

## Scottish Hospitals Inquiry

Witness Statement of

**Steven Kirkpatrick**

### WITNESS DETAILS

1. My name is Steven Kirkpatrick. I was born on [REDACTED]. I am [REDACTED] years old. I am [REDACTED].
2. I am the father of Stevie-Jo Kirkpatrick. Stevie-Jo's date of birth is [REDACTED]. She is 17 years old.
3. I live with my wife, Annemarie Kirkpatrick and my daughter, Stevie-Jo in [REDACTED].

### OVERVIEW

4. My daughter is Stevie-Jo Kirkpatrick. Stevie-Jo was diagnosed with Acute Lymphoblastic Leukaemia ("ALL") for the first time on 28 February 2014 when she was 9 years old. She relapsed on 3 July 2017 when she was 13 years old. Stevie-Jo was treated in the Royal Hospital for Children ("RHC") and Queen Elizabeth University Hospital ("QEUH") between July 2017 and May 2019 but her treatment had to finish 6 months early due to an infection. She attended both hospitals as an in-patient and an out-patient for nearly two years. Her care has now transferred back to Dumfries hospital and she has regular check-ups there. Between 2017 and 2019 Stevie-Jo had shared care with Dumfries and Glasgow.

WITNESS STATEMENT OF STEVEN KIRKPATRICK

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5. Stevie-Jo spent time in wards 2A, 3A and ICU in the RHC. Following the closure of ward 2A, Stevie-Jo spent time in ward 6A.
6. It was mainly my wife, Annemarie, who was with Stevie-Jo when she was admitted. I would visit at weekends and whenever I wasn't working. Annemarie and Stevie-Jo are better placed to give you dates.
7. There are some specific details that I would like to mention. Stevie-Jo caught a number of infections during her time as an in-patient in ward 2A, during surgery to get her central line removed and on 6A. Due to one of the infections being so rare and the antibiotic used to treat it having such severe side effects, Stevie-Jo's chemotherapy was ended six months earlier than it should have been. There were issues with the water supply during her stay in both hospitals. I believe that Stevie-Jo was prescribed anti-fungal preventative antibiotics which may have been connected to the water issues. I will come on to talk about these events in more detail.

### **FAMILY BACKGROUND**

8. I live with my wife, Annemarie and my daughter, Stevie-Jo in [REDACTED].
9. Stevie-Jo is currently in year five at [REDACTED], which is just [REDACTED] miles from where we live. Stevie-Jo is outgoing and easy going, a 'mini-me'. She has a lot of pals, likes watching and playing football and is a Celtic fan. She plays as a centre mid-fielder for [REDACTED] Ladies, Under 17's Football Team in [REDACTED].

### **EXPERIENCE AT YORKHILL**

10. When Stevie-Jo was first diagnosed with ALL in February 2014, she attended the old Yorkhill hospital for one and a half years before transferring over to the new hospital for clinics and monthly check-ups.

11. Yorkhill was fantastic. The nurses and doctors couldn't do enough for you. It was a relaxed, and a good place to be to be honest. There was always laughter and people doing stuff. Even the meals were really good. The differences show how bad the new hospital really is.
12. Everything was straight forward. There were no infections. I didn't even know there was an infection control team there as we never saw anyone from Infection control. There were double doors at Yorkhill. When you opened the door, you felt the wind, it felt like it was blowing oxygen into the department. The new hospital only had single doors and there was no air.

