



SCOTTISH HOSPITALS INQUIRY

**Hearings Commencing
20 September 2021**

Day 8
Thursday 30 September
Afternoon Session

C O N T E N T S

Rawson, Mr Alfie (Sworn)

Pages

Examined by Mr Duncan

1-47

14:00

THE CHAIR: Could I perhaps just confirm with you, Mr Duncan, that we're going to hear from Mr Rawson?

MR DUNCAN: We are, my Lord.

THE CHAIR: Right, thank you. (After a pause) Good afternoon, Mr Rawson.

A Good afternoon.

THE CHAIR: As you understand, you're about to be asked questions by Mr Duncan, the Counsel to the Inquiry. I think you met Mr Duncan this morning.

A Yeah.

THE CHAIR: We'll probably take about two hours, maybe less, and therefore, I would plan to sit on. But if, at any stage, you want to take a break, just tell me and we'll take a break. Now, will you take the oath?

A Yes.

THE CHAIR: Will you raise your right hand, please, just sitting where you are, and repeat these words after me?

RAWSON, Mr ALFIE

(Sworn)

Examined by MR DUNCAN

THE CHAIR: Thank you, Mr Rawson. Mr Duncan.

MR DUNCAN: Thank you, my

Lord. Good afternoon again, Mr Rawson.

A Good afternoon.

Q Can I just begin with some formal questions? Could you please confirm that you are Alfie Rawson, and that you live with your wife and children in West Dunbartonshire, is that right?

A That's true.

Q And you're self-employed?

A I am, yeah.

Q I think we can see from your statement that, prior to your present line of work, you have worked in a number of areas, but one area in which you predominantly worked is health and safety, is that right?

A It was health and social care and, latterly, I'd done a couple of years in health and safety.

Q And you're here today to talk to us about your daughter's experience at the Royal Hospital for Children and the Queen Elizabeth University Hospital in Glasgow, is that right?

A That's correct.

Q And you've provided a detailed statement and you're content that that forms part of your evidence to the Scottish Hospitals Inquiry, is that correct?

A Yes.

Q Now, am I right in understanding that your statement is, in fact, next to you, or a copy of it is next to you?

A Yeah, yeah.

Q Please refer to at any point if you wish, and I will, at some stage, take you to one or two aspects of it and have you read it. Can we begin in the way that we have with every other witness and maybe think about who this is all about? I wonder if you could maybe just tell us a wee bit about your daughter.

A ■■■. ■■■ is cuddly, sweetest little girl. You know, she's got a heart of gold, very thoughtful. She's always in pink, and babies is her thing.

Q Right. Let's move on then. We've obviously had quite a bit of evidence already today from your partner about ■■■'s illness, and we don't need to go through all of that again. I think we understand that mid-August 2018, she starts to develop lumps and bumps and that's investigated. I think, from your point of view, we can see from your statement that -- fast-forwarding just a little bit -- you get a call from Charmaine to tell you the

diagnosis of leukaemia, is that right?

A Yeah, yeah.

Q And I think in your statement you describe it as "the worst day of my life ever".

A Totally. Everything stopped and my world just imploded. You never want to hear those words, you know, that your kid is ill. Yeah, that day will live forever.

Q Yeah. And we've heard already not just that you had a young family, at that point, you had a very young family.

A Yeah. ■■■■■, she was just newly born. She was ■■■ months old. Then we had ■■■■■, she was ■■■, and I had a ■■■■■-year-old as well.

Q Yeah. And I think we understand that, effectively, the division of labour was Charmaine stayed with ■■■ in the hospital and you were at home with the rest, is that right? Most of --

A That's true, yeah.

Q But you, presumably, were up at the hospital quite a lot.

A Yeah. My morning generally started at 5.00 a.m. We'd be up, iron the school uniform-- stuff for the kids, for (inaudible). ■■■

was just starting nursery, get [REDACTED] dressed, her bottles, get the eldest to school, go to the hospital after dropping the kids off. So [REDACTED] and I, we'd go to the hospital, and that was trying to get-- We knew that Charmaine and [REDACTED] would be in for a while. Initially, it was four weeks, turned out to be nine months, but it was to try and get that bond that Charmaine would have been missing, and [REDACTED]. So that wasn't easy.

Q Yeah. When you went up, would you tend to stay for the day? Would that be how it worked?

A It would depend. I'd have to be back, pick [REDACTED] up from nursery, get the oldest from school, make dinner, and then get the neighbors across the road to maybe look after the girls while [REDACTED] and I went back to the hospital. So we were doing that sometimes 3/4 times a day.

Q Yeah, and what was happening with the business at that point?

A The businesses, that had stopped. Actually stopped, I think, that week, the first week.

Q And this morning, Charmaine gave evidence and said that, really, at the start, Professor

Gibson gave you a warning that the problem here is infection, not cancer.

A Yeah.

Q And, based on that, you took the decision that you had to be pretty rigorous when it came to infection control, would that be right?

A Yep.

Q And I think she described how, as a result of that and everything else, the business stopped and normal life stopped?

A Yeah. It was similar to the lockdown. You know, family, friends -- didn't see them. Yeah, pretty much everything.

