

## Scottish Hospitals Inquiry

Witness Statement of

**Graeme McCandlish**

### WITNESS DETAILS

1. My name is Graeme McCandlish. I was born on [REDACTED] and I am [REDACTED].
2. I am the step-father of [REDACTED] [REDACTED] who is the son of my partner, Suzanne Brown.
3. I live with Suzanne and our three children, [REDACTED], aged 11, [REDACTED], aged [REDACTED] and [REDACTED], aged [REDACTED] in [REDACTED], [REDACTED].

### OVERVIEW

4. My step-son, [REDACTED] [REDACTED] was 6 when he was diagnosed with ALL (“Acute Lymphoblastic Leukaemia”). That was in December 2016.
5. He was treated in the Royal Hospital for Children (“RHC”) and the Queen Elizabeth University Hospital (“QEUH”) in Glasgow between December 2016 and March 2020 when his treatment finished. He still attends the hospital in Glasgow for check-ups.
6. Suzanne has provided a timeline for the dates when [REDACTED] was in the hospital as an in-patient and an out-patient. I am aware that [REDACTED] was treated in several wards in the RHC and the QEUH including wards 2A and 2B which are in the Schiehallion Unit in the RHC, several other wards in the RHC and ward 6A in the QEUH. Suzanne was with [REDACTED] for all of his admissions as I was taking care of our other children and she will be able to confirm all of the wards he spent time in. [REDACTED] had over twenty in-patient admissions over the entire period

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of his treatment; it was over 100 nights in hospital and he stayed in lots of different wards.

7. There are some specific events that I would like to mention. ■■■ contracted a “staph” infection in February 2017. There were issues with the water throughout ■■■’s treatment at the children’s and the adult’s hospitals. I believe that ■■■ was prescribed preventative antibiotics in 2018 which may have been connected to issues with the water supply. I thought that the communication about what was going on with the hospital building was poor. I will come on to talk about these events in more detail.

### **FAMILY BACKGROUND**

8. I live with my partner, Suzanne Brown and our three children ■■■, aged 11, ■■■, aged ■ and ■■■, aged ■ in ■■■, ■■■■■. ■■■ is really into playing with his PlayStation, playing fortnite and football. As a family we like to go to the cinema and going out to trampoline parks.

### **SEQUENCE OF EVENTS: December 2016 – March 2020**

9. ■■■ was admitted to ward 2A of the RHC in December 2016. Ward 2A is part of the Schiehallion unit and it treats children who have cancer. I stayed on the ward the first night and then went home. The second night I went home because I had to get the kids but when I took them to school the next morning I went back up to the hospital during the day. Ward 2A was miserable, especially when ■■■ was in isolation, he wasn’t allowed out the room. Some of the blinds didn’t work in the room and being in there felt like being confined.

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10. ■ was discharged from hospital in February 2017. We came home but he was re-admitted the next day. We went into ward 2B where ■ was getting a check-up. We ended up back in because he had a temperature spike when we got home after the check-up. I went with him that day when he was re-admitted to 2A. When you go back in with a temperature spike the first thing they do is put you straight onto antibiotics. After he was re-admitted I went home every night to look after the kids. That was the way it mostly was. Sometimes Suzanne's mum and dad would help when they weren't working. My mum would take ■ when they weren't working as well. I only ever stayed overnight once. That was in ward 2A about the start of 2017. Otherwise, it was mostly Suzanne that stayed overnight.
11. When ■ was readmitted in February 2017, he was diagnosed with a staph infection. He was put on antibiotics but I don't know what kind.
12. During 2017 ■ had various in-patient and out-patient appointments.
13. After ■ was discharged and he was an out-patient, I would take the kids to school then me, Suzanne and ■ would come through to Glasgow to the RHC to his clinic appointments. Some days you could be in and out and other days you could be there for hours, it all depended on how busy the hospital staff were.
14. When ■ was in in-patient care I went to the hospital every day, but I mostly had the kids and had to come back before 3 o'clock for the kids. Suzanne was with him for all of those admissions and she can give fuller details in relation to these admissions.
15. In 2018, ■ was in daycare in Ward 2B at the time we began to notice that the hospital staff were packing up stuff in the ward. He was in receipt of weekly treatment as a day patient. We could see big wooden boxes being put

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up outside rooms in the ward. Rooms were bring shut down. We were told “they were being fixed” but no one explained why or what was wrong with the rooms.