### **SEQUENCE OF EVENTS: THE FAMILY'S EXPERIENCE AT RHC AND QEUH**

#### **Admission to hospital: July 2017 – June 2018**

13. Stevie-Jo was first diagnosed with ALL on 28 February 2014. She was admitted to Yorkhill Hospital on 1 March 2014 and was treated there for one and a half years. She attended clinics once a month as an out-patient at the new RHC when it opened in 2015 where she would have a check-up and collect oral chemotherapy in tablet form.
14. Stevie-Jo relapsed on 3 July 2017. She had never been right and kept getting infections. I don't think her cancer ever went away and it was possibly the tablets she was taking that were keeping her levels at an undetectable level. Her platelet levels had never recovered. The QEUH and Dumfries had shared care of Stevie-Jo. She had bloods taken at Dumfries hospital, that day and they transferred her by ambulance to the RHC, ward 2A where she stayed as an in-patient for a while. She was then discharged to CLIC Sargent, but still had her bed available in ward 2A. After that, she was discharged home while still receiving chemotherapy. I can't remember exactly how long she stayed in the hospital for as an in-patient but her treatment continued for about a year.

**Stevie-Jo's initial treatment: July 2017 – June 2018**

15. Stevie-Jo was put on intense chemotherapy. As it was a relapse, they go in harder the second time; she was on a really high dose of chemotherapy. I think it was Vincristine she was on. She was quite sick then because of the chemotherapy.

**Experience on ward 2A: July 2017 – June 2018**

16. Every time Stevie-Jo was due to get out of hospital, she would get an infection. The staff never knew what they were though. She either got an infection or didn't take well to the chemotherapy. There was no noticeable difference between the reaction to chemo and potential infections. I did not notice a clear difference and staff never clarified the difference. At the end of this period, we got over to the CLIC Sargent House and stayed there for a few days. She was to attend the hospital for three days per week to get her chemotherapy.
17. At one point, Stevie-Jo had a green cap fitted to her line. They'd never used these at Yorkhill. All the kids appeared to be getting line infections though. These green caps appeared. You had to make sure the green caps were on all the time. I think these were being used as a scapegoat because they didn't know what was going on and they thought they'd use the green caps to try and stop the infections. We asked the nurses about them and they told us it was to try and stop infections. I think these were introduced about three or four months after Stevie-Jo got her central line in. We had to attend Dumfries one night and they asked what the green cap was for. We told them that the RHC had told us that Stevie-Jo had to keep one in but we couldn't tell them why. Staff at Dumfries had never seen them before and had to order them in.

**Other admissions after the closure of RHC**

18. Stevie-Jo had been getting a lot of headaches but they got worse around about the start of November 2018. We took her to Dumfries who scanned her. Doctors found a mass in the back of her brain so she was blue lighted by ambulance to the QEUH.
19. She was admitted to ICU. Stevie-Jo was really ill at this point, she was really very poorly so she was put on high dose steroids. It was probably the steroids that were keeping her alive.
20. Stevie-Jo deteriorated but the doctors and nurses didn't have a clue what was wrong with her. She had a lumbar puncture and all sorts of tests but nobody had a clue what it was. Her face was drooping, she looked as if she'd had a stroke. She was in PICU for two nights then moved to ward 3A for three weeks. 3A was a neurology ward in the children's hospital. Neurology came to see her but they didn't think anything was wrong. She got home after this but in the following days Stevie-Jo started getting the headaches again.

**Experience in the QEUH (adult hospital): late 2018**

21. We'd been back home for one night and had to attend Dumfries again as Stevie-Jo's headaches were getting worse. We were in 6A this time, the Day Care part. It was Professor Gibson who sent us to 6A. Neurology came to see her again and thought it was maybe the reducing of steroids that were causing the headaches. The Doctor put her back on full dose and sent us home again. This continued for about four weeks. She kept spiking temperatures.
22. On 24 December 2018 she was admitted to Dumfries and they carried out another scan. She was then blue lighted by ambulance up to Glasgow again. The mass at the back of her head had grown. She was admitted to ward 6A.

