

Scottish Hospitals Inquiry

Witness Statement of

Kimberly Darroch

WITNESS DETAILS

1. My Name is Kimberly Darroch. I was born on [REDACTED]. I am [REDACTED] years old. I work as [REDACTED] and live with my son, [REDACTED], who is [REDACTED], in [REDACTED].
2. I am the mother of [REDACTED] [REDACTED]. [REDACTED]'s date of birth is [REDACTED]. She was 10 years old at the time of her death on [REDACTED].

OVERVIEW

3. My daughter is [REDACTED] [REDACTED]. When [REDACTED] was 5 years old, in September 2012, she was diagnosed with Acute Lymphoblastic Leukaemia (ALL). She was treated at Yorkhill Hospital in Glasgow and entered remission in 2015. She relapsed in January 2017 and was admitted to the Royal Hospital for Children (RHC) on 16 January 2017 where she was predominantly an in-patient until her death on [REDACTED].
4. [REDACTED] spent the majority of her time in wards 2A and 2B of the RHC which are known as the Schiehallion Unit. I stayed with [REDACTED] for the duration of her admission along with her father, [REDACTED]. My mother, Christine Horne also helped out and came to the hospital with us. I can speak to the experience which [REDACTED] and I had on these wards.
5. With the assistance of my solicitor I have prepared and provided the Inquiry with a timeline showing [REDACTED]'s experience with the hospital. The timeline

WITNESS STATEMENT OF KIMBERLY DARROCH

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is attached to this statement as an appendix (KD/01 – Appendix 1) and I confirm that it is accurate to the best of my recollection.

6. There are some specific events that I would like to mention. [REDACTED] contracted an infection, stentrophomonas maltophilia, which contributed to her death. As her family, we were given no information in relation to this infection and that it might have been related to the hospital environment. I will come on to talk about these events in more detail.

FAMILY BACKGROUND

7. I had a very close relationship with [REDACTED] after the death of my husband in 2016. She really looked after me.
8. Although her brother, [REDACTED], was much younger than her, she was really good with him and just loved him. They were always playing together and she would take him for walks just to give me five minutes
9. [REDACTED] had a wonderful personality and was a bit of a character at times. She had a great sense of humour. She had some temper on her and she had a death stare that would look right through you.
10. She had loads of friends and she cared about everyone she met. She always had a big smile on her face. It didn't matter how she was feeling at the time, she had one thing and that was to make other people feel better. She cared a lot. She was always reassuring her friends and family.
11. She had a very close relationship with my mum, Christine Horne. Her and [REDACTED] would watch the dancing on a Saturday night, even though [REDACTED] hated dancing, she watched it for her gran. She would also go swimming with my mum quite a lot. They would go to the shops together.

12. [REDACTED] also used to like going to my mum and dad's caravan in Ayr and as a family we would often make trips down there. We also used to have family trips to places like the Five Sisters Zoo which she enjoyed.
13. [REDACTED] liked to go out on her bike and scooter but she wasn't really into sports. She had taken a long time to recover from her first lot of treatment for leukaemia and was often quite breathless.
14. She did love animals, especially foxes and she would often feed the foxes at night at my mum and dad's house. She also liked going out into the garden and finding snails.
15. She loved life and was full of beans. She was a joy to be around.

SEQUENCE OF EVENTS

Initial treatment at Yorkhill between 2012 and 2015

16. [REDACTED] was initially diagnosed with Acute Lymphoblastic Leukaemia (ALL) in September 2012 and she was treated at Yorkhill Hospital in Glasgow. She was treated as an inpatient and an outpatient and received chemotherapy and steroid treatment. [REDACTED] was mostly an outpatient after the initial five weeks. She did really well on the treatment, although the steroid treatment did affect her mental health and she had to work with a psychologist to help her, but we got through all of that and she was in remission.
17. Yorkhill Hospital was a really nice environment to be in and I wish it had never closed. You were able to speak with the other parents and the kids were able to mingle in the playroom. It was a lot bigger than the playroom in ward 2A in the RHC. There was a lot more to do and it was more age-appropriate for a lot of the kids. It was always really busy and the nurses

would be enjoying time with the kids in the playroom as well as in the ward and the bedrooms. The kids were able to go up and down the ward and speak to each other. █████ used to enjoy going there.

18. When we went to the new hospital, it didn't feel as nice an environment. It felt like it was more for younger kids and the playroom was smaller. There wasn't a lot of room to do anything. There was hardly ever anyone in it and it felt like more of a prison. We weren't allowed to congregate in the halls or the kitchen to talk to anyone and the atmosphere couldn't compare to Yorkhill. All of the children had to be kept in their own rooms.

