



# SCOTTISH HOSPITALS INQUIRY

**Hearings Commencing  
20 September 2021**

Day 5  
Friday 24 September  
Morning Session

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Examined by Mr Duncan

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**10:**

**THE CHAIR:** (Inaudible)

**MR DUNCAN:** ... Mr David Campbell who is present and I think is ready to start his evidence.

**THE CHAIR:** Mr Campbell?  
Good morning, Mr Campbell.

**A** Good morning, my Lord.

**Q** As you appreciate, you are about to be asked questions by Mr Duncan who I think you've had the opportunity to meet. Good. As far as timing is concerned, we will probably take a break about 11.30 for coffee for about 20 minutes before resuming evidence and going on to lunch at 1 o'clock. On the other hand, if at any stage for any reason you want to take a break just indicate that to me and we can take a break at any time. Now, I understand you are prepared to take the oath

**A** I am.

**Mr David Campbell (Sworn)**

**Examined by Mr Duncan**

**THE CHAIR:** Thank you Mr Campbell. Mr Duncan?

**MR DUNCAN:** Thank you my Lord. Good morning again, Mr Campbell?

**A** Good morning.

**Q** Can I just begin with

some formal questions and have you confirm that you are David Campbell, you are 44 years old, and that you live and work in the west of Scotland. Is that correct?

**A** That's correct.

**Q** And you are the father of a boy who is now seven?

**A** Yes. Just turned seven in July.

**Q** And you are here to give evidence about one aspect of your son's childhood in particular, that he became ill when he was four, he was diagnosed with cancer and he was treated in the Royal Hospital for Children and the Queen Elizabeth University Hospital in Glasgow. Is that correct?

**A** That's correct.

**Q** Mr Campbell, you've provided us with a detailed statement about those experiences and am I right in understanding that you are content that that forms part of your evidence to the inquiry?

**A** I am content.

**Q** Thank you. And you've agreed to come along today to answer some more questions about aspects of that. Is that right?

**A** That's right.

**Q** Mr Campbell, am I correct in understanding that there are

particular parts of your statement that you wish to emphasise, is that correct?

**A** I would appreciate that, yes.

**Q** And is it my understanding that you want to begin, in fact, by reading a part of your statement. Would that be right?

**A** If the inquiry agrees.

**Q** I'm sure that would be appropriate, Mr Campbell. I think you want to start at paragraph 3. Is that right? And then read to paragraph 10? We don't need it on the screen, Ms Ward. If you just read it out at the pace that you find most comfortable please.

**A** Thank you:

"Completing this statement has been a gruesome emotional experience. Many dark, painful moments have been relived and attempted to put into some kind of context. A difficult thing to grasp as I'm still in a form of emotional limbo, not knowing what to feel, three years on from my son's first cancer diagnosis. The reason for that being, there are still many questions left unanswered from what we experienced in that place and so a form of purgatory remains.

Some things are clearly

evident though, and what is the most fundamental to me is that my son and the other children with their families could not have set foot in that building when their lives were so perilously ill as it was.

People chose to ignore recommendations that the building was not as it should have been, even back in 2015. This was highlighted by an independent report and the fact they continued to let these children be admitted to this hospital, ignoring qualified substantiated advice is totally unacceptable and unforgivable.

My sincerest gratitude to [REDACTED] 'fantastic consultant and his team. I will be forever in your debt. Also the surgeons who operated so swiftly removing the tumour successfully, with their theatre staff, anaesthetists, lay workers and the nursing angels who are so very brilliant. We owe you his life and we will continue to be ever grateful for saving him. The CLIC Sargent Marion House, and CCLASP, thank you. Without that support I could not have done this.

To the SNP government that

let this hospital be handed over and deemed fit for purpose and then let the health board continue to operate so inefficiently, the contracted people responsible for building a death trap for the country's most vulnerable children, causing so much distress and added psychological cruelty to us all. I hope karma finds you all soon and this inquiry brings you all to task and accountable.

