dealing and managing the hospital experience, I tended to be the first wave that went in and dealt with a lot of the heavy lifting and getting things set up, whereas my wife's much more intelligent than I am and she was very much better at that side. But, from my understanding, there was a fungal issue and they were putting in air filters clear this up, HEPA air filters to purge the air.

I think there were also some

children that were getting some prophylactic antifungal meds. We weren't given the antifungal meds because they would interact unfavourably with, I think either the daptomycin or the vinc one. I think it's vinc, actually, that you couldn't give vinc an antifungal. And where we were in the treatment, you deal with the most important thing. Most important thing's cancer for [redacted], for other children, it was different. And so it was decided that the protocol should continue on, but that was what was going on there. There was a move out the ward to do some work. I think the flooring -- They were reassessing the flooring and Ward 6A because the flooring wasn't great. I think there were some problems with seams, and they were wondering whether that was a potential place where the fungus was also growing within the toilets and suchlike, somewhere at the corners. And I remember one room, when I came out, they'd cut out all the welding and I think they'd rewelded some of the seams on the toilets, floors and such like. That's the process there, but it was about dealing with a fungus.

Q And your understanding was that some patients, I think children in particular, were being given prophylactic --

A Yes.

Q -- medication?

A Yes.

Q And [redacted] wasn't able to have that?

A No. No.

Q How did you feel about that?

A I remember speaking to (inaudible) at that point, and we always try and be very positive because it doesn't -- Not in a happy-clappy way, but it's easier to deal with if you try and half-full rather than half-empty. It was the only time I became emotional in front of people.

Obviously, we were all becoming emotional, but when the next move happened because it was just, "What's happening now? Are we moving again?" And I felt so sorry for the Prof because --

Q The Prof?

A Yes, I forget the name.

Q Gibson?

A Yes, yes. My apologies. I didn't call them "Prof" to their face. Because here's a person that's having to go around people telling them about a situation which they have no control over, having to manage a group of children and try and get these children better, and just doing such an incredible job in such a difficult set of

circumstances. But it was the only time I got really upset in front of people, because it's like, "We're getting hit on all sides here.

We can cope with our children having cancer. Not great. We can just about cope with it. But these things? We don't know where we're going to end up. Am I gonna end up in Schiehallion? Am I gonna end up in a ward full of people that aren't trained to deal with this? Are we gonna end up in a ward that's safe?" For me, that was the straw that broke the proverbial camel's back because I was just, "I'm done." Trying not to vent at Professor Gibson, because it wasn't her fault and she would have -- Heck, I'm only dealing with one child, they're dealing with a ward full of children. Their life is about keeping these children well, and the environment round about them is really hampering them. And what they achieve is incredible within that environment. Yeah, I was just done. At that point, it was just another thing along the way. And I'm glad it was close to the end of the treatment because I think another one of those would've just -- You would've kept on going, but we were all run down. We were all done after (inaudible).

Q What's your assessment of the communication around this

stage of things? The problems on Ward 6A, the requirement to move, the issues with fungus, you've also mentioned something about pigeons.

A Yeah. Communication wasn't great. Let's not beat around the book. It could have been an awful lot better. I felt that there was a lack of communication and long-term planning. That after the first month, "Well, this is where we are. Okay. You've got month's grace that you can pretty much just cobble through. We're now two, three, four, five, six, seven months into this and we haven't moved this further forward." It took a year to get a playroom. It took probably over a year to get a playroom. I bet you they don't have a tea hut anymore. The knee-jerk reaction gets you by for the first month, after that -- You can let it slide for a month or two, but after that, come on, you need to pull your socks off and start dealing with that. You've got goodwill from all of us for the first month or two, and we can suffer it for the greater good for everyone for the first month or two, but after three, four or five months, we need to have a long-term strategy of how to deal with this. I didn't feel that there was any form of long-term strategy. And it wasn't just for us, for the workers, for the play leaders that had to go down three flights of stairs, up 12 flights of stairs and then back again to get the infrastructure and kit for the kids because they didn't have a room in Schiehallion. So, there was no planning, I felt. Well, not "I felt". There was no planning.