█████'s relapse: January 2017

19. Between █████ entering remission and her relapse in 2017 she was having regular check-ups, I think every three months. She had actually been for a check-up in December 2016 and nothing had come back from that.
20. In the couple of weeks leading up to her relapse she had been having a lot of diarrhoea and had a pain in her leg so I took her to her GP. He said that it was nothing to do with her leukaemia but I felt there was something wrong. I also spoke with my parents. I called ward 2A and they told me to bring her to A&E of the RHC, which I did.
21. We were in A&E for a couple of hours and then Professor Gibson came and told us that █████ had relapsed. I think this was on 15 January 2017 and Professor Gibson told us that █████ could have one last night at home and then she would be admitted to ward 2A on 16 January 2017, which is what happened. █████ was aged 9 when she relapsed.

Description of Ward 2A

22. [REDACTED] was admitted to ward 2A. To get into the ward you have to go through two sets of double doors. The first thing you come to is bathroom and there's a kitchen. There are isolation rooms at the start of the ward and then single bedrooms on either side of the corridor. An isolation room is a double door room. You go in through one door and there is an area with a sink and then you go through another door into the patient's bedroom. Then there's the nurses station and the playroom was straight across from that. Further up the ward there is another set of double doors and that takes you into the teenage unit and then another set of double doors to take you out of the ward.
23. All the bedrooms are single rooms and I think they were a bit better than the rooms in Yorkhill as they had fold away beds for the parents that could be put in a cupboard which was better than them being in the room the whole time.
24. There was a playroom, but it wasn't as big and didn't seem to have the same facilities as there had been in Yorkhill. There didn't seem to be as many activities to keep the kids entertained. There were no arts and crafts, no small tractors, or lights they could shine on the floor and dance around. It was a shame.
25. There was a parents' kitchen, but it was often closed because there were infections going through the ward like norovirus. The kitchen was closed to stop the spread of infections. So a lot of time we didn't actually use the kitchen and would only go there to get water then leave straight away.
26. There seemed to be plenty of nurses around the ward all the time, although I did notice that there was a difference in the amount of time they were able to spend with the kids. When we were in Yorkhill the nurses seemed to spend a lot more time interacting and playing with the kids, but in the new

hospital they would come in to see the kids then leave straight away. It was maybe because they had more paperwork to do.

27. I was really happy with the care that [REDACTED] was given by the nurses. They were really good and I don't have anything negative to say about them. I think they were specially trained in dealing with oncology and there were certain ones who were trained to administer chemo and they were the only ones who were allowed to do it.
28. As I said, Professor Gibson was [REDACTED]'s consultant, but she wasn't on the ward as much as she maybe could have been. We saw her about once a week. There were loads of different doctors in the ward. A lot of them were just learning and they would change every six months
29. I wasn't really aware of any specific protocols on the ward in relation to infection control. The only thing that stands out is that, if [REDACTED] was in an Isolation Unit which had the double doors, then the nurses would wash their hands and gown up and things like that, but if we were just in a normal room then they didn't do this. My dad made a comment that there didn't seem to be any barrier nursing.
30. In relation to medication, I felt that we as the parents were left to give most of the day to day medications, except from the steroids. We were also left to do most of the day-to-day care.

[REDACTED]'s first admission to ward 2A: January 2017 – March 2017

31. During [REDACTED]'s admissions me and her dad, [REDACTED], did night about staying with her so that I could look after [REDACTED]. My mum also helped with looking after and staying in the hospital overnight with [REDACTED].

32. When she was admitted on 20 January 2017 she was seen in ward 2B first of all, the daycare unit, and a bone marrow aspirate was taken. That is a sample of bone marrow. That confirmed that [REDACTED] had relapsed.
33. [REDACTED] was then admitted to a room on ward 2A. I can't remember the number of the room. All the rooms were much the same. When you went into the room, [REDACTED]'s bed was on the left hand side and the bathroom was on the right. The bed that parents could sleep in was on the right hand side of [REDACTED]'s bed and we just folded that down. I think they were smaller than the rooms in Yorkhill. In the first room we were in, I don't think the blinds worked, so we couldn't see out the window. I am not sure if [REDACTED] stayed in the same room during this admission or if she was moved about.
34. The treatment plan for the relapse was chemotherapy and steroid treatment again. I was given a written copy of the treatment plan. I think that [REDACTED] got chemo every second day. I can't remember exactly what the chemo treatment was that she was getting, but I am sure it was every couple of days. I do remember that the doctors had a meeting with me before they started the treatment and said that the treatment was really intense and might not survive it so that was a bit of a shock. But she sailed through it. She wasn't really ill during that first admission.
35. The doctors' main goal was to get [REDACTED] into remission within that month with the chemo. Then they would decide whether she would need a stem cell transplant or she could just continue on the chemo. A stem cell transplant is the same as a bone marrow transplant. [REDACTED] did not go into remission after the first round of chemo and it was at this stage the doctors knew she was going to have to have a stem cell transplant. Once they realised she had not gone into remission after this first round of chemo they started trying to find a stem cell donor and they kept going with the chemo until they found one.