Q Yeah. Okay. Now, as I indicated, we've had obviously quite a lot of evidence today about the history of [REDACTED]'s care, and I'm not going to go through that with you again. But I would like to get your perspective on aspects of it. So if we begin with the early weeks of treatment, and you can think in particular about the experience on Ward 2A, you describe certain aspects of facilities and the environment on Ward 2A in your statement. One of the things that you speak about is the playroom, and I see you're having a look at

your statement. It's roundabout paragraph 26.

A Yeah, yeah.

Q And I was just going to ask you a bit about the playroom and what your impression of it was.

A That was, I think, probably the first week that ■ was in the hospital. I'd taken her sisters in and they wanted to go play in the playroom, and one of the nursing team had come in and chased us out to say that it was for patients only, no siblings. I'm like, "Okay." You know, "We weren't aware of this." But the more that you would visit, these rules kind of changed depending on who was on shift. Other patients would go in with their siblings, family relatives, and I used to sit and question, "Why are my kids getting chased out? They've not seen their sister." So, you know, some of the rules were a bit bizarre.

Q Mm-hmm. And are you indicating that they were also not enforced consistently?

A No, no, not consistently. As I say, it would depend on what nursing team would be on duty.

Q Mm-hmm. Now, I want to try and get your impression overall of Ward 2A. In your statement, it

begins around about paragraph 20 and, by all means, have a quick look at what you've said there. I think you describe it as a very quiet ward.

A Yeah, you would go in and the only real people that you would see would be staff maybe floating about, going into a sluice room, children, maybe the odd one walking up and down the corridor. The rest would be in source or isolation, stickers on the doors. Yeah, for a children's ward, it was pretty quiet.

Q Yeah. And I think you indicate in your statement that you recall that ■ was in source quite a lot, is that right?

A Yeah. You could basically say, "When was ■ not in source?", she was in that often. Infections, diarrhoea, it's-- Yeah.

Q And another aspect of Ward 2A that we've heard quite a bit about is the parents' room. Was that somewhere that you ever went to?

A I would go occasionally to maybe have a wee bit of time out or to prepare maybe a meal that I'd brought in for Charmaine and ■. So I would go there, maybe heat it up, make us a coffee, maybe catch one of the other parents.

Q Yeah. And did you find it a useful resource overall?

A Yeah, yeah. Lots of parents would use it, you'd see the families coming and going. So, yeah, I could see the benefit in having it.

Q Yeah. What about the bedrooms, then? Do you have any observations on the children's bedrooms themselves on the ward?

A Bland. I don't think it was in line with a children's ward. You know, the bedrooms were stark. They were cream in colour. You'd expect maybe some colourful paintings up or, you know, kids' artwork, you know.

Q And I think one of the things that you mentioned is that there was an issue with the temperature in the rooms.

A Yeah, the rooms were far too warm and you couldn't control them. And if it wasn't too warm, it was freezing.

Q And, of course, you couldn't open the windows if it was too warm, is that right?

A No, there's no windows there that open.

Q Another thing that you mention in your statement in relation to Ward 2A is cleanliness and hygiene. In your statement, it's at paragraph 48, you describe the approach to these issues -- hygiene and cleanliness -- as "sporadic".

A Yeah.

Q What do you mean by that?

A There would be times where I was there and the cleaner would maybe come in at 10.30, do a bit of light dusting, mid-afternoon, maybe come in with a mop, late afternoon, somebody would come in and empty a bin. Why wouldn't you just do it all in the one go? Less disruption, you know. Yeah, I couldn't understand the cleaning regime.

Q And in your statement you identify a number of issues in relation to cleaning, for example, you identify an instance of a very strict approach. It's at paragraph 45 of your statement where you talk about an occasion where I think you brought some stuff to the room.

A Yeah, I'd went shopping, got ■ some clothes, some pyjamas and some day clothes, and I bought her a doll and it had some packaging. And I think ■ and I had been into the playroom and one of the infection control team had come in and started having a go at us for leaving the room in the condition it was in. (Inaudible), you know, "It's a cardboard box. What am I meant to do with it?" And there was a shopping bag or a suitcase or whatever sitting. You know, it was a

big deal. If we knew that these items weren't allowed, I certainly wouldn't have brought them in. I couldn't understand it 'cause ■ had a bout of diarrhoea and there was like 13 or 14 bedpans with faeces in it and it took 10 days to be removed. But, you know, this kinda-- That was okay, but a cardboard box wasn't.

Q So you saw this as being a bit inconsistent?

A Yeah, totally, totally.

Q The bedpans incident you refer to at paragraph 46. Is that the one that you're referring to just now?

A Yeah, yeah.

Q Do you want to just tell us a bit more about that?

A Yeah, ■ had had a-- I'm sure she had an infection and she had diarrhoea, and trying to get her to the toilet was quite hard because the machines that she was using would cut out. So she was using bedpans and the staff wanted to monitor her. So these bedpans would be put to the side as ■ used them and they would be covered with a towel.

Q Sorry, can I just stop you there? When you say the equipment that she was using would cut out, these were the (overspeaking) --

A Yeah, she had a drip that

was battery driven and --

Q And are you indicating that in the time it took to get to the toilet and get back, there might be an issue with whether the battery would last that long?