23. In the morning she was admitted to ICU as she had lost the ability to swallow and she had reduced breathing. A lumbar puncture was carried out.
24. On 27 December 2018, we were told by Professor Gibson that Stevie-Jo had listeria meningitis. The hospital didn't know how she had contracted it. Stevie-Jo was taken off chemotherapy for eight weeks and given IV antibiotics. She stayed on ICU until 1 January 2019 when she was moved to ward 6A. She was there for four weeks.
25. We started noticing things such as Professor Gibson and a Microbiologist coming down at night to check the showers and there being HEPA filters in the room. During the meeting in January 2019 with Professor Gibson and Dr Inkster, we asked if Stevie-Jo was safe in the hospital. We were told that she's as safe here as she is outside but she wasn't outside, she was in a hospital. The next day, we were transferred back to Dumfries. We were told she would be safer there by Professor Gibson. It felt as if there was stuff going on at the hospital out-with her control.
26. At the end of January 2019, Stevie-Jo had itching and the site of her central line was irritating her. We'd only been in Dumfries hospital for two days. Dumfries sent us back up to Glasgow to get her line removed in surgery and then she was admitted to ward 6A. The area round her line had ballooned up and she was still on IV antibiotics for the listeria meningitis. Once the line was removed, she was transferred back to Dumfries.

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

27. There used to be water coolers through-out the hospital. They were removed rapidly from ward 2A but I noticed they were slowly getting removed from the rest of the RHC and the QEUH. There were two or three up and down the ward, they were removed.

28. Staff tried to provide you with bottled water. They were stored at the edge of the ward and you were to help yourself to water when you needed it. Nurses told us we weren't allowed to drink the water from the taps. I can't remember when this was.
29. The water was okay for Annemarie and I to use for showering but the kids weren't to use it. Other parents chatted about their children only being able to have baths.
30. The water was slow to drain away. That could be to do with drainage or anything though.
31. There were filters on the taps in ward 6A when we were there. This was to filter the water when you turned the tap on. You weren't supposed to drink it, just use it for cleaning. No one told us this information, we just worked this out ourselves from what we could see was going on with the filters. We were aware generally there was a problem with the water.
32. You weren't allowed to use the dishwasher in the kitchen at one point. I think this was to do with the water. Again this was to do with us generally being aware of the problems that were going on with the water overall, no one told us this exclusively.
33. When Stevie-Jo was admitted for listeria meningitis, Professor Gibson and a Microbiologist had been in checking the showers at about 9 pm at night. Annemarie told me that she asked what was happening and she was told it was nothing to worry about.
34. When Stevie-Jo had been admitted to ward 6A, we were having to source bottles of water for her as the message hadn't been passed on to the staff from ward 2A that she was to use bottled water. In fact, this happened in all other wards she was in, 3A and 4 too. Staff weren't aware she wasn't allowed

to drink from the tap. There were no filters on the showers or taps in the other wards at that time either, only in 2A.

### **Water: communication**

35. We received a letter from infection control about the water. It was just an A4 page but I can't remember when this was or the exact content of the letter.
36. We were told that Stevie-Jo's infection, mycobacterium chelonae, was linked to the water in the theatre in the RHC, and likely to have been contracted when she had her central line removed in January 2019. They'd traced it back due to its incubation period.

## **HEALTHCARE ASSOCIATED INFECTIONS**

### **HAIs: events and physical impact**

37. We knew Stevie-Jo was getting infections. Nobody was forthcoming with information about what they were and how she'd caught them though. There's some things we've heard that she had but we didn't even know she had it at the time. Some things are still coming to light, but I cannot recall all of the particular names and details now. She was always needing oxygen. We'd have her at the QEUH then a few days later, she'd had to visit Dumfries with a temperature spike and needing oxygen. Nobody could put a finger on what was wrong with her.
38. At the end of February 2019, Stevie-Jo had started getting lumps on her arms so we were sent back up to Glasgow. She was admitted to ward 6A Day Care but Professor Gibson sent her to Yorkhill to get a biopsy done. I think there were still parts of Yorkhill that hadn't moved over, possibly dermatology. Professor Gibson said the abrasions didn't look right; they were all pus filled and bleeding. When this was happening, Professor Gibson stopped Stevie-



Jo's chemotherapy at this point until they found out what the abrasions were. Stevie-Jo was never able to start back on her chemotherapy again and lost out on 6 months of chemo treatment in total as a direct result of the infections.