The staff who do all they can to protect these children every day deserve so much better than a board devoid of any compassion, candour and accepted responsibility. To the health board, shame on all of you.

To the beautiful little people we met in there that are heartbreakingly up in heaven just now and not suffering in pain any more, thank you for inspiring me, showing me how to be fearless, how to be the best dad I could be for my son because back then I had nothing left to give. The answer is so cruel. You all deserve so much more. God love you all and thank you".

Just finally to all the parents:

"Well done. We don't hear that enough as no one really knows what we go through".

Thank you.

**Q** Thank you, Mr Campbell.

I'm now going to go on and ask you some questions and I'm going to begin with a bit of background just to understand who this story is about. I think your son stays with you at the weekends and when you are on leave and on school holidays. Is that correct?

**A** That's correct.

**Q** Can you tell us a bit about your son?

**A** [REDACTED], as we've heard, is seven years old. He's basically split custody with his mum and I. He's always known [REDACTED] as his home, but the real family home is [REDACTED] on the Mull of Kintyre, where [REDACTED] loves to go and visit his grandparents. [REDACTED] is actually the ninth generation of Campbells from Argyll, so it is a long line of history and quarrels with the clan MacDonald and now battles with the hospital. We are a resilient people and we are still here after all this.

The beach is a big thing for [REDACTED] down in Kintyre. It is a lovely part of the world and he's fortunate to grow up, like I am, down there spending a

lot of time. Nature is a big thing for [REDACTED]. He's catching up on lost time, really, for what's happened in hospital.

The big thing just now is ants, insects, anything that moves, so yeah, he's really keeping me on my toes and I have to get the encyclopaedias out now to give him the correct answer to all these questions or point him in the direction that he will find out.

**Q** Thank you, Mr Campbell. I want to move on now and just start to try and understand, if we can, the history of your son's illness and the beginning of his treatment. I think we can see from your statement that you - I think round about the start of August 2018, you started to notice a swelling in his eye, and you decided to get that checked out. I think you went to Accident & Emergency at The Children's Hospital to begin with, and eventually you got a diagnosis of a rare type of cancer. Is that right?

**A** That's correct. Yes.

**Q** And your son at that point was four years old?

**A** He was four.

**Q** How did you feel at that point, Mr Campbell?

**A** When you hear the words, "Rare", and, "Aggressive", it's shellshocking. It's devastating. It still is actually because "rare" always

means you don't know how it's going to develop. There's never an answer how he's going to respond to treatment, so, yes, it was a very testing time for all of us.

**Q** We can see from your statement, Mr Campbell, at paragraph 20, that initially your son was admitted to Ward 1A in The Children's Hospital, I think, and then to Ward 3B, and then eventually he was admitted to what we've come to know as the Schiehallion Unit in Ward 2A. Is that right?

**A** That's correct.

**Q** And that would be round about 26 August 2018, and I think that's really the point at which diagnosis is confirmed. Is that right?

**A** Yes.

**Q** I think we can see from your statement that very soon after that your son had something fitted called a "central line", is that right?

**A** Yes.

**Q** And that was to allow him to have his chemotherapy, was it? Is that right?

**A** Yes. It was a godsend. He was terrified of cannulas so when this was introduced it really helped him.

**Q** And did he have a name for it?

**A** The wiggly.

**Q** And do we understand from your statement, in fact, that was what all the kids called their central lines?

**A** I believe so, yes.

**Q** We can see from your statement, moving on to paragraph 23, that on 30 August there's a discussion about a treatment plan, and, in fact, the way you put it is there was an agreement about the treatment plan. Is that right?

**A** Yes.

**Q** And the treatment itself started on 31 August. Is that right?

**A** Yes.

**Q** In relation to the surgery that you have already mentioned to remove the tumour, roughly when did that take place?

**A** Within 48 hours of the CT scan. [REDACTED] mum and myself basically stayed in the hospital for two to three days until everything was resolved with him, so it was very - - things moved along very quickly.

**Q** Now, just trying at this stage, Mr Campbell, just to keep things fairly high level and just get an overview of things, thinking about, really, the start of this surgery, the beginning of chemotherapy, how was [REDACTED] coping at this point?