A Yeah, yeah. You know, you'd unplug it and then the alarm would go off on it.

Q Right.

A So we would constantly silence it when she'd gone to the toilet, and then quickly go back to the bed, plug it in again.

Q And so, instead, she used a bedpan?

A Yeah, so that the staff could monitor.

Q And so if the staff were required to monitor her output, as it were, you were required to keep the bedpans to allow them to do that, is that right?

A Yeah, yeah, until they were able to take them away.

Q And you indicate in your statement, and you've said the same thing just now, that that led to an accumulation of bedpans. Did you say 13 or 14?

A 13 or 14, and they sat in the room.

Q In the room or in the --

A In the toilet, just off the

room, 'cause it was en-suite. But these sat in the room for two or three days.

Q Was it --

A The smell when you opened the door was unbelievable. I don't know how many times Charmaine or myself would ask staff, "Would you come and get it?"

Q And did you also have a concern at some point about getting fresh bedding for ■■■? Was that an issue on the ward?

A Yeah, that was kind of an ongoing issue. There was always a bottom sheet in her room on the trolley, but in terms of, let's say, a top blanket, sometimes she would have an accident or maybe blood on the top sheet, so it just got to the point where I'd just bring it in myself. Then Charmaine always had something there that she could throw over, and it was child friendly. You know, she would have a Peppa Pig on it or, you know, one of her cartoon characters, so --

Q Okay, I want to ask you about another aspect of your experiences on the Schiehallion ward and, indeed, also on Ward 6A. It's really this: did you experience or witness any issues to do with the safety of the water supply on either of

those wards?

A Yeah. On 2A, you would see the rooms being wrapped up. The door would have a yellow sheet on it, and there would be, I don't know if it was contractors or in-house, a team that came and doused in the sinks. The rooms would be heavily scrubbed down. I don't know how many times ■■■ was moved from room to room in Ward 2A for this to happen.

Q Yeah. Thinking about Ward 2A, did you see any signs up on the wall in relation to the use of water?

A Yeah, the bedrooms was handwash facilities only. That was in the room itself and also in the bathroom. In the kitchen area, again, you would have signs up, you know, "Handwashing only".

Q And am I right in understanding from your evidence that you were provided with bottled water to use for these things?

A Yeah, that's when the staff remembered to bring it to you.

Q How often would you see the contractors coming into to douse the drains, as you described?

A That could be on a weekly/fortnightly basis. If I had went in the evening, Charmaine might have said that they were there in the morning or-- But, yeah, I witnessed it

on a few occasions.

Q Yeah. And do you recall much explanation in relation to-- If you think of the various points that you've just identified about the water supply, can you recall much explanation to you about any of these things?

A There was no explanation. None whatsoever.

Q Can you recall asking the staff about what the issue with the water was?

A Yeah, and it was always the same answer: they didn't know.

Q Yeah. I think you mention this at paragraph 63. You say, "Throughout the process, we were asking questions."

A Yeah. Throughout the process, we would ask questions. You know, our daughter couldn't have-- I think in the time that she was there, she had two baths, and that was a small children's plastic bath. On both occasions, she picked up infections. Then one of the parents said to us, "You can't use the water." Every time she bathed her son, he would get infections. So the hospital staff weren't telling us what the reasons were, so I'm natural curious, so I started digging things out myself to see what exactly-- you know, what is the issue.

Q Yeah, and I'm going to ask you some more questions about that a little later. But, just keeping us in the early weeks of ■■■'s treatment, when you think back to that phone call that will live with you forever from Charmaine in mid-August, and here we are a few weeks further on where ■■■ is now in this hospital going through her treatment that will hopefully save her life, and you're discovering that she's in an environment where there's an issue about the safety of the water supply. How do you feel at that point?

A Nervous, scared, because we were-- From the bits that I can remember, meeting Professor Gibson, I think that was on the Monday, she had told us that it might not be the cancer that will kill her. It'll be secondary infections.

Q Yeah, and you've explained that, on the back of that -- and Charmaine said the same -- you took steps in your environment to make sure that ■■■ wouldn't be exposed to infection.

A Yeah. We've now got to the point where we can't bath our kid, we're baby-wiping her, and this went on for the duration of her stay. What one of the parents told us

was, as I said, you can't drink the water, you're waiting on water being brought to you when the staff have a window. You know, you just question the environment that your kid's in, and that shouldn't be the case within a hospital setting.

Q Now we know that later in 2018, indeed, quite soon after [REDACTED]'s admission, she would be transferred to Ward 6A. I'm going to ask you some questions about that in a minute, but let's just take a step back. Where were you when you found out that Ward 2A was going to be closing?

A I was at home.

Q And how did you find out?

A Via text message, and then I think I checked the news and, yeah, it was on the news. Yeah, I texted Charmaine to say, "You're moving."

Q And at some point, you discovered that it would be a move to Ward 6A.

A Yeah.