39. Three weeks later, I can't remember the date but it was March 2019, Professor Gibson called to say the Stevie-Jo had Tuberculosis (TB) so we had to go back up to Glasgow. She was admitted to ward 3C at this point as there were no beds in 6A and she was admitted for about a week. While we were there, another doctor, Doctor Docherty, who was from infectious diseases, came to see us with Professor Gibson. He told us that Stevie-Jo actually had mycobacterium chelonae. Dr Docherty went through everything with us as it wasn't Professor Gibson's area but she wanted to be there. There was only one antibiotic that could treat mycobacterium chelonae but because the side effects are too severe, with Stevie-Jo's immune system, she wouldn't handle it. They didn't treat it and they stopped her chemotherapy too. Stevie-Jo has about ten scars from mycobacterium chelonae that are on her legs, arms and chest. When she had the abrasions, she had to get them cleaned and bandaged at the time. It may take two years or even more for this infection to come out her system. Stevie-Jo ended up having to stop her chemo six months early as a result of this. She couldn't get any antibiotics due to the side effects. Given all she had been through with her cancer treatment they were not keen to give her any antibiotics.

#### **HAls: Communication**

40. After Stevie-Jo being admitted for a week in March 2019, we got home but after two or three days, Professor Gibson called us to go back up to Glasgow. She had a meeting with us and the microbiologist. They said they were really sorry but they found the bacteria in the water. The infection that Stevie-Jo had, they found it in the water. During that meeting we asked if it could be treated and they said they didn't know. Mycobacterium chelonae is so rare. Before this meeting though, they tried to blame Stevie-Jo's body not taking to

the environment. They said her body wasn't adapting as the infections she was getting were rare. This was before they found the cause of the infection.

41. We then got a call in May 2019 to say they would be stopping her chemotherapy. Professor Gibson had been in touch with doctors all over the world discussing Stevie-Jo's case trying to find a treatment plan. If she got another rare infection, there would be nothing they could treat her with if she was to have a relapse.

### **PREVENTATIVE MEDICATION**

42. Stevie-Jo was on anti-fungal medication but I can't remember the name of it. Annemarie will be better placed to speak about this.
43. Annemarie and I asked why she was on it and staff told us it was just part of the treatment protocol. She wasn't on it at Yorkhill though. Some of the nurses told us it was because the new hospital was dirty. I can't remember any of their names though.

### **OTHER ISSUES RELATING TO HOSPITAL CONSTRUCTION**

44. In all the wards, there were problems with the plugs in the rooms that were needed for the machines. Sometimes Stevie-Jo would need six, seven or even eight machines but close to the bed, there were only four plugs. You could have eight machines beeping and they wouldn't hold charge: IVs, chemo, pain relief, things like that so there was an issue with the lack of plugs. I even thought of bringing in my own extension because it was that bad!
45. You couldn't open the windows. Even the blinds inside them were all broken. There was no daylight and it was so stuffy in the rooms. There's no ventilation when there's three of you in the room. At one stage, the hospital did have fans. They'd been bought by one of the hospital charities. They were those big

Dyson fans. Most rooms had them but when all the stuff started to come out about the hospital, infection control came and took all the fans away.