36. ██████'s chemotherapy was administered through her Hickman line. Her Hickman line was inserted under general anaesthetic into her chest. I think she got this line put in the day after she was admitted and then the chemo started the day after that. I can't remember the specific dates.
37. ██████ had a Hickman line when she was treated in 2012. The nurses showed us how to look after the line and clean it. We were advised to change the plaster covering the line once every week, but we did it every day because ██████ didn't want to get an infection. Infections in the line were very common, but ██████ never had one, until the fatal one.
38. There was a plaster over the line where it went into ██████'s body to keep it covered. We would change that and then we had wee alcohol sticks that we would rub over it. We would then use another liquid to swab round where the line actually goes into the body as that can be quite gunky. Then we would cover the line back up again and with alcohol wipes we would wipe the end of the tubes and that was it. There were two tubes on the line and one would be used to administer chemo and the other would be used for fluids and other stuff. These tubes were loose and ██████ use to wear a wee bag, "wiggly bags" we called them, round her neck that her gran made her and the tubes were put in the bag so they didn't flap about.
39. This first admission lasted until March 2017. I think ██████ got out for a week just before her birthday. I remember as she had to go back in for a jag on her birthday and she was not happy. At this stage the first round of chemo had been done and she hadn't gone back into remission, so we knew that was going to have to have a stem cell transplant. The relapse treatment protocol continued whilst a donor was found. This was really maintenance treatment until the transplant could take place. She would have continued with the relapse protocol, which was the chemo, even if she had gone into remission.

40. I think [REDACTED] was let out of hospital to give her a break from her chemo. She hadn't had a temperature so she was well enough to go home. She would go back in to ward 2B for bloods to be taken and for her antibiotics to be administered. She got those three days a week. The antibiotics were called Ambisome. Professor Gibson told us that it was because it was a new hospital. I'm sure that's what her words were. I never thought to question her about it any further. I trusted her. I think she said it was to protect against bacteria of some sort but I'm not quite sure. I do not know when [REDACTED] was started on these antibiotics.
41. [REDACTED] was also on another prophylactic medication. I think it was called Septrin. I think she was on this to protect her lungs. I think she was prescribed that in February 2017. She wasn't given it straight away. Any time her blood counts came down she would be taken off that one. I didn't know why she was on this or why she was taken off if her blood counts were down. I just accepted it especially as she had been on Septrin during her treatment the first time in Yorkhill.
42. Throughout [REDACTED]'s first admission, and during subsequent admissions, would often have spikes in her temperature. There was a protocol in place if kids had a temperature as it could mean that they had an infection. If [REDACTED] had a temperature, she would be put onto general antibiotics for 48 hours. There would then be some tests carried out. [REDACTED] would get a swab up her nose, bloods and cultures taken and then we would find out if she had an infection that needed different antibiotics. That happened a couple of times. It wasn't always an infection that caused her temperature to spike, some of the time I think it was just because of her treatment.
43. I don't think [REDACTED] spiked that often during her first round of treatment in 2012, but she did seem to spike more often during the relapse treatment. If it was an infection, sometimes the doctors and nurses didn't really know what it was and it was just one of those things that happened. I do

remember that she had the norovirus, but that was more sickness and diarrhoea. I think the doctors and nurses also mentioned the adenovirus and rhinovirus, which is just the cold. Those were the most common ones I think.

██████'s second admission to ward 2A: March- April 2017

44. After her week at home, ██████ was readmitted to ward 2A in March 2017. I think this was because her treatment was starting again. I think it was the same regimen as the first admission where she got chemo every couple of days. I think she also had another chemo medicine added in this time, methotrexate. I know she was having quite a few different chemo medicines at this point.
45. ██████'s treatment was all done as an inpatient as it was so intense. She had no immune system so was at high risk of getting an infection. I think this round of chemo lasted for about a month. I think I have the protocol paperwork somewhere. I don't think she was on steroids in this round. I think she had just been given them in the first month of treatment. I do know she was also getting an injection of chemo once or twice a month. It was called a PEG. The PEG jag was in her leg. She hated that one as it was injected into the blood and it was really painful. I think she got this during the first and second round of chemo. ██████ reacted alright to the chemo. She maybe had a few temperature spikes, but she wasn't really ill.
46. I can't remember what room ██████ was in during this stay. It wasn't an isolation room; it was just one of the normal rooms. I can't remember whether we got moved during this admission. She got home after the round of chemo in April 2017, around Easter time.