Q Now, in your statement at paragraph 71 -- just have a wee look at that, please, Mr Rawson -- you refer to attending a meeting which indicated that Ward 2A would be moved back, or rather that

everything would be moved back to Ward 2A in the spring of 2020.

A Yes.

Q Just to try and understand the timeline in all of this, we know that Ward 2A closes in September 2018 and the transfer happens at that point. When did this meeting take place?

A This meeting-- Initially, when we were told that the kids were being moved to 6A, that it would only be for a few weeks. Then a few weeks turned into a few months, so at that point, we started asking questions. This meeting actually took place after we met with Jeane Freeman, the Health Secretary. This was a meeting that took place a couple of weeks afterwards.

Q Okay, I'll ask you some more questions about that later on.

Let's, then, go back to think about the move to 6A. What was your understanding of why-- I mean at this point. What was your understanding at this point of why the children were being moved to Ward 6A?

A There was no understanding because there was no explanation.

Q Yes. And, again, are we right in understanding that principally it

was Charmaine who stayed with [REDACTED] during the period that she was on Ward 6A, but again you would be coming to the hospital regularly?

A Yes, Charmaine stayed with [REDACTED] 100 per cent of the time.

Q But you would be there on a regular basis, yes?

A Yes.

Q And in your statement you give us your impression of Ward 6A, I think it's at paragraph 31, and I think you describe it as not being fit for purpose.

A No.

Q What do you mean by that?

A Well, firstly, it says it in the name. It's an adult ward. There was absolutely no facilities for children. It was even bleaker than Ward 2A. Yeah. The way it was set out just doesn't make sense on a infection control basis. You would come out a main lift, through a set of doors along a corridor, past immune compromised people to get to a day care setting. I don't see how that was set up properly, when parents are told that the cancer won't kill you, but secondary infections will.

Q Yeah. But, again, thinking back to all the steps that you took in your home environment and

closing down the business and, you say, going into lockdown, following this move in a situation where you get access-- if somebody was coming along to get access to day care on 6A, it would be getting access through the adult hospital, the main entrance, is that right?

A Yeah. So, again, access to Ward 6A, you would go through the main entrance, past all the smokers, and whoever else would be there, go through the main atrium, bearing in mind there's adults milling about there, coughing and spluttering, into a left that will take anything between 10 and 12 people, and we're starting at various levels.

Q I'm sorry. And with anybody in it, I presume.

A Yeah. There would be people in the lift. You'd have either patients, who've been down for a cigarette, visitors to the wards. The lift would be stopping off at various floors. So, I'm sharing a lift with these members of the public and then going to visit my vulnerable daughter.

Q Or you could be somebody bringing in a kid who's spiked a temperature --

A Yes.

Q -- might have an infection.

A Chickenpox. Yeah.

Q And I think we understand from Charmaine's evidence that after you've got up to the sixth floor, and you're heading towards 6A, you go past the play area.

A Yeah. Yeah.

Q And there could be immunocompromised children there, yeah?

A Yeah. The play area was not exactly a play area.

Q A table?

A It was a table with plastic chairs with a couple of pieces of A4 paper and some crayons.

Q Walk through inpatients, and then finally, you're in day care.

A Yeah.

Q And as you say, you might have just done all of that with a child who has chickenpox or something of that nature, yeah?

A Yep.

Q So, was it your recollection that kids who were inpatients on 6A tended to be in their rooms a lot?

A You could walk up that corridor anytime of the day and you'd be lucky if you've seen the child, because you would either have a sign on the door saying "Isolation" or "source".

Q I think the way you put it in your statement is you saw the odd kid wandering about, would that be right?

A Yeah. You would see the odd kid. One of mine, who's been one of them, if she wasn't in source, we would walk the ward, one, to get her a bit of exercise, two, to see just somebody else rather than mum.

Q Well, that was what was going to ask you next. I was going to ask you what was ■■■'s entertainment when she was on the ward? Walking up and down?

A Walking up and down.

Q Maybe see her friends?

A Yeah. Through a door, yeah, or a bit of glass.

Q And I think we can see from your statement about hide and seek with her dad.

A Bit of hide and seek with myself. We place maybe something in the corridor and get her to find it. But yeah, just anything to get her out her room.

Q I think we also know from this morning's evidence, the clown doctors would still come to visit, is that right?

A Yeah. Clown doctors were good with ■■■. She loved them. It really cheered her up.

Q Another aspect of 6A that you mention is that there was no parents' kitchen.

A No parents getting, no.

Q So, the respite or chill out aspect of that is not available to parents, is that right?

A No.

Q But also, there's nowhere to make food or make a cup of coffee, is that right?

A Nowhere. When I was visiting, I would maybe grab two coffees, soup and a sandwich for ■■■, and maybe a meal for mum. There was no facilities to heat the meal up. So, I'd have to go down to the main atrium and use a microwave next to the vending machine and then take it up in the lift and back into your room. By the time we got there, it was better off just leaving in the wrapper. It was cold.

Q You've given us quite a vivid picture of the arrangements that you had for running the home, looking after your other daughters, but also coming in. And was one of your jobs bringing in food and supplies?

A Yeah. I used to prepare meals at home, put them in Tupperware, bring them in, heat them up. And it was better than the food that was on offer.