46. One of the rooms in ward 2A which, Stevie-Jo was in faced the atrium. The lights were on there all the time so you couldn't really sleep.
47. The adults out of hours service was moved to the children's ward. During the night you could hear everyone coming in and going out at all hours. It was difficult to sleep when in the rooms in ward 2A.
48. There were issues with the ventilation in ward 2A. I think it was only 30% up to standard. The only way you could cool down, was to take clothes off. They had machines that looked like bullets, checking the air quality. When rooms were empty, they sent the machines in. I was told by nurses that the machine was checking the air quality but not why.
49. There was a general smell of sewage all the time and it was really bad on a summer's day, really, really bad. I didn't know there was a sewerage works until I was right out in front of it. The site is right out the front gate. The smell follows you on the way in. You could smell it everywhere in the hospital, through the toilets and the drains too. You got a whiff of it every now and again. It came in waves. I thought it was maybe lack of drainage or water backing up. I asked about it and the nurses just said it had been mentioned. It's one of the largest refuge sites in Europe and when I was in ward 3C with Stevie-Jo, I could see them outside the window mashing up the waste.
50. There were loads of pigeons around the hospital. Anything to do with food and they were swooping down. They even sat on the window ledges of the ward rooms.
51. In wards 6A there were HEPA filters in the room and in the corridors. The filters were to bring in clean air.

52. Transplant children had started being moved to different wards. They were going to ward 4. Annemarie and I attended a meeting with Professor Gibson and the microbiologist who told us the kids were going to be moved.

**LOSS OF AMENITIES IN WARD 2A AND LACK OF AMENITIES IN WARD 6A**

53. To start with, it was really good in ward 2A. On the Teenage Cancer Trust (TCT) side, there was a kitchen with a microwave, fridge and places to store food. Parents of children in this part could use the kitchen.
54. They started closing down the kitchen in the TCT area. At first it was the dishwasher then they started removing food after three days even if it was still in date. You could only keep food in it for three days. This was a decision made by infection control. The kitchen was eventually closed for a while to fix the water then it got reopened but they closed it again.
55. There was another kitchen on the ward that we sometimes used for cups but that started to get closed down too. Nurses told us it was to flush the taps through and clean them.
56. The TCT area also had a huge room with a pool table, juke box, Sky TV, X boxes and play stations. It was really good to start with but when we moved to ward 6A, there was nothing. There was no kitchen and nothing for the children to do.
57. There was no parent kitchen on ward 6A at all. You couldn't even step out to get a cup of tea or coffee. You had to buy food and bottles of water. When I came up to visit I took Annemarie to buy microwave meals from Marks & Spencer's which were more expensive. Stevie-Jo didn't like the food on the ward but to make sure she had a meal, we had to go to the main area behind the shops to use the microwave used by the nurses. It was in a main atrium

area of the hospital; everyone used and it wasn't clean. You then had to take the meal back up in the lift to ward 6A so she could eat it. The food the hospital provided was disgusting. Stevie-Jo was on a soup and soft diet but the hospital even manage to burn the soup!

### **CLEANLINESS**

58. There was a lack of cleanliness in all of the wards. In 6A, the room would get cleaned once a day and it would be at a time they wanted to do it, whenever the cleaner was on the ward.
59. The ward only had the one cleaner, maybe sometimes two. The same mop was used to do every room and the same mop bucket. Sometimes the cleaner would come in at 4 AM to clean.
60. Stuff would be left lying. We were on top of the cleaning. If something like plates was left there too long, I wouldn't let them lie around. I would deal with it. I would wash plates so Stevie-Jo could get her dinner as sometimes she would have it in the room. I wouldn't let things like plate lie around too long. If there was bedding that needed to be changed or was in the washing basket I would take it along and sort it out for Stevie-Jo and Annemarie. We didn't let things pile up.
61. There were issues with dusting. With three people in the room, you're not getting everywhere. The top of the TV was never dusted. You could see dust in the corners of the room. The cleaner basically just wiped the sinks and mopped the floor and it was the same in all wards.

### **OVERALL EMOTIONAL IMPACT ON STEVIE-JO AND HER FAMILY**

62. Stevie-Jo had to see a psychologist, [REDACTED]. This was at the [REDACTED].

63. It's bad enough when your daughter is going through cancer. All the other issues were just added stress. You don't need them when you're going through enough already and it causes you to lose trust in the hospital.