**A** Not well at all. He was terrified. Absolutely terrified. It was a complete culture shock for him, not having the usual freedoms that he was used to, and I think the very first thing with the cannula before he had to obviously go for surgery to remove the tumour, it didn't go well. They couldn't source the vein, and I had to restrain him, and from then on it just seemed to be a fear for him to get that done.

Eventually he got the cannulas in, he went for treatment, and when the wee soul came back from getting the tumour removed, he was inconsolable. He thought someone had stolen his eye because he had a bandage over his eye, and the tumour was removed just under the bone of his left eye and, yeah, so he had a big -- a lot of apprehension any time he went near anyone that they were going to take his other eye away, so he needed a lot of coaching.

**Q** And how did you feel at this point?

**A** Still stunned. You had to catch yourself on very quickly to make sure that you didn't feel any apprehension, that he didn't know how ill he was. "We are just here for a little while, everything's going to be okay." Constant reassurance. That only works for so long until they catch on.

They know things aren't going to go their way. They're not in control anymore.

**Q** Now, we can see from your statement, Mr Campbell, again, just trying to walk us through things at a fairly high level. We can see that your son was discharged from Ward 2A, I think, on 3 September and discharged to something called, "CLIC Sargent". What is that?

**A** It is Marion House. CLIC Sargent is the charity, a fantastic charity, and it allows parents and children to remain on the hospital grounds. It is similar to Ronald MacDonald House where families can go and stay but still be available to be recalled to the hospital for any temperature spikes. It is a fantastic building, really clean, sanitised. Kitchen facilities, washing machines, everything like that. It was a real godsend.

**Q** And I think we see from your statement that there was a feeding tube fitted to [REDACTED] some time, I think, in the middle part of September. Is that right?

**A** Yes. That wasn't pleasant at all, but he got around that, yes. He became acclimatised to the feeding tube.

**Q** And then maybe finally

we can see that [REDACTED] would then go on and he would attend as an inpatient and as an outpatient regularly for about six months. Is that right?

**A** Six to seven months, yes.

**Q** And as an overview of that, I think you say at paragraph 26 that, really, he was in and out of hospital a lot over that period. I mean as an inpatient he was in quite a lot. Is that right?

**A** As soon as we seemed to be discharged to the grounds, we just seemed to be back in again straight away. Yes.

**Q** And, for example, if he had an infection, he would be admitted. Is that right?

**A** Yes. Any sign of a temperature and he was -- or not looking right, yes. We didn't take any chances.

**Q** Now, I want to move on, then, to start to think about aspects of his treatment, and if we try and focus to begin with on the period of August and September 2018. It might be important to understand some of the procedures that were in place for dealing with things, and, in particular, dealing with temperatures.

Now, you have quite a helpful section in your statement about the



systems in place for that, and I wonder if we might just go to that. Ms Ward, could we possibly have up on screen paragraph 27 of Mr Campbell's statement, which is at page 266 of Bundle 3. That should hopefully be coming up on the screen in front of you, Mr Campbell, and you shouldn't need to touch the screen at all. Would you be happy just to read out what's at paragraph 27 for us, please?

**A**

"The procedure for a temperature spike was that whenever [REDACTED] spiked a temperature which I think was anything above 38.2 degrees, we were at home, I had to phone Schiehallion ward for advice. I bought in an in-ear thermometer to have at home and we were given strips from the hospital that go under his armpit that the nurses used every hour when we were in the ward to take a temperature. I would use these strips first and then check if it would coincide with the in-ear thermometer. This was to see the complete picture and any trend. The nurses told me that I could gauge if there was a bigger spike this way. When I phoned, they would go through everything

with me and asked me to check his temperature again. I had to give the ward some notice because sometimes they wouldn't have a bed for him so they would have to source one in Wards 2B or 2C until one became available in Ward 2A. Sometimes we were given our own little room in A&E before we could be taken up to the Schiehallion ward. It used to be the case that when you called you were told to bring your child in via A&E or Ward 2B and then you would be admitted into Ward 2A. After the move you would still come in via A&E, but if my memory serves me right, it was always Ward 6A we went into in the adult hospital".