██████'s third admission to hospital: April-May 2017

47. [REDACTED] was home for a few days and then had to be re-admitted to ward 2A with stomach pains. I wasn't able to take her so my mum and dad took her to the hospital. I'm not sure what was causing the stomach pains. From there on in she had diarrhoea quite a lot of the time. The medical staff kept telling me that she was positive for norovirus all the time.
48. [REDACTED] then got another round of chemo during this inpatient stay. I think she was on up to five different kinds of chemo at this point. It was around this time that she got mucositis which are ulcers caused by the chemo. It must have been caused by one of the new chemo treatments. It is really painful and [REDACTED] was given morphine and ketamine to treat this.
49. She recovered from the mucositis and was allowed home for a few days at the end of May 2017 before she was re-admitted on 4 June for her stem cell transplant.

[REDACTED]'s admission for stem cell transplant: 4 June 2017

50. Once we knew that we had a donor for [REDACTED]'s transplant, she was admitted so that her body could be prepared for the transplant. [REDACTED] was admitted on 4 June 2017 for this to be done.
51. We got a letter from the hospital explaining what the stem cell transplant was as well as the risks. I think Professor Gibson probably had a discussion with us about it, although I can't remember that. We decided to take the chance. The transplant did work. We were told about the graft versus host disease where the body rejects the transplant and we were probably told other things as well, but I can't remember.

52. Before the conditioning treatment began, a number of tests were carried out on ██████'s heart and lungs to check their function. They were fine so the conditioning treatment could begin.
53. The conditioning treatment consisted of radiation, which was total body irradiation, and chemo. ██████ was an inpatient in ward 2A throughout this treatment, but had to travel to the Beatson Clinic to get the radiation treatment. The Beatson Clinic is the only place that offers radiation treatment in Glasgow. It is on Great Western Road. It is a 20 minute drive from QEUH. This started on the 6 June 2017 and she got it twice a day for four or five days. She would be transported back and forwards between the RHC and the Beatson by a private taxi for this treatment.
54. ██████ then had intense chemo of different kinds in ward 2A. The chemo and the radiation gets rid of all your bone marrow and all of your cells out of your bone marrow so that the new donor bone marrow can go in. None of this treatment made her ill, she came through it okay.
55. When ██████ was first admitted on 4 June she was in a room behind the nurses' station and this is where she stayed whilst she was getting her radiation treatment. She was then moved into one of the isolation rooms, one of the rooms with the double doors, for the transplant, although she was moved out of it into another room briefly whilst the isolation room was cleaned. I think this is something they do before the transplant takes place. She then returned to the isolation room and was there for the transplant taking place.
56. On 12 June 2017, ██████ had some blood cultures taken and antibiotics were started. She normally had blood cultures taken every day just to check she was alright. On this occasion she must have had a spike in temperature and the antibiotics were introduced automatically as a precaution because she had no immune system whatsoever. I don't think

this was standard testing that was carried out in advance of the transplant. I think it was just that she had a temperature. There was no infection on her blood cultures anyway.

57. ██████ got her stem cell transplant on the 15 June 2017. She was in the isolation room and it was done intravenously through her Hickman line. Once it was done, the nurse stayed with her for three hours and checked her blood pressure every 15 minutes. Then they came in every four hours to check her and carry out observations. Then after that we were just left to see if it worked. ██████ remained in isolation. The expectation was that she would remain in isolation for about 8 weeks, although it was only about 15 days before ██████ got her first neutrophil, which was a sign that her body was accepting the transplant.
58. After the transplant, ██████ was very low and wasn't herself for at least three weeks. She got mucositis again and was sore with that and had to get ketamine and morphine again. Once that settled down she got back to her normal self and started trying to eat things, although I think it tasted awful and she wasn't up for eating very much. From her second month of treatment, ██████ had been on a feeding tube, which was a milk feed, but after the transplant she couldn't tolerate that either and she had to be fed intravenously through her Hickman line. She continued to have diarrhoea and, had she not got her line infection, the plan had been to carry out investigations into why this was the case.
59. On 16 June 2017, ██████ experienced some respiratory difficulties. I don't know what caused that, although I thought that it might have had something to do with the transplant. I think they maybe gave her an injection to boost her neutrophil counts, that was something she was given quite a few times.

60. On 20 June 2017 [REDACTED] was given antibiotics as she was unwell. She was having temperature spikes and she was given the antibiotics. I don't know if she had the adenovirus infection at this point.