Q Now, in your statement, you identify a number of other issues to do with the hospital that concerned you, and I'm just going to ask you about those. And then I'm going to go on and ask you some questions about the investigations that you've made that you've alluded to already. One of the things that you mentioned, it's at paragraph 50, and indeed, all of these issues are described in that paragraph and the paragraphs that follow.

Paragraph 50, you refer to seeing cracks being painted over by painters, and you say that surprised you in a new building. What was your concern, if any, about that?

A Wherever you went in the hospital, you could smell Dulux. Then, when you spend that much time in the rooms, I was just having a look about and above the bathroom doors there were big cracks coming from the ceiling all the way down to the top of the doorframe, then down the side of the doorframe. And again, above the main door coming into the room, there was cracks in several of the rooms. It's not something that I would expect in a new build. Maybe in a house, yeah, over the course of time. But the hospital was only a couple of year old. Yeah, it's not something that I would have expected.

Q Did it concern you at all?

A If I was to sit and really go through it, yeah. There would've been a few concerns.

Q What, if anything, did you think these cracks indicated?

A Well, in my thinking, it would be structural.

Q You mean movement?

A Yeah.

Q Yeah.

A Let's say you would find that in a new house over the course of time as a building is settling. Not something I would've expected to see in a hospital.

Q I think in the next paragraph you mention a further issue which we've heard some evidence about already, and that is to do with the removal of cladding.

Q Yeah. So, in visiting ■■■, Charmaine said, "Oh, they're going to start building works." They've just completed it, what they doing now? And when visiting, they've got the scaffolding up and removed the cladding, replace the insulation. My thinking was, "Why would you be replacing the insulation?" And then, there's rows of Rockwool sitting to be installed. Well, given my background, I was thinking, "So, the stuff that you're taking out isn't fireproof because

Rockwool is. It's like a fire stop. Oh, you spent all this money on a hospital and you're replacing it already." I didn't understand that either.

So, that then had me thinking about the taps in 2A. What we were using, why we were using it. Why are you replacing it? Why you painting it? So, as I say, you start asking questions yourself. Nobody's giving me answers.

Q What about the fact that the work to replace the cladding was going on while there were patients in the hospital? Did you have any concern about any risk arising from that?

A They closed the entrance to the children's hospital, which, for me, was a lot safer than going through the main entrance. You're not passing people smoking and you're not going through the main atrium. In the children's side, you could go from the car park straight in, and then into your lift, and it would take you into 2A, 2B. Yeah, the wee bit of your walk through the atrium, but during the day, that area might have been busy with clinics going on, but in the evening, it was it was fairly quiet. So, it wasn't a major concern. But walking through the main adult, that concerned me.

Q Yeah. Now, a further

thing that you mention is, at paragraph 53, you say that you “witnessed windows popping out when I was at the hospital”.

A Yeah.

Q You literally witnessed windows coming out, is that right?

A I just got out the car park and I was walking along and one of the windows-- Well, initially I never knew what it was. All you could hear was screams. And, yeah, this window had popped out.

Q And a further thing that you mentioned, at paragraph 54, is a smell. Tell us a bit about that.

A Yeah. Well, the hospital is constructed on part of the old Southern General, and then part of wasteland. But about 2 or 3000 ft from that is a sewerage plant. When that gets churned up, everybody knows. You don't smell it; you actually taste it. You could smell it in the hospital, in the wards. It was disgusting.

Q I want to go on now and look at another aspect which we've each alluded to already this afternoon. That is your investigations that, effectively, you undertook and meetings that you were involved in. And I think, if we just look at your statement, Mr Rawson, and go to page 57. Sorry, paragraph 57. We can see

that you carried out a number of investigations. And I wondered if we just walked through some of this, you could maybe help us with one or two aspects. So, if I start at 57, you've got that in front of you?

A Yeah.

Q You say, “I was concerned that we were not being told what was going on with the building., started looking into the construction, the hospital and the water supply. I started looking into it and I find out that before the hospital opened, people were aware that some places were not fit for purpose.” Now, just stop there. I'm going to ask you three questions. First of all, roughly in time, when is it that you start carrying out the investigations that you refer to there?

A That was probably after the meeting with Jeane Freeman.

Q Right. So, that would be late 2019.

A Yeah. And, as I say, we met with the NHS GGC Board.

Q Also about that time?

A That was a week or two afterwards. And everything that we got told at both meetings were pretty much lip service.

Q Yeah. So, just pausing there, is the better way to approach this, then, to first of all, look at the

meetings that you went to and then to go back and look at these investigations. Is that really the order of it?

A Yeah.

Q Let's do that, then. Now, if we go first of all, then to paragraph 66. I'm sorry, I beg your pardon. It was paragraph 64. That's the meeting with Jeane Freeman that you referred to.

A Yeah.

Q Yeah. Now, we've had quite a bit of evidence on that already, and I think we understand that in September 2019 there was a meeting with Jeane Freeman and some other officials and also a number of families, is that right?

A That's correct, yeah.

Q Yeah. Now, what's your recollection of that meeting?

A The Health Minister came across as empathetic, shocked, in awe of everything that she was hearing.