16. Shortly after that, we were told we were moving to 6A in the QEUH for a couple of weeks while some work got done in 2A in the RHC. ■■■ spiked a temperature shortly after Ward 2A was moved to ward 6A in the QEUH. On this occasion we went to A&E, passed through CDU and then ■■■ was admitted to ward 6A. It was an adult ward. It was the same admissions process as going to Ward 2A. Once he was assigned a room he was given paracetamol to control the temperature and other medications. Suzanne stayed with ■■■ during this admission. I was at home taking the other kids to school and looking after them. I’d come down in the evenings when I could. I had some experience in Ward 6A but Suzanne had more.

### **Experience in Ward 2A**

17. When ■■■ was an in-patient in the Schiehallion Unit in ward 2A of the RHC, we used the parent kitchen quite a lot. It was quite a good wee place to just get away to collect your thoughts for a couple of minutes. It was like a place to go and sit and talk to the other parents, a place for you to go and have some time and collect yourself. It was like a wee meeting point for parents.

18. In Ward 2A, ■■■ used the play room quite a lot and played with the volunteer, painted and drew pictures. He quite enjoyed it when he could get out and do stuff like that.

### **WATER: EVENTS INVOLVING WATER SYSTEMS**

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19. We thought there was nothing wrong with the water from the taps when was first admitted to ward 2A. We were putting him in the bath and the shower and brushing his teeth. He was using the hydropool to help with the pain in his legs too. We were using it and washing with it as well. We thought things were fine, we didn't know any different. When we first went in we were able to use the tap water and the taps were normal, there was nothing fitted on them. There was a water cooler that I always used to get a drink of water from but it was then out of order.
20. One day we went up to day care and that water cooler was out of order as well, I can't remember the date but it was when [REDACTED] was getting outpatient treatment so it might have been in 2018. The next time we went up all the water coolers were away.
21. We started noticing all the filters were getting put on all the taps. In 2018, during a clinic appointment in 2B, we were in one of the rooms with a nurse and all of a sudden a guy walked in and started fitting a filter to the tap so we asked what was going on. The people that were fitting the filter just said it was to try and get clean water or something.
22. Shortly after that things started to change. During one of [REDACTED]'s admissions to ward 2A in the RHC we were told by the nurses not to use any of the water for showers. I can't remember the nurse's name or when this conversation took place. There were 'out of order' signs on the door of the room where the bath was. We were told not to use any of the water to wash our hands, brush our teeth or have a shower. We were handed a bottle of water for washing and brushing our teeth. This also happened in wards 3A, B and C in the RHC during all of the admissions during 2018. We were initially allowed to drink the water out of the taps as normal in other wards, but over time we became aware there was an issue and so stopped drinking from the tap.

23. The water in the adult part of the hospital was just the same. In ward 6A there were filters on all the taps and we were told not to use the water. It was the nurses who told us not to use any of the water. This was in all wards of the hospital. There were no signs up, it was just the nurses that told us.

24. Using the bottled water wasn't the best thing, you were using to wash and it was freezing cold, it wasn't ideal to get a proper wash. We couldn't even heat it up.

### **Water: Communication**

25. We weren't told anything about the water. As I have said, the nurses told us not to use the water, but we weren't told why. The filters were on the taps at the time the information about the hospital's water was in the news, and we started thinking that the filters might have been on the taps because of this. Everything we know just now, we heard on the news. The news knew before we knew what was going on. What we know now from the news is that the water is contaminated and that this had led to infections. The children were put on antibiotics to protect them from the infections, ■■■ was one of these children.

## **HEALTHCARE ASSOCIATED INFECTION**

### **HAIs: events and physical impacts and communication**

26. I never knew much about the 'staph' infection. In February 2017, they told us there was a 'staph' infection in ■■■'s line. That was all we were told. ■■■ had been an out-patient for less than a day. We got home, went to sleep, got back up and went back through to Glasgow. It was the nurse that told us about the infection but the source hadn't been identified. The Doctor does a round in the morning and you get swabs taken. You get the results back after 48 hours

and the second day we were in he told us it was a 'staph' infection. He didn't go into any detail about it really. ■■■ was put on antibiotics at that point but I don't know what kind.