Q So anyway, just to complete the timeline, then, Ward 6A was closed --

A Yeah.

Q -- for a spell. I think moved to another part of the children's hospitals, to the Clinical Decision Unit, I think it's known?

A Yes.

Q And then, just to maybe complete the timeline and the story, happily [redacted]'s treatment concluded on the 4th of April --

A Yes.

Q -- is that right? And he had his port removed and maybe we should just bring things up to date. How is [redacted] now?

A Fine. Absolutely great. Full of mischief, still building LEGO, but no, he's great. There's still bits. We had a conversation about him with him before we came here today, (a) to tell them about this, and (b) to say, "Are you happy with this? Is there anything you want to say?" Because,

really, this isn't my story. We just held his hand; he did the heavy lifting. And his attitude was -- I wanted him to write it down, and he didn't because he was (inaudible) -- It's fair enough, but he was like, "I just wanted to say thank you to all the doctors and nurses for getting me better," which I thought, "That was great." He is doing really well. There was a lot of work that had to happen to get him socialising again, and not just from us, but there's an awful lot of charities out there that have been phenomenally helpful. Jak's Den, Calums Cabin, Logan's Fund, Abbie's Sparkle. All these people that really are about putting families back together again. It's not an easy process for anyone. I'm not gonna deny it. But I think there was an awful lot of stuff that happened because of the building and how the building was dealt with that made that journey so much harder than it should have been. For him. Doesn't matter on us, but for him. And he's doing well, considering he went through all that extra stuff that he shouldn't have had to.

Q Thank you, Mr Gough. Mr Gough, we're moving towards the conclusion of the evidence. I've still got a little way to go. My Lord, I wonder if it might be appropriate just to have a very brief break at this point?

THE CHAIR: 10 minutes?

MR DUNCAN: Yeah, 10 minutes should be fine.

THE CHAIR: 10 minutes, right. I wonder if Mr Gough could be shown the door as it were.

15:28

(Short Break)

15:38

THE CHAIR: Mr Duncan.

MR DUNCAN: Thank you, my Lord. Mr Gough, I just want to conclude your evidence just by asking you (inaudible)-- Some of it you've already touched on. First thing I'd like to ask you about is your thoughts on the effects of the problems that you experienced in the hospital on [redacted]. What impact did those problems have on him?

A This is not an easy process for anyone. Cancer is not an easy thing. There's no polite way to put it. It's not easy. I hope this is the only time we have to deal with it in our lives. Directly what went on because of the infection jeopardised my son's life. The hospital acquired infection, to me -- and I suspect the experts would also flag -- was the most serious thing that happened during that period of treatment. Before my son got treatment, he was a dead boy walking.

The doctors saved his life, but the hospital jeopardised my son's life. The building poisoned my son and that is disgusting. It's disgusting that X amount of millions of pounds has been spent, that they put my son in harm's way.

Someone, somewhere needs to get their backside kicked. Whether that's the designers, whether that's the builders, whether that's the clerks who signed it off, but someone needs to be accountable for this. Because, as much as I'm happy and half-full and everything else, this is not right. This is not right that hard-earned money has been spent to produce a building that is state of the art that is not fit for purpose. And this building made my son really, really unwell, and not only that, but it also meant that he could not access the facilities that were designed to make him better, both physically and mentally.

The building, because it was so appalling, meant that he had to change rooms, he couldn't stay in Schiehallion, and Schiehallion was designed to deal with all [redacted]'s needs. Not just the physical needs, but the emotional needs and all our needs. His process of getting better was impacted by moving out of Schiehallion, and the doctors and nurses within Schiehallion

did an incredible job, considering the circumstances, but there's a reason why we have oncology wards that are specifically designed as oncology wards and that stopped. That really impacted on him and it's a testament to him that he's come out the other side as balanced as he is, because I wouldn't have done.