### **COMMUNICATION GENERAL**

64. There were no issues with communication regarding Stevie-Jo's treatment. Professor Gibson is one of the best ones in the world so you just left it up to her as she knew everything. At Yorkhill she was phenomenal. We just knew that she looked after Stevie-Jo and she still asks for her. I just didn't trust the hospital.
65. In relation to the infections that Stevie-Jo contracted, we were never told the names or source of any of them. We found out about some of them later on. Staff weren't forthcoming with information about them. We found out information in our meetings with Jeane Freeman and with the hospital. Annemarie will be able to expand on this point.
66. You're looking for answers but people won't give you them so you feel as if you're banging your head against a brick wall. It's nothing to do with the staff. They can't relay the information. We were asking about what was going on in the hospital with the water, what were the infections, what was wrong. The staff would give vague answers and even Professor Gibson wasn't clear about what was going on. The only ones that spoke were nurses but they're limited to what information they can give you. I think the situation was stressful and emotional for the doctors and nurses too. I saw nurses breaking down. It was the way the hospital was being run but the nurses were getting the blame. Their hands were tied but you could see how they felt in their faces. Nurses pleaded with us to go to the press. They said to Annemarie that something needed to be done. They couldn't do anything because of their jobs but they knew there was a big problem. Annemarie can tell you more about the press.

**COMPLAINTS**

67. We asked quite a lot of questions. My wife, Annemarie put a formal complaint in and was told it would be dealt with later. The complaint was about the cleanliness of the hospital and Stevie-Jo's care in general. I didn't put a complaint in. Annemarie was better at dealing with that side of things.

**OVERSIGHT BOARD / CASE NOTE REVIEW / REPRESENTATIVE GROUPS**

68. I've heard of the Oversight Board but can't really remember much about it. There were a few emails between us and the hospital with Craig White as the go between. It was hard to talk to him. Annemarie is the best one to speak to about this and she still has the emails on her phone.
69. We were really happy with the Case Note Review. Stevie-Jo was part of it. We got quite a lot of information from it and had a meeting with them afterwards. We got a whole copy of the report, they sent it to us. Stephanie (my legal representative from Thompsons solicitors) was at the meeting too.
70. Annemarie was involved with a group where another child's dad would give us updates. He knew what he was talking about and was very thorough. He attended the meetings and wrote them all up. I think he was involved with the Oversight Board. He was quite informative. He was fighting a cause.
71. We were part of a Facebook group too. There was one set up that was a closed group and run by the hospital. Emma, the Lead Nurse, was involved with this. There was a lack of information though. They thought they could take that on and see what was getting said. The doctors and nurses didn't like the parents talking to each other about what was happening. I think, Professor Gibson said it was a "witch fest", with people gossiping and creating stories about individuals to destroy their character. She hated it anyway and openly said this. It was better as at least you were getting some information but you could only say so much on it.

72. There was a parents Facebook page too where parents could share information. I don't know how many families were members on it but they were all involved with the hospital. More came to light on this page about the underlying issues at the hospital. They made us aware of issues around the hospital and we made them aware of any issues we found.

### **CONCLUDING COMMENTS**

73. There are still problems at the hospital now that I don't think they'll ever fix. They should take the cancer unit out of there and make it a separate unit. It's built on cheap ground and it's not fit for purpose. People call it the 'Death Star', and they're probably right.
74. The hospital won't ever be right. It opened too early and there wasn't enough checks with whoever built it. There are always going to be underlying problems with it. They'd be better knocking it down and starting again on a different site. I'd hate to be going through treatment there just now.
75. The Health Board, that's not good. They've got their issues too or their hands tied. It looks like they're protecting a scapegoat. They've not said anything. They admitted it and that's as much as we've got which is pretty poor. The Health Board clearly know more than what they are letting on and protecting themselves as it is clear to the world that the hospital was not fit for purpose.
76. 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.