**Q** Thank you very much.

Again, while we've got your statement in front of us, I think we might use it also to see some other detail that you provide about aspects of your son's care at this point, and, Ms Ward, if we go on, please, to page 267, and if we go to paragraph 28 you set out your initial impressions of Ward 2A, and it might be quite useful if you are able to do so, if you could read that out to us as well please, Mr Campbell?

**A** Sure:

"When we were first admitted to Ward 2A on 26 August 2018, I noticed there were other families living out of suitcases. Maybe they didn't know how long they were going to be in there, or maybe it was a psychological aspect that they wouldn't be in the hospital that long. I knew [REDACTED] and I were in for the long haul so I wanted to make a room on the ward as comfortable as possible. Immediately when we were in our room, we noticed a few different things. You couldn't make the room like home. For example, if you went on holiday for a week, you can make your accommodation your own. Couldn't do that here as there were other things in the room which made it difficult to set up. There was like a cell, just a blank space. There was absolutely nothing [REDACTED] was familiar with. You would like to make it homely but it was just very difficult. You also didn't want to make it home in the first place so it was psychological too. Most young children like to play on a floor. Can't keep them off a floor when they're playing with cars and other toys but that

wasn't possible on this floor as it was dirty. The only playing options he had were on the bed or a chair."

**Q** Thank you, and I think as it is in front of us, can I ask you, please, if you wouldn't mind, to also read paragraph 29?

**A**

"There was a playroom in Ward 2A which [REDACTED] used a lot when he wasn't neutropenic. He wanted to go there all the time because that was when he saw toys or when he could interact with other children. A lot of the time it wasn't possible to take him to the playroom as there were things like chickenpox going around. My dad used the playroom with him too when he visited as you could go in with [REDACTED] and speak to other parents and grandparents. It got [REDACTED] off his iPad for a while. The games in there were really good and well stocked. The corridors in the RHC were wide enough that we could go for a walk and get some exercise with the trolleys. [REDACTED] had attached to him cables and two wide trolleys, basically, so he

didn't have to worry about getting past anyone else doing the same with their child. It was all set up with a focus on children. Trolleys were like giant coat hangers attached to him. One was for his diet through his nasal tube and the other one was for his central line".

**Q** And if we could go on, please, Ms Ward?

**A**  
"When I was on my own with him I had to use a hand each with each of the trolleys with him going ahead. He took off, I had to drop the trolleys and catch him because if he pulled his central line out, he would be dead."

**Q** Thank you very much Mr Campbell. We can put that to one side for just now. So, as is obvious from what you've said, you considered, and indeed ██████████ considered the playroom to be a good thing.

**A** Essential. Yes.

**Q** Why do you say, "Essential"?

**A** For their general well-being, to let them be children. To have a smile on their face, you know, to figure out problems, just for a release. Let themselves be kids.

**Q** And ██████████

enjoyed the playroom, then?

**A** Very much. Yes.

**Q** And were there also play workers who would come into the playroom?

**A** Yes. In my statement I mentioned the play worker, it came across as if I didn't remember her name, it was my fault for the statement, I do remember her name but I wasn't sure if I could say her name in the statement, you know, for confidentiality purposes, but I've actually learned that she is quite happy for her name to be mentioned, and that was Jane Grant. She was crucial to ██████████ with cannulas, playing, inspiring him to come out of his shell and achieve things.

**Q** One aspect of the playroom --

**A** Jane Craig, I beg your pardon. Sorry.

**Q** One aspect of the playroom that you mention at paragraph 33 is that you say it provided an opportunity to bond with other children. Is that right?