Adenovirus Infection: 30 June 2017

61. [REDACTED] had blood cultures taken on 28 June 2017 and on 30 June it was confirmed that she had adenovirus. I think Professor Gibson and maybe another doctor, Mark, told us about the infection. I think they told me that it is quite a common infection and it lives in everybody, but obviously with having no immune system it just appeared and made her unwell. I don't remember if I was told how they thought she had caught it. She was given antibiotics and she improved.
62. On 6 July 2017 [REDACTED]'s fever had settled and about a week after that she was allowed out of the hospital. This was the second week in July 2017. She was allowed out on a few occasions. She was allowed to go home for a couple of hours, although she wasn't too keen about this as she still didn't feel great. She still had diarrhoea and wasn't really up for eating things. She had been sick when she was on her way back to hospital one time and her feeding tube had come out so she was bit wary about going anywhere with the tube in.
63. On the ward, [REDACTED] was still in the isolation room with the double doors, but she was no longer in isolation. She was allowed out. She mainly stayed in her room and played her PlayStation and watched the iPad or TV. She didn't really use the playroom because she didn't want to. As I have said it wasn't really for her age group. She didn't really interact with any of the other kids, but there wasn't really an opportunity for her to do so.

Stenotrophomonas maltophilia infection: 25 July 2017

64. The Friday before [REDACTED]'s Hickman line was removed she was complaining that it was sore around where the line went into her body. She never complained, so it must have been sore. I mentioned it to the transplant nurse. I can't remember his name. He had a look at it and said that it was fine and that was it. There was nothing obvious, the infection must have been in the line. Nothing else was done at that point.
65. Around about this time, [REDACTED] was spiking quite a few temperatures and she was telling me that she was feeling rotten. She was still telling me that her line was sore. Blood cultures were taken again on 25 July 2017 and they found she had a line infection. [REDACTED], [REDACTED]'s dad, was in the hospital that day. He was told that her line was infected and that she needed to go to theatre to get it removed. We were never told what the infection was. In fact, Professor Gibson kept telling us that they didn't know what the infection was. She said it might have been the adenovirus, or it could have been because of the chemo. I don't know when she first said that they didn't know what the infection was, but the hospital staff maintained throughout [REDACTED]'s treatment for the infection that they didn't know what it was.
66. [REDACTED] was taken to theatre on 25 July 2017 and they couldn't get her temperature under control. Her blood pressure was either high or low, I think maybe low. But they got the green light to go ahead and take the line out. This was after blood cultures had been taken from [REDACTED] and they showed that she had a stenotrophomas maltophilia infection in her line, although we were not told that at the time. I actually thought I was going to lose [REDACTED] that day after the line removal. Whilst they were removing the line, there was a septic shower from the line and the PICU doctor explained to us afterwards that it was the infection running through [REDACTED]'s blood. On 26 July 2017 [REDACTED] had further blood cultures taken from her and they were still positive for stenotrophomonas, although we weren't told that at the time either.

67. After this surgery to remove the line, we thought that [REDACTED] should have been admitted to the Intensive Care Unit (PICU) but she wasn't. She was taken back to ward 2A and was being monitored closely by the nurses. We were told that she would be admitted to PICU if her lactate levels fell below a certain number, although even when the numbers did fall, she wasn't admitted.
68. [REDACTED] wasn't admitted to PICU until 4 August 2017. She had just been at the toilet and her lips were blue. One of the doctors came into her room and saw her and it was then that the decision was made that she should go to PICU.

[REDACTED]'s admission to PICU: 4 August 2017

69. The decision to admit [REDACTED] to PICU was made because she was blue in colour and her heart function was at 17 per cent. Her lungs weren't coping either. She had severe infection in her lungs, which I didn't know about either. I wasn't told anything about why she was so unwell. I put it down to her heart function and her lung condition. I remember when she went into PICU and she was ventilated, Professor Gibson came down and I asked her if [REDACTED] would survive and she said she didn't know. So at that point I knew it was serious. But I was still under the impression they didn't know what was wrong with her.
70. [REDACTED] had to be put on a ventilator on 6 August as her lungs weren't functioning. We were told this by the PICU doctors. We rarely saw Professor Gibson once [REDACTED] was in PICU and I think she was away on holiday until the week before [REDACTED] died. The PICU doctors were amazing, but they still didn't say [REDACTED] had stenotrophomonas. They were telling us everything they were doing for [REDACTED]. They were giving her lung massages and they were clearing out her lungs as well. The doctors

were telling us that they were trying to find out what the infection was and they even checked to see if her leukaemia had returned. They kept trying her with different medication when she was in PICU. One of them they had to get from America. I can't remember what it was called, but they thought it was this other infection that they were going to treat her for. They kept telling us that virology was involved. And all these different doctors, infectious disease doctors. But if they knew what the infection was, I don't understand why they would tell us these things. Maybe the PICU doctors didn't know. I don't know. Somebody knew but maybe they didn't.