27. I'm not too sure how long he had the "staph" infection for at that time. ■■■ was quite sluggish. He was shaking and he had a high temperature; he was basically unwell. In terms of the impact on his treatment, I can't remember exactly what happened on this occasion but an infection would take ■■■'s counts down and that would force staff to stop the chemo. It would depend on how long he had the infection, and that would affect how long the chemo stopped for. The staff would need to give his blood counts a chance to come back up before they could start with the chemo again.

## **PREVENTATIVE MEDICATION**

### **Physical Effects and Communication**

28. Suzanne told me that ■■■ was on Ciprofloxacin ("Cipro"). I recall that she told me that they were putting him on a new medicine that was part of his treatment. They said that all the kids with lines were getting ciprofloxacin and it was part of their treatment. We didn't know what it was at all but Suzanne was talking to some of the mums about it. What she heard about side effects was quite worrying. Suzanne Googled it and discovered that it was for infections that you can get through contaminated water. This was obviously quite worrying at the time because we had heard there was contaminated water in the hospital. Then all of a sudden we're getting this medicine that we were told was part of his treatment and everybody gets it and it's nothing to worry about. This was around the time we were seeing things on the news and it was the one and only time the hospital spoke about it but I can't remember the details now.

29. Suzanne found out from her own internet searches that it is an antibiotic used to treat infections and one of the things it can be used to treat is infections in contaminated water. It can cause a long list of side effects. The internet search suggested that it was not a drug for long term use. ■ was on it for over a year. The hospital didn't tell us that, we found out for ourselves. It goes to show that there was no compassion and no consideration of the impact on ■. At the time, we took the hospital's word for it.
30. Suzanne saw on the internet that the side effects of Cipro included nausea, vomiting, stomach pains and heartburn. There were other ones as well that could result in complications. These were all things we had to find out ourselves. It was Suzanne that told me about all of ■'s medication. Atovaquone was another one. I don't remember any of the other medications, Suzanne will be able to tell you more.

#### **OTHER ISSUES RE HOSPITAL CONSTRUCTION**

31. If there was no room in 2A in the RHC we were told we would need to go to 3A, B or C in the RHC, or wherever they had a spare bed in the children's hospital as there was not enough space in ward 2A for ■ to be admitted there. There was a bit of concern when we were not in Ward 2A and when we were in other wards.
32. The difference was that in other wards there was nothing for ■ to do. There was no play room, the televisions didn't work, he couldn't connect his tablet to the Wi-Fi, he had nothing to do at all. We were sitting there all day and night just staring at the walls. We couldn't even look out the windows because most of the blinds were broken. That had a big impact on ■ as well because we would be there for two days sitting looking at four walls.
33. The possibility of being put on other wards was the worst part of the admission for Suzanne. We did not know where we were going to be. We felt



comfortable in 2A because the nurses are all fully trained to look after children with cancer. They know what they're doing. When we had to go to another ward and would be basically left to do it all ourselves; we had to look after ■■■. When ■■■ was to get his medicine me and Suzanne were telling the nurses what medicine he was to get and when he was to get it. We were actually telling them how to do the job because they didn't know anything about kids with cancer and it was really, really scary. That was the worst part of the admission: not knowing where we would be and then worrying when we were admitted to another ward about making sure he had the correct medicines. It was a combination of both these factors that made it so bad. Suzanne is worrier and it affected her.

### **Closure of RHC and move to QEUH – experience**

34. Ward 2A and 2B in the RHC were closed and the children were moved to Ward 6A in the QEUH. There wasn't a parent's kitchen in 6A in the QEUH. There was just a wee room that you could use the microwave so we went down the stairs to Marks & Spencer and WH Smith. That's where we got breakfast, lunch and dinner but there were times when we could order meals when we were in 6A.

35. When we were in 6A ■■■ was allowed out but there was a couple of times when he was in-source which is where you're not allowed to leave your room at all. That's when you notice there's no telly that worked, no proper Wi-Fi, it would either not work at all or it would be extremely slow, there was nothing for him to do. Suzanne couldn't leave the room either and had to buzz for a nurse and rely on other people to do things for her. I don't think 6A was really equipped for children. When we were there, 6A had all the kids from 2A that had been moved. It was still all the same protocols in place so when you were in source you weren't allowed out your room at all.