**A** Yes.

**Q** Why was that important, if it's not obvious?

**A** It's like children seem to compare themselves with others. One of the psychological aspects we would

say, "Look, that little girl has a nasal tube. Don't you wish you had a nasal tube?" We knew it was coming so, you know, you would try and make it as in a competition, so you would think, "Yes, why don't I have a plaster that would hold the nasal tube there", of one of his favourite cartoon characters, and yes, it was like a bonding, because kids are -- The innocence of it's brilliant, they can meet each other and automatically be best friends and they will talk forever, even after a ten-minute interaction on - - you know, this is my new friend, can we go and see my friend, and for a lot of them to have similar things going on, I think they all found solace in that.

**Q** I think the way you put it in your statement, in fact, is that [REDACTED] was able to see other children being brave?

**A** Yes, and that was it, and it gave him an encouragement, also, to step up and say, "I can do this as well", you know. "You are not just going to be the one, I'm a brave boy too".

**Q** Something else that you mention in a similar vein is something that you call, "Radio Lollipop". What is that?

**A** Hospital radio. The play workers would take them down there.

It was situated beside the Teddy Bear Hospital on the ground floor, just when you came in the main door of The Children's Hospital, it was on the right-hand side. They were just really fun guys and ladies that go round the wards and encourage music and bring a bit of positivity into everybody's lives.

**Q** And is the -- you refer to the ground floor, there are also things for children on the ground floor? Is that also the position?

**A** Further along there's lots of interactive toys.

**Q** Something that you also mention in your statement is the parents' kitchen at paragraph 34. Can you describe that to us please?

**A** The parents' kitchen was sourced, luckily, where we were when we first went in, and we were introduced to it by one of the nurses and basically another family where they told us, "Bring in what [REDACTED] likes. That's your space, pick a shelf, write his name on tubs." Everybody is really good, you can bring in your own coffees, teas, everything, and just source it all out, and it was really helpful to go and -- anything [REDACTED] liked to cheer him up. One of the big things was, he didn't have an appetite so when you said to him, or he asked you for something, you only had a

small window for him to have it or he wasn't interested. He would lose his appetite quickly, so that was handy to have his favourite things there, where you could go and get it for him, and also to go and make tea or coffee for yourself, just to have a break.

**Q** Was there more to the parents' kitchen than just food and drink? Did it provide something else for you?

**A** Yes. Definitely. Support. Yes. It was something that was really lacking in the adults' hospital. You could go in there to find support, or you could find yourself giving support, as and when required. Usually just, well, the dads, just even a nod, you know, or a tap would be enough without saying anything, without explaining what was going on. It was just nice for -- just appreciating you knew someone else was there that got it.

**Q** And one final aspect about these positive recollections, you also mention that there was a cinema in the Schiehallion Unit.

**A** Yes.

**Q** And that was something that the children enjoyed. Is that right?

**A** Oh, it was fantastic. The new movies would come out and a lot of them had, like, two of the coat-

hanger trolleys, the batteries never lasted long in these so you couldn't actually get far with them before they would need charged up, maybe about 15 or 20 minutes, but the cinemas was all set up with adapters, and everything, to put them on charge, just let them all sit, the adults would be close by, but yes, just watching their wee faces light up again and have a bit of a carry on round about, it was priceless. It was really, really good.

**Q** I think the cinema is set up that there are a number of seats, like a normal cinema, brightly coloured. Is that right?

**A** Yes.

**Q** And there's an area in the front where children who are not able to be in a seat or maybe in a wheelchair, is that right?

**A** Yes.

**Q** And am I right in understanding there's also an area for those who, in fact, can't get out of bed?

**A** I believe there was. Yes.

**Q** Now, you mention a number of issues that you had and that you experienced on Ward 2A that were less positive, but I think it would be fair to say that one thing that you do emphasise is the care that you and [REDACTED] received on the ward. Is that right?

**A** Yes. I believe you've heard the words, "Gold standard" in this inquiry before. Without a doubt it was top end.

**Q** Yes. At paragraph 101 of your statement, you mention one of the things that you are less complimentary about, and that is cleanliness. Anything you would like to say about that?