It angers me that this building wasn't fit for purpose, and yeah, that nearly killed my son. If I made a seatbelt in a car that didn't function properly and someone got killed or almost killed, then people would be going to jail. That's what's happened. By not installing drains properly, by not building buildings properly, the most vulnerable children are being put in harm's way. His process of getting better was slowed by this, both physically and emotionally. I think the changing of location wasn't easy for him because he was so isolated. He stopped being a child. He became a cancer kid, rather than a kid with cancer, and that wasn't fun. Hindsight's a great thing.

Fundamentally, we have a son, and that was from the hard work of the doctors and nurses and cleaners and everyone else, and I thank them from the bottom of my heart. I suppose what amazes me even more is that,

due to the management of the situation, it made everyone's life difficult. Not just ours, but the people at the coalface trying to make children better, and how they didn't lose more staff is amazing because I wouldn't have been able to hack it. Which, again, all affected the survivorship of my child.

This whole situation, fundamentally, has affected the survivorship of my child and that's tough. And it's slowed the recovery of my child and it's not great, but we have a son. So, that's all that matters, but the journey was difficult, made an awful lot more difficult by this. So, yeah, not easy.

Q What about the impact on other members of the family? What about your wife?

A Yeah, we've all struggled. Collette struggled. She has had a lot of help, post-event, particularly dealing with the events related to (inaudible). They use phrases like "post-traumatic stress", because it is. Seeing your child almost die is one of the more traumatic things you can imagine in your life. We were very fortunate to be able to access some of the charities, like Jak's Den, who's done a huge amount of work with us all, particularly Collette. And

other charities, like Logan's Fund, who seemed to be able to pick up the phone. Cameron at Logan's Fund just picks up the phone whenever you're having a really bad day, just knows instinctively. I've had an awful lot and still do, but all this stuff still has an impact on us.

Cancer doesn't go away, and maybe that's the thing about it. Cancer doesn't go away. It's still there. The phrase we use is "scanxiety" because every time you go for a scan, you wait for that to show another mass. So, we always have that fear in our system. But you don't expect the post-traumatic from seeing your son have a huge line infection, and that's been hard. She's still working through it, we're all still working through it.

Q What about you?

A Aye. Wasn't easy. Still isn't easy. I had an awful lot of support from my work, which was great. I'm very fortunate where I am that I've had that support. It made life an awful lot--

It put off a lot of responsibility. I took an awful lot of responsibility whenever I went into the hospital. There was an awful lot of pressure there because there was a lack of trust in the buildings and some of the protocols.

No, there was a lack of trust in the lack of protocols in outlying areas, apart from Schiehallion, and that's big because you're already dealing with the fact that one in ten might not survive this, and you don't want to be a factor in that one in ten. Again, it's not easy. Cancer isn't easy. But we didn't need this. God, we didn't need this. That didn't help. But his fine, that's all that matters. And really (inaudible) been brutal, that's all that matters. But what the important thing is, is that this doesn't happen again, because a building shouldn't poison children.

Q You're obviously a man who rationalises things. Thinks through problems, and you can see throughout your statement evidence of that, quite apart from the issues with the hospital, but even just in terms of dealing with [redacted]'s illness and his treatment. You talk about variables.

Do I understand from what you're saying that, effectively, the problems that you experienced in the hospital, line infections from the hospital, the question of whether you would get the same care in other parts of the hospital, communication around these things, these add other variables, from your point of view?

A Absolutely. You change your odds. So, again, doing the maths at three o'clock in the morning, if you change from a ten per cent fatality rate to 15 per cent fatality rate, if that even affects it by five per cent, that's a big number. That's another person dead in this room because the protocols aren't followed.

Q How do you feel about that? That you were put through that.

A Aye, angry. Angry, upset. It shouldn't happen, just fundamentally. It's not rocket science. Really. It's not rocket science. Drains should drain away from-- How difficult is it? How difficult is it to make air conditioning that works? People have been paid an awful lot of money to do a job that hasn't been carried out properly? And while the hospital itself probably didn't expect this, so how do you cope with something that you don't think is going to come along? Expect the building toxic?