Q Are we right in understanding that, effectively, all of the families had an opportunity to air their own particular concerns?

A Yeah. We asked questions. And there wasn't a lot of answers, just that she was shocked, she would get to the bottom of it.

Yeah, that was her approach: we'll get the answers. And as I say, a couple of weeks later --

Q Oh, just pausing there.

Did you think it was a useful meeting?

A No. No. That was a "If we have a meeting, they might shut up and go away" kind of meeting. It wasn't-- As I say, it came across as very shocked and empathetic. But I think the hope in that was, "If we have this meeting, these parents will just shut up and go away."

Q Now, if we just drop down the page a bit on the statement, you say, paragraph 66, "Three to four weeks after the meeting with Jeane Freeman, we were invited to attend another meeting with NHS GGC." Is that the meeting that you're referring to as coming after the Jeane Freeman meeting?

A Yeah. Yeah. this was a Saturday morning at 10 am. We had Jeane Freeman, Tom Brown, the Chairman, the Director of Nursing, the Head of Facilities, the Head of Infection Control, and I think there was two other people there.

Q Okay. And before we go any further on that meeting, and with apologies for jumping about again, can I take you back to paragraph 60? You say you attended a meeting at the

hospital when they said they'd doused the water. Is that the same meeting?

A It is, yeah.

Q Okay. Do you want to tell us a bit about that meeting, then?

A There was a number of parents there. Professor Craig White was there as well. He was there on behalf of the government. Initially, Tom Brown had opened the meeting with a sincere apology. "The hospital should have done better in the communication regarding the water issues." Well, everything was wholesome. That was the opening.

Q Everything? The water was --

A The water was regarded as wholesome.

Q That's the word that you recall being used? "Wholesome".

A Yes. That was the word of the day in that meeting.

Q What did you take that word to mean?

A Trying to reassure us the water was safe.

Q At paragraph 60, just have a wee look at that, you refer to this aspect: the water being wholesome.

A Yeah.

Q I just noticed that you say something about 23 pathogens, and

then you go on to say this was on a slide at the meeting (inaudible). So, just, was there a PowerPoint presentation?

A There was a PowerPoint presentation by the Facilities Manager. Who'd said, "Initially, when water was being tested, they found these 23 pathogens."

Q Okay. Can I just stop you there? So, the Facilities Manager presented a PowerPoint presentation. Roughly, how long did that presentation last?

A Maybe about 10 minutes.

Q And again, broadly, and then we'll think about some of the detail in the presentation, broadly, what was the presentation about?

A What the hospital had done --

Q About what?

A The water.

Q Was there any-- Did it set out the history of what had happened or anything like that? Was it just, "This is where we are now, and this is what we've done"?

A This is where we are now, and this is what we're doing.

Q Why don't you take a moment to have a look at what you've said at paragraph 60 and then --

A This started in --

Q -- give us your reflections on what you recall.

A 2018, they said that they had found pathogens in the water in testing and within that, they'd found 23 pathogens. And that they were carrying out chlorine dioxide dousing at the inlets.

Q Okay, so can I just pause you there?

A Yeah.

Q Are you saying to us that at the meeting they were referring to the fact that they had, indeed, found 23 pathogens in the water?

A Yes.

Q And in response to that, they doused the water with chlorine dioxide?

A Yes.

Q And they were saying that the water is, as a result of that, wholesome.

A Yes. And that's when Facilities Manager had said that Ward 2A would be open in the spring of 2020.

Q Again, if you just have another look at what you've said in paragraph 60, and then maybe if you go back to paragraph 66, just to help refresh your memory. Were there any other aspects of the meeting that you recall that you think might be of

importance?

A Yeah. As I say, that's when I started looking at things for myself.

Q Yeah. Just pausing there, I think we'll now start to look at your own investigations. It may be obvious from what you've already said, but did you think this was a useful meeting?

A No.

Q Did you think that you came away from this meeting knowing more than you had before you'd gone to the meeting?

A No.

Q Why do you say that?

A This meeting was forced. At no point would you usually get the Chairman and the rest of the top tier NHS GGC in one room at 10.30 on a Saturday morning without a minister's input. This was another meeting of, "If we have this, you might go away." And none of the parents came away from that mean satisfied. It was lip service. They promised at that meeting that they would write to us within a couple of days. Still waiting. Nothing came from that meeting.

Q What were they going to write to you about?

A The issues that were raised by some of the families. They

would try and chase it along and get the answers and come back to us individually and as a group, but, yeah, nobody's received that letter.

Q And what issues?

A There was lots of issues from-- Parents' concerns regarding moving the kids to 6A, going through the main entrance, passing through the adults, in the lift, shared lifts, the lack of facilities, the water, the air, the food. So, there was a few.

Q What was the issue with the air?

A The room's being too warm. I think the ventilation system. Yeah. There was lots of different issues raised by different families at that meeting.

Q Okay. And are you indicating that everyone would have their own individual issue, but your understanding was that there was going to be a response to everybody about all issues, is that right?

A Yes.

Q And as far as you're aware, there has been no such response, is that right?

A Yes.