71. On 12 August 2017, [REDACTED] was put on the ECMO machine which is a heart and lung bypass machine. It takes all the blood out of the body and does the work for it. Just after she was put on the ECMO machine, Professor Gibson and the Head of PICU spoke with me, my dad, [REDACTED] and his wife. They told us that [REDACTED] was very poorly and was the sickest child on the ward and they didn't know what the outcome would be.
72. After that they were just trying to keep her comfortable. They tried taking her off the ECMO one night. She was okay and then they put her back on it again. They were doing physio on her lungs and still clearing her lungs out. We had been told that there was a high risk of her bleeding because she was on so much warfarin with the machine. They took her off her medication which had sedated her and she was able to speak to me a couple of times. It wasn't much but it was nice. At one point we were told that they were looking into getting her a heart transplant down in Newcastle. They were always giving us hope. There was always something that they could do. And then they said that they couldn't do the heart transplant because she was so poorly. I think that it had already been established that if she couldn't have the heart transplant then there was nothing more to be done. They then took her for a CT scan and they found she had a bleed on the brain. [REDACTED] passed away

on [REDACTED]. At the time of her death we knew that the stem cell transplant had been successful and the leukaemia had gone.

73. After [REDACTED] died, one of the doctors in PICU certified the death. I wasn't there to collect it. [REDACTED] and his wife did that. I think they were advised against having a post mortem as they wouldn't find anything that they didn't already know. I didn't look at the death certificate until about five or six weeks after [REDACTED] had passed away. I saw the stenotrophomonas infection on the death certificate and I had never heard of it before. I Googled it and saw it was an infection found in water, but I never thought anything untoward. Maybe I should have at that point but I had just lost my daughter and I trusted everyone in the hospital. I didn't expect an infection found in water to have killed my daughter. I didn't ask any questions at that point. There was no further information from the hospital about [REDACTED]'s death.

74. I didn't start to question the information about the infection until everything came out in the press in November 2019. I had heard about ward 2A closing in September 2018 and I did have a niggling feeling at that time, but I am not the sort of person to go out and get answers, I am actually quite shy.

Meeting with Professor Gibson: February 2018

75. In February 2018, Professor Gibson and one of the outreach nurses from Schiehallion, Karen Marshall, came out to my house to meet with me. My mum was there too. I was in touch with Karen quite a lot and I think I had had a card sent to me by Professor Gibson saying she would be happy to talk to me. So I told Karen I thought that would be a good idea and she arranged it. They came out to see if I was okay and if I had any questions. I did say to Professor Gibson that I had Googled the stenotrophomonas and thought it was found in water, but she didn't take

the conversation any further. I think she just nodded her head and that was the end of it. We didn't really discuss ██████'s death at all. Professor Gibson was saying how lovely ██████ was and what a nice family we were. She was just really sorry that ██████ had passed away. She seemed to be particularly affected by ██████'s death which I thought was strange. I remember that Karen told me that Professor Gibson hadn't gone to the memorial service held in September 2017, for all the children that had died, as she was too upset about ██████.

76. After this meeting in February 2018 I didn't really have much communication with the hospital. I kept in touch with Karen now and again and I raised some money for the ward. I used to get invited to the memorial service I just mentioned. I didn't go in 2017 as it was too soon after ██████'s death, but I did go in 2018. I also went to the Christmas event held by the children's hospital charity and I went to a few counselling group meetings. After everything came out in the press I wasn't invited to anything else.

**Hospital Acquired Infections and water contamination reported in the press:
November 2019**

77. Throughout 2018 I wasn't aware of anything happening in the hospital and then I read in the papers that ward 2A was closing in September 2018, but that was the only information I had at that point.
78. Around November 2019 I must have seen something in the press about the hospital which made me think that the issues at the hospital were linked to ██████'s death. As a result of that I emailed the Health Minister, Jeane Freeman's office. I think this was in September or October. I was asking whether there was a link between the issues at the hospital and ██████'s death. I had a suspicion that something wasn't right. I did get a response from Jeane Freeman's office about three or four weeks later

which said that someone would be in touch in due course, and then I got a further email to say it was being looked into. By that time the press articles had come out about the whistleblowers and the water contamination and I instantly knew that the child they were talking about in the press was [REDACTED]. The press article came out in November 2019. I didn't have any meetings with Jeane Freeman as a result of my email to her.

79. After all the information appeared in the press, no one from the hospital contacted me.

Involvement of Police/Procurator Fiscal

80. Although [REDACTED]'s death wasn't initially reported to the Procurator Fiscal, they are looking into it now. I spoke with the police and they went over [REDACTED]'s medical records. They didn't really ask me questions about the ward or anything, just about [REDACTED]'s care. I gave them two bottles that used for drinking water which hadn't been washed, just in case there were any signs of infection, but I haven't heard anything back from them.
81. I also had a meeting with the Procurator Fiscal. I think it is the Health and Safety Unit who are looking at [REDACTED]'s case. I received an email a couple of weeks ago to say that a team has been appointed to investigate [REDACTED]'s death so they are looking into it. I have asked them to contact me every six months unless there has been a development so I will just wait to hear from them.