36. The rooms on 2A were just the same as the adult hospital. You had televisions that the picture was upside down. ■ couldn't connect his tablet or his iPad to the Wi-Fi, it was just ridiculous. There was a lot of boredom in wards 2A and 6A. Sometimes in 2A we would have got the television working if we were lucky but there was none of that on 6A. Suzanne was trying to think of things for ■ to pass the time but he slept most of the time because he was just lying in his bed with nothing to do. It was worse when ■ was in 6A.

### **CLEANLINESS**

37. The children's hospital in general had big clumps of dust floating about the corridors throughout the hospital building. There were wrappers and crisp packets left in the lifts and bottles jammed down the back of the handrail. There was dirt and dust and chewing gum stuck to the floor. It's not what you would expect from a hospital. I would expect it to be cleaner, not spotless but cleaner than what it was.

38. Ward 2A was the same. There was dirt and dust. There were fingerprints on the glass in the doors. It just looked like there was nobody cleaning at all.

39. When we were in source, in 2A, we couldn't leave the room, not even to put a tray back in the rack or take dishes to wash them in the kitchen, so we had to buzz to ask somebody to take our plates away. We were told somebody would collect them but no one turned up so the plates kept piling up. We said to them to take them away because there were two or three days-worth of plates sitting there. We asked again but got fobbed off again. Infection Control was in that day and we got a row because we had all the dishes piled up. We explained that we had asked for them to be taken away for two or three days. We didn't have any other contact with Infection Control after that. Eventually someone removed the dishes a few hours after they had left.

**OVERALL EMOTIONAL IMPACT ON ■■■ AND HIS FAMILY****Overall impact on ■■■.**

40. I think ■■■ has anxiety now, mainly about using taps outside of our house. That's one of the main effects it's had on him. ■■■ refuses to use taps outside our own house. When he goes to hospital or school, he refuses to drink out the taps at all. ■■■ still goes to the hospital for check-ups but he's still got anxiety when he goes. He's still really bad with heartburn and a sore stomach that we fear may be linked to the prophylactic medication he was on. He is still on medicine for all that. He's getting referred to gastro.

**Overall impact on witness**

41. During this period, it was quite hard. There was a lot of travelling, trying to get here and there for a certain time and then back. I had to make sure Suzanne and ■■■ were alright in the hospital. I had to leave them to come back and get the kids, do their after school activities, get them dinner, all that sort of thing. Then I had to get them to bed and to school Travelling back through was really, really tiring. Travelling one way is about 45/50 minutes and I could be doing that more than once a day. It had a really bad impact on me.

42. During ■■■'s treatment it had such an effect that I ended up going to my Doctor and they referred me to a mental health nurse and I was diagnosed with depression. It was all the stuff on the news about the water and the people not telling you about things that made me a bit worse. Even to this day I'm still on tablets for it all. What we were going through was hard enough without being kept in the dark about all this. We had the news on every night and we were hearing about the water and how they found this and how they found that in it. They were talking about it when we were actually sitting in that place. It's scary to even think about that and there's nobody telling you anything. It was just scary. This was all in 2018 when ■■■ was an in-patient as well as an out-patient.

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43. Every time I go near the hospital (RHC) now, everything starts running through my head again. I ask myself, are we going to be safe in here? Is ■ going to catch anything in here? Because of his immune system he could easily contract any infection. When we were in the adult hospital (QEUH) it was a complete worry in case he came into contact with someone who had an infection. Also, with hearing all the stuff on the news as well, I don't know what to think.

44. There was always more and more to worry about. Suzanne is a worrier. I was trying to put on a brave face. Every time I see her I act like everything's fine to try and relax her a bit and calm her down. When there's times I need to leave her I know she's still worrying about it and there's nothing I can do to make it better. Because I felt so helpless, that was having an impact on me as well. It was hard on everybody.

#### **COMMUNICATION: GENERAL**

45. There were no real problems with communication relating to ■'s treatment. The only time they didn't tell us anything was when it came to ■'s Cipro. That was the only time. We didn't know any different. We just went along with it but Suzanne eventually found out it was a medicine to stop you getting an infection from contaminated water. It was quite worrying that they were able to lie to your face about that. We were told that ■ had to take the medication he was put on because it was part of his treatment protocol, when in fact it was because it was the hospital environment. It's quite scary when you think about it. I'd rather they had just told us the truth and told us what was going on at the time. There would have been more respect if we had some clarification about what was going on, instead of getting all our information from the news.