Q And was on the back of that you decided you would start to make your own investigations of what had been going on, is that right?

A Yeah. We kept being told that there was nothing wrong. That we were pretty much paranoid parents. I think some parents were made to feel stupid. It was very much a case of, "Take your medicine, shut up." When we asked questions in the ward, you could guarantee there would be a sticker on your door within a couple hours or the next day. "You're asking too many questions."

Q What was the sticker?

A source or isolation?

Q So, your impression was that if you raised a concern about the environment you were in, the response was, "Well, let's keep you in your room where you'll be safe from that environment." Was that the thinking?

A Yeah.

Q Now, I want to know a wee bit more about the investigations that you've made. And I reassure you that these hearings, we're only concerned with understanding people's impressions and perceptions of things that have happened. And looking at the technical aspects of exactly what did happen and, indeed, why will be for later. But it will be helpful for us to know where people have looked into these matters, what it is they have

uncovered, and, in particular, what questions they have. And I think it's obvious from your statement that that's something you might be able to help us with, is that right?

A Hopefully.

Q Now, if we look at paragraph 60 and if we just go back to that sentence that refers to the slide played at the meeting, I think it looks as if the rest of that paragraph does actually pick up at the point where you begin your investigations, is that right? You say, "I've looked at the Healthcare Improvement Scotland reports."

A Yeah. I've looked at a few reports. So, two days after the hospital had opened on 29th April, the NHS states they'd commissioned a company called DMA Water Treatment to carry out water tank inspections. In doing so, this was deemed high risk. There was stagnating water found in parts of the 14-storey building. The hot and cold water temperatures, they weren't running at the correct temperatures. Five plant rooms were deemed high risk due to builder's debris found within them.

The tanks were recommended to be disinfected. This report never reached boardroom level, or so we're told. Someone in the facilities management team decided that it

wasn't important to escalate this, because in 2017, another inspection took place and the recommendations in 2015 weren't followed. There was gaps in the legionella testing. So, across with Health Protection Scotland reports around the same time.

So, in 2016, in Ward 2A, there was one case of bloodstream infection, and the wash-hand basin was removed. In September 2017, there was another case. Again, the wash-hand basin was removed, and they started dousing the sinks with hydrogen peroxide. In 2018, there was another case, and that was in the February, and that was for pseudomonas. And then, between March the 11th and 16th, there was another three cases. And these were identified in Ward 2A and 2B. So, then there was a spate. April -- June there was 10 cases all linked to the water supply. On the 2nd of August, September the 20th, there was a further six cases -- and that's when the patients were transferred to Ward 6A. So, total, there was 23 patients with infections, but we're, as parents, being told everything's okay within the hospital environment, the water.

Q As I indicated to you, Mr Rawson, I'm not expecting you to be able to go through all of the detail and

technical detail of all of that just now, but you're indicating to us, I think, that your investigations in fact only raised more questions as far as you're concerned. Is that right?

A Of course? You know, this information is freely available. It's the fact nothing was actually done. So, the infections started in 2016. The hospital knew about these infections. They knew that there was something wrong with their water, in the water supply. To put children through this unnecessary treatment, drugs, sickness, when it was an easy fix, beggars belief.

Q Do you consider that the hospital said anything about these matters?

A The hospital haven't said anything.

Q I mean during the period of ■■■'s treatment, do you consider that a candid position was presented by the health board in relation to these matters? You're indicating "No".

A No.

Q Let's look at your statement again, paragraph 57. I think we can now understand further what I think is the summarised position of your investigations that you set out at 57 to 59. Is that right?

A Yeah.

Q I mean, I think what you say is, "I was concerned that we were not being told what was going on with the building. I started looking into the construction of the hospital and the water supply. When I started to look into it, I found out that before the hospital opened people were aware that some places were not fit for purpose." Is that a reference to what you've just told us about?

A Yeah. Yeah.

Q "I say that because there were transplant patients transferred to the hospital in, I think July 2015, but by the August 2015, they'd been sent back. This was due to the ventilation system..."

A The ventilation system-- Again, people were told there was nothing wrong with the ventilation system, but in 2019, the Health and Safety Executive issued improvement notices for contravention in the ventilation system. It was releasing-- What was it, the term? Harmful airborne microorganisms, and that was in relation to the kidney transplant, cancers wards.

Q And you say people were told there was nothing wrong with the ventilation system. What People were told that?

A I think people in general.

I know Charmaine had raised a couple of issues, and other parents. Well, again, "Everything is okay"; I think the improvement notice says otherwise.

Q Paragraph 58 you say, "When it came out in the media that there were issues with the water, I wanted to see what the Dispatches water report said. I read some stories in the media and managed to find some news reports online. I have also asked for reports on the water samplings."

A Yeah.

Q Now, who did you ask for reports on the water samplings from?

A That was asked at the meeting with Brown and Grant and the facilities manager, and it was also asked through Professor Craig White. I was told we would get a copy after they broke them down into layman's terms. That's probably so I would be able to read them.

Q When was that said?

A A year ago.

Q Sorry, just to be clear, was it at the meeting that it was said that you'd be provided with something that broke it all down into layman's terms?

A Yes.