HEALTHCARE ASSOCIATED INFECTION

82. The only line infection that [REDACTED] had was the one linked to her death. We knew that it was a line infection. That was the reason that she had to have her line removed and that led to the septic shower.

83. At no time were we told what the line infection was and, as far as we were concerned, the doctors had no idea what it was. The death certificate was the first we knew that the infection was *Stenotrophomonas* and was related to [REDACTED]'s death. The Case Note Review says that there is a record that this infection was discussed with us as her family. That did not happen. We have never discussed the infection with the hospital, at the time, or in the aftermath of [REDACTED]'s death. No one in the hospital has ever discussed with us the cause of [REDACTED]'s infection.

PREVENTATIVE MEDICATION

84. I am aware that [REDACTED] was prescribed Ambisome as a prophylactic when she was admitted to ward 2A in January 2017. Professor Gibson told me that it was because it was a new hospital and mentioned something about bacteria but that was all I was told.

CASE NOTE REVIEW/ OVERSIGHT BOARD/ REPRESENTATIVE GROUPS

85. [REDACTED] was one of the children who was included in the Case Note Review and I have her individual report. The Review states that [REDACTED]'s infection was linked to the hospital environment. The Case Note Review Report states [REDACTED] caught an infection on 23 July 2017 and it was caused by *Stenotrophomonas maltophilia*. The report states "*based on the information available to us, we consider that this infection was probably related to the hospital environment.*" They refer to another case of the same infection which occurred in the same ward 10 days earlier, and they mention that [REDACTED] had been on ward 2A for 7 weeks prior to the contracting this infection, in support of their view. They state on balance, that they believe the *Stenotrophomonas* infection must have made a contribution to [REDACTED] passing away. There is one comment in the Review that is false. It says that there was a meeting between us

and the doctors and the infection was discussed. The only meeting we had was the one where they told us that [REDACTED] was really poorly. That was the meeting with Professor Gibson and the Head of PICU. My dad was there too and neither of us remember *Stenotrophomonas* being mentioned. It's something that we would have remembered, especially when we saw it on her death certificate. I was quite into all the medical side of things, and I would Google everything as I always wanted to know what was happening and what things were, so I am sure I would have done this if I was told at the time.

86. This information was in the Review as one of the questions I had asked the Review Team, through the Oversight Board, was why [REDACTED]'s parents had not been told about the *Stenotrophomonas* infection. In the Review it says: "*The case records document that the Stenotrophomonas infection certainly featured in discussions with members of the family once had been admitted to Paediatric Intensive Care. It's not exactly clear when the issue was first raised with the family after the blood culture was confirmed on 25 July.*" That never happened.
87. I haven't had any further discussions with the panel who were involved in the Case Note Review. They did offer to speak with me, but I didn't feel able to. I asked them questions through the Oversight Board prior to the Review concluding. I met with Fiona McQueen to do this. She was helpful and we had quite a positive meeting and I felt she wanted answers as much as I did. She took all of my questions back and they have all been answered in the Case Note Review, although not all accurately. I haven't heard from her since that meeting. I did find the Oversight Board and the Case Note Review to be helpful processes.
88. I also had some email contact with Professor White. He would email now and again with things that we needed to know or things that came out, and I did find that helpful, but I haven't heard from him in a while,

certainly not since the meeting I had with the Oversight Board. I thought he would have emailed once the Case Note Review was out but he hasn't.

ISSUES WITH THE HOSPITAL BUILDING

89. When we were in the hospital with [REDACTED] I was not aware of any issues with the building. I was not aware of any work being done in the building, I wasn't aware of any issues with the water or the drainage in the bedrooms, the ward, or elsewhere in the hospital and none of the staff ever mentioned anything about the water. I think [REDACTED], [REDACTED]'s dad saw shower heads being changed on a couple of occasions but I never saw anything myself.

COMMUNICATION

90. When [REDACTED] was in the hospital, I didn't have any issue with the communication that I was getting about [REDACTED]'s infection, but now, knowing what I know, they should have told us what it was at the time.
91. I don't think that any of the staff on the ward knew at that time that there were any issues with the safety of the hospital or the buildings. I think that if they had they would have said something as I'm pretty sure none of them would have wanted a child to be in any danger.
92. I feel really let down by the hospital. [REDACTED] didn't need to die. When she was in hospital, we kept getting told that we needed to keep her clean. I would have been happy for her to have been dirty if it meant saving her life. The bottom line is that I believe that she caught the infection from a shower or bath as that is the only time her line was near water. Since the link between the water and [REDACTED]'s infection all came out I think that the hospital has been burying its head and hoping it all

goes away. They're not communicating with the families at all. They keep saying in the media that they are more than happy to meet with the families but they've never once invited me personally to have a meeting with them. So their communication, or lack of communication, is absolutely shocking. I think it would be really good for them to meet families that have gone through this unnecessary pain but they're staying away from all of us as much as they can.