46. When it came to the hospital building and issues with it, the communication was non-existent. We weren't told anything, nothing at all. It was concerning that everything we know now about the infections and the environment, we had to hear it all from the news and not from the nurses or people higher up. It's still non-existent.
47. In relation to the water, that was another lie that was told by the NHS, that the water was safe. They were hoping that was another one that wouldn't get out and I don't think it was dealt with properly, going about changing filters and not saying it was because the water was contaminated. They still let us go about brushing ■■■'s teeth or having a bath, having a shower or whatever. It was just terrible. The bottled water was terrible as well. It was a case of, here's a bottle of water and use it to brush his teeth and wash with and that was it. They didn't say it was because of this or because of that.
48. It was like a lottery, with the water, whether you caught something or not. Knowing what I know now, that the water was contaminated it was like a lottery with his life basically.
49. When we were in 2A in the RHC, around 2017, they were boxing off rooms, building wooden boxes, workers going in and out. The blinds were covered and you couldn't see in at all. You had no idea what was going on. When you asked they said it was just getting cleaned but I've never seen cleaning where you have to close down a whole room and everything was taken out. The people who were doing the work were wearing suits, like overalls and were wearing masks. I saw it happening with a few rooms in 6A (QEUH) and a couple in ward 2 (RHC). All the staff told us was that the room was getting cleaned. By the time we went to 6A (QEUH) when we saw a room was getting boxed off we knew what was going on, the room was getting a deep clean, that there was something wrong with the water and ventilation. But we were still getting told the room was getting cleaned. We suspected that there was

problems with the water and the ventilation and I've come to understand this through the news and from other parents at the hospital as well.

50. The issues with the water in RHC started around 2018, I think. When it first all came out we asked if [REDACTED] was allowed to have a bath or a shower and we were told "no" by the nurses and told to use a bottle of water to wash him and brush his teeth.

51. I'm not a member of any of the Facebook groups and I've never had any contact with Professor Craig White. I've seen the press coverage about the hospital and it's made us worry because you're sitting in that hospital and they're telling you it wasn't fit for purpose. It's constant worrying and constant stress.

52. I attended a meeting with Jeane Freeman at a hotel in Glasgow city centre. We went there and listened to her and some of the parents got to tell the stories about what they went through and about what their kids went through. Jeane Freeman listened and she acted like she was shocked. She said "oh, that's terrible" but she knew everything that was going on in that hospital and she basically just lied to everybody in that meeting saying she had no clue what was going on. It then came out in the media that she actually did, she knew everything about it. I say that because it was on the news that she knew about the problems the hospital was having, like with the contaminated water. Basically the hospital should never have been opened in the first place. We went away from that meeting knowing exactly what we knew when we went in to it. There was never any follow up from that meeting.

## **COMPLAINTS**

53. We didn't make any complaints about the hospital on the wards, to a nurse or a Doctor. I think the communication could have been handled a lot better. We

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trusted the nurses with ■■■'s life and I think they could have been a bit more informative.

### **OVERSIGHT BOARD / CASE NOTES REVIEW / REPRESENTATIVE GROUPS**

54. I don't know anything about the Oversight Board and ■■■ isn't included in the Case Notes Review. I'm not part of any family representative groups.

### **CONCLUDING COMMENTS**

55. I thought the hospital was a good thing when it was getting built but after having had the experience I've had with it, I don't think it should have been opened. I don't think it was ready to be opened at all. I feel like it's ruined our life. I don't trust anything that Greater Glasgow and Clyde Health Board say now. I don't think the people on the Health Board should be on the board, knowing what they knew about the hospital. It wasn't ready to be opened given the problems they were having with the water and the ventilation, but they just went ahead and opened it anyway with no thought or concern for the people who were in there. I think if it was one of their kids in there it would be a completely different story.

56. My ongoing main concern about the hospital is the water and the ventilation. Do we even know it's safe now? Even if they came back and said it was safe now, I still wouldn't use the water because we've been told that before, that it was safe to use when it actually wasn't safe to use. I probably still wouldn't believe them.

57. The hospital have never told us what was happening with 2A (RHC), all we were told was we were moving to 6A (QEUH) for a couple of weeks while some work gets done in 2A and I believe to this day, they're still in 6A. I feel like we've been lied to again so I'm not really shocked. I think the hospital

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should tell the families the truth. They should let us know what's going on instead of all this secret keeping.

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

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