So, you can give them a wee bit benefit of the doubt. Really, the alarm bells should have been ringing after a month of being in a new building, of having to move. If it couldn't be sorted within a couple of weeks, then they should have been looking at different measures, strategies. And I felt that there was a decided lack of planning as well, which wasn't great either. The Heath Robbins approach gets you by,

but getting by only lasts for weeks, not months, not years. And it feels like they've just been getting by for years and that's not good, because getting by isn't great when your child's got a broken arm; it's utterly unacceptable when your child's got cancer.

Q Something you say in your statement, that I raise in relation to what you've just said, you describe children with cancer as "sailing close to the wind".

A Yeah, yeah. Very much so. It's why I use the analogy of the room, because, actually, people don't get-- It's a scary word, but you don't get-- One in ten, one in five is good numbers, and I quote, "Wilms tumour, that's a good cancer to have. It's a good cancer to have because it's only one in five, one in ten." (Inaudible) people in this room, "That's not that many." But there's a lot of cancers in here which are 50 per cent. So, that's you half, people dead. That's sailing close to the wind.

So, we have to do everything to protect these children because they are so vulnerable. And that means that if you are commissioned to design a building, to protect these children, then by heck, you should do it properly. If you're a plumber going into a room installing pipes, you should

make sure that they drain. For God's sake, make sure that they drain. It's not difficult, really. It's not difficult. If you're going into a room afterwards, checking up. That's not acceptable.

Q Do you feel that your experience of the hospital, it wasn't built in a way that did that?

A Absolutely not. Absolutely not. If someone had installed the infrastructure in any of our houses the way the infrastructure was installed there, you would have been kicking up merry old hell. If it's not acceptable for your house, it's not acceptable for immunocompromised children.

Q Mr Gough, I don't have any more questions for you. I just wondered, before you finish your evidence today, and I think it is your preference to finish today.

A If that's okay, there's only so much you can listen to me.

Q Or indeed me. I wondered if there was anything further that you wanted to say that you've not already said?

A Yes. One last thing. And everyone's like, "Oh, I thought we were at the end of this." One thing that surprised me about this, it slightly concerned me as well, and it's in the evidence, but I thought to flag up, was

post being in ortho, we were concerned about the level of care. And not wanting to be pushy parents because we try and be positive, but understanding that there was an issue there, we flagged, following all the appropriate procedures, complaint for all the purposes of saying, “Look, this isn't right. These are the problems that we encountered.” And you'll see from the records.

My wife is incredible at keeping records, and the reason for that was the fact that because we were doing shift changes, the only way we could keep those correct, make sure that everything was okay, was to keep records, but not too bad these. So, when we flagged [redacted]'s poor treatment as a concern, we were able to put an awful lot of detail. It wasn't just, “This wasn't very good.” It was, “This wasn't very good because of all this.” I was quite disheartened by the lack of response.

It took me chasing and rattling cages to get any form of response, and I think it was six or eight weeks to actually get back to us and actually deal with the problem that we had identified. My statement’s much more accurate, but really, I think it's quite concerning. I found that quite disheartening, as well, that there's a problem, rather than being pushy, grumpy parents, we did all that we could move this forward. The system’s not working.

We flagged up that there's a problem and, really, we found it disheartening that it took so much for us to be listened to when we were making quite legitimate complaints about the system, where our son was put into a position that put him in harm’s way. That wasn't good. That didn't help either. I know that we haven't touched on it, but I thought it was good to flag that for me, that was another thing that I found quite difficult is it's bad enough that this is all happening, but when we are actually throwing up a flare saying, “Okay, officially, here's a flare. There's something wrong.” And no one sees that or responds to that, then that's not good either.

So, yeah, that was another thing to flag. It's not like they didn't know, because we were telling them. Apart from that, we've got son and that's all that matters. And thank you, Schiehallion, for saving our son.

Q Thank you, Mr Gough. My Lord, I have not had any requests to ask any additional questions. So, I would (inaudible) conclude Mr Gough’s evidence, from my point of view.

THE CHAIR: Thank you. I take it nothing arises because, as counsel for the inquiry has indicated, no requests have been received. So, that is all the questions and thank you very much for answering them. Thank you very much, Mr Gough. Again, perhaps Mr Gough can be allowed to leave first.

16:00

(End of Day 1)