Q And have you been provided with that?

A No.

Q (After a pause) Would it be fair to say, then, that -- as far as you're concerned -- there continued to be a large number of questions that have not been answered?

A Definitely. Initially, my thought process was, if I could see water which is okay, you know, there wouldn't be an issue with us providing the data. And, as I say, providing the data would've showed the frequencies of their testing, where they were testing. Yeah.

Q Okay. Just maybe stepping back a bit and thinking about one aspect of the evidence that you've just given, and that aspect is communication: generally, how would you assess the effectiveness of the communication you got from the hospital and the health board in relation to the issues with the hospital?

A Pathetic.

Q I mean given that, during all of this, you've had a very young child going through gruelling cancer treatment and at times being very unwell as a result of that, how do you feel about the level of communication that you got in relation to your concerns?

A Again, absolutely pathetic. There was no

communication whatsoever.

Q I mean, one aspect of your evidence that I'll mention is, you say in your statement, at paragraph 72, that you found out at some point that there was an issue in the hospital or there was said to be an issue in the hospital about something called "cryptococcus".

A Yep.

Q How did you find out about that?

A Media.

Q How do you feel about finding out about things like that from the media?

A This became second nature. Anything that had happened regarding our kids in that hospital came via media or a text message, and maybe the odd piece of paper put under your door.

Q Thank you. Now, Mr Rawson, I'm moving on towards the conclusion of your evidence. My Lord, I don't have very long to go, but I wonder whether your Lordship would wish to take an afternoon break, nevertheless?

THE CHAIR: (Inaudible)

MR DUNCAN: Perhaps 10 minutes?

THE CHAIR: 10 minutes, let's do just that. We'll take a break for 10

minutes and be back, well, 20-past?

Yeah, 20-past.

MR DUNCAN: Thank you, my Lord.

THE CHAIR: First, if Mr Rawson could have the opportunity to leave.

15:10

(Short break)

15:20

THE CHAIR: Mr Duncan.

MR DUNCAN: Thank you, my Lord. Mr Rawson, I have only a few further questions for you, and I want to move on and think about one thing in particular. In your statement, you give us some indication of your perception of the impact upon ■■■ of some of the problems that you experienced at the hospital, and I wondered if there was anything in particular that you wanted to say about that.

A (After a pause) I'd rather not, sorry.

Q And that, I think, makes the next question, from my point of view, one that I don't need to ask either. I was going to ask about the impact upon you, but I think it's obvious, just reading your statement, that the whole story has been incredibly distressing. Would that be fair?

A Yeah.

Q Yeah. I just want to

maybe then move on, then, to think about just trying to understand what your overall view is, Mr Rawson. You've given us all, I'm sure, a lot to think about, and there are a number of questions that we will all have to go and think about. But I'm struck by what you say at paragraph 73 of your statement, if you just have a wee look at that. And it's the very end of it, "Not for one minute...", you see that?

A Mm-hmm. Yeah.

Q Do you want to read that out to us? Just read it nice and slowly, "Not for one minute..."

A "Not for one minute will you hear any of the families criticise the way our kids have been looked after; they've saved their kids' lives. It's the environment and the management."

Q I'm just wondering, Mr Rawson, whether that sums up how you feel about all of this?

A Totally. The nursing staff, the doctors, Professor Gibson, they saved my girl's life, and I'll always be grateful for that. What I find hard to swallow is our kids, not just my kid -- hundreds of kids, have been put through unnecessary pain, suffering, given medication with untold side effects yet to come, when this could have all have been dealt with with

open transparency, doing the recommendations, spending the money to fix the recommendations. You know, I mentioned the water tanks being disinfected -- that doesn't cost a lot of money, knowing you've spent £842 million on a state of the art hospital. So, that's the bit that I find hard to swallow, that kids have died along the way when they didn't have to, you know? This is more for kids who have yet to pass through these doors. What are they going to be doing? What is the treatment they're going to receive? What is their families going to go through?

Because I know what my families went through and how it's destroyed us both mentally, emotionally. You know, our kids are going through treatment; Charmaine's got PTSD; you know, I suffer from depression -- these are things that we shouldn't be, you know? None of these families should be going through this, but I feel for the ones that have still to come.

Q Mr Rawson, I don't have any further questions for you. Is there anything else you want to add before we conclude?

A No.

Q Thank you very much, Mr Rawson.

A Thank you.

Q Those are all the questions from me.

THE CHAIR: Thank you, Mr Duncan. Thank you very much, Mr Rawson, for providing your statement to the inquiry, for coming here today and giving your oral evidence. It will be part of a body of evidence, but it will be something that the inquiry will pay a lot of attention to. Thank you very much, you're now free to go.

A Thank you.

(The witness withdrew)

THE CHAIR: Now, Mr Duncan, I think we have evidence tomorrow.

MR DUNCAN: Indeed, my Lord. I think tomorrow afternoon.

THE CHAIR: Right, so we will adjourn until two o'clock tomorrow afternoon.

MR DUNCAN: Yes, indeed, my Lord.

THE CHAIR: Thank you, everybody. We'll see each other tomorrow afternoon.

(End of Afternoon Session)