OVERALL IMPACT ON WITNESS

93. It has been really difficult. I was never one for accepting help, or medication or anything, but in January 2021 I felt I couldn't continue and was suffering flashbacks. Prior to everything coming out with the building issues at the hospital and the link to ██████'s death, I was kind of putting my life back together, although of course I will never get over ██████'s death, she never leaves my thoughts. All of this coming out in 2019 has brought all of the demons up with it and I am now on anti-depressants and have had numerous days off work as I am just not able to cope. It's not a nice situation at all and gets so stressful that it's horrible to actually deal with.
94. I would have preferred that the hospital staff had been honest and told me about the infection at the time. Instead, I found out about it in the press. I would have preferred it was not public knowledge. I think it could all have been dealt with better.

OVERALL IMPACT ON OTHER FAMILY MEMBERS

95. When ██████ passed away, █ was very young, he was under two. But when all of the information came out in the papers in 2019 I wasn't myself and this made █ very anxious. He didn't want to go to school and leave me and he was crying all the time. We were on the verge of having him

see a psychologist but then COVID and lockdown hit and I think that actually helped him. He has been much better since he went back to school after lockdown.

CONCLUDING COMMENTS

96. My view is that the hospital should be closed. I don't think it's safe. I've since heard other reports from nurses that there's fungus growing in walls and adult patients are now dying and they're covering that up.
97. I feel like the health board need to be punished for all of this. In my eyes, what happened to [REDACTED] is murder. She should still be here and I am trying to come to terms with that after coming to terms with losing her initially. I don't know that I'll ever be able to. I would never go back to the hospital, never.
98. I believe that the facts stated in this witness statement are true. I understand that this statement may form part of the evidence before the Inquiry and be published on the Inquiry's website.

WITNESS STATEMENT OF KIMBERLY DARROCH

A34005272

KD/01 APPENDIX 1- TIMELINE

- [REDACTED] - [REDACTED]'s date of birth.
- 19 September 2012- [REDACTED] was diagnosed with Acute Lymphoblastic Leukaemia. She was treated at Yorkhill Hospital with chemotherapy. [REDACTED] was switched from regiment A to regiment C treatment.
- January 2015- Regiment C treatment completed.
- 15 January 2017- [REDACTED]'s Leukaemia relapsed.
- 16 January 2017- [REDACTED] was admitted to Ward 2A at Queen Elizabeth University Hospital. [REDACTED] received chemotherapy and radiotherapy treatment.
- March 2017- [REDACTED] discharged from QEUH and allowed home for a week. This was just before her birthday.
- April 2017- [REDACTED] was discharged from QEUH and allowed home for a few days.
- May 2017- [REDACTED] was discharged from QEUH and allowed home for a few days. She was re-admitted on 4 June 2017.
- 4 June 2017- [REDACTED] commenced pre transplant conditioning.
- 5 June 2017- [REDACTED] commenced total body irradiation (TBI) followed by further chemotherapy treatment.
- 12 June 2017- Blood cultures were taken and antibiotics started. No infection was identified on the blood cultures.
- 15 June 2017- [REDACTED] received donor bone marrow stem cells.
- 16 June 2017- [REDACTED] experienced respiratory difficulties.
- 20 June 2017- [REDACTED] was given antibiotics as she was unwell.
- 28 June 2017- Blood cultures were taken.

- 30 June 2017- The results of the blood cultures confirmed [REDACTED] had an adenovirus infection
- 6 July 2017- [REDACTED] started to improve and her fever started to settle.
- 25 July 2017- Blood cultures were taken and were positive for *Stenotrophomonas maltophilia*. The clinical team removed [REDACTED]'s central line. [REDACTED]'s family were not told this at the time.
- 25 July 2017- The removal of the central line triggered a septic shower of bacteria from the infected central line. [REDACTED] was visited by a PICU consultant.
- 26 July 2017- Blood cultures were taken and they were still positive for *Stenotrophomonas*. [REDACTED]'s family were not told of these results this at the time.
- 4 August 2017- [REDACTED] was admitted to PICU.
- 6 August 2017- [REDACTED] required artificial ventilation.
- 12 August 2017- [REDACTED] was transferred to ECMO (Extra Corporeal Membrane Oxygenation)
- [REDACTED] - [REDACTED] passed away
- February 2018 - Professor Gibson carried out a home visit
- November 2019- a whistle blower reported there had been 26 cases of patients contracting hospital acquired infections in 2017.
- 18 November 2019- Water contamination at QEUH journalist briefing published.
- 22 March 2021- publication of general independent case note review and oversight board report commissioned by the Scottish Ministers