**A** Probably been a bit harsh in the original words of 2A as [REDACTED], when he was having tantrums, seemed to throw himself to the ground at probably the worst moment, like in the main thoroughfare walkway when there's going to be large footfalls of people. When he did that there would be dirt on his pyjamas or on his hands, and yes, he seemed to be pretty good at that. It would be the worst possible time for him to have a tantrum.

Everything was immaculate with regard to the playroom, the kitchen, all the other parents had a good level of cleanliness around them, as well, a lot of respect for each other, but just, yes, I was a bit -- I found myself finding -- changing his pyjamas quite a lot from when he went down. I have maybe been a bit harsh with that, but, yes, he was certainly dirty when he came back up into the room.

**Q** You've obviously heard

of the evidence that we had this week about the gold standard, and, in fact, that was said in the context of cleanliness on the ward, and are you saying that that is something that you would generally agree with, then?

**A** Yes. Yes.

**Q** Other aspects that you mention that concerned you, beginning at paragraph 102, you mention there was an accumulation in the room of urine samples. Is that right?

**A** Yes.

**Q** What was the issue there, Mr Campbell?

**A** In 2A and 6A. When [REDACTED] was in fluids, or undergoing chemotherapy, he would urinate, I would say, every hour, if not before, and in order to protect his central line, you had to wake him up. You had to stand him up because you couldn't have any danger of anything going near his line. In order for that to happen you would have to prepare yourself, I would have to set the watch, the timer, get it bang on, to get gloves, to get everything ready, and there was what we called, "Pee bottles", cardboard bottles to do that. While he was stood up I had to kind of navigate a way round where I could hold this with one hand, hold him with the other, and at the same time stop him from

falling, put him back into bed while still holding this pee bottle which, while during chemotherapy is -- I have used the word "radioactive" in my statement, I'm not sure that's the correct term -- but I wouldn't like to have a drop of it near me, so I had to, like, place that on the floor, put him back into bed, pull up the railing so he didn't fall out, "I will be back in a minute." You had to leave these in the bathroom to be collected.

**Q** And you indicate in your statement that sometimes they would not be collected? Is that right?

**A** I believe seven was one accumulation.

**Q** And did you have a concern around that?

**A** Yes, for what was the -- the nature of the bottles, and, of course, when you showered you would -- there was a sign saying, "Please run the shower for five minutes", and it didn't take long, the first couple of days of trying out the shower, it just was not feasible. Five minutes would flood out the whole bathroom and it would come into the ward, so I wouldn't also like to take my chances of bare feet in the shower with pee bottles floating around, so it was quite concerning.

**Q** Yes. I think another thing you mention is that you say the bin wasn't regularly emptied and there

was an accumulation of soiled nappies.

**A** [REDACTED] wouldn't thank me for this just now but when he was four, with chemo, it goes from one extreme to the other where it becomes either constipated or if there's an infection, he has got no hold of his bodily fluids. Yes, so we resorted for pull up pants, more for him, but we didn't want to encourage him to go into the pull up pants. It was more so the nurses didn't have to change a bed and make him uncomfortable by moving him. It was more like that, so often I would find I would just change him, and this was a mammoth task as well with pyjamas, central line, nasal tube if he was sick or number twos, to try and get the pyjamas off, pull up pants on, as soon as you seem to get the pyjamas back on again.

The wee soul would be that embarrassed, he would say, "Sorry daddy, it's happened again", and he would start crying. You would say, "It's okay, don't worry", and this would go on quite a while, so yes, there would be an accumulation of nappies in the bin.

**Q** And was that a concern to you?

**A** It was, yes. Again, because every time you opened, it was

a pedal bin, there was two bins by the main door and there was two in the bathroom, so, like, one was the -- an orange bin and one was a black bin, one for food waste and one for something else, and, yeah, because every time you opened the lid there seemed to be a smell coming back out from there.

**Q** Are you indicating, then, that it wasn't emptied as regularly as you would have liked it to have been?

**A** That's correct.

**Q** Did that ever improve?

**A** It did. Well, we actually bought the scented nappy bags because the nurses there, honestly, they were rushed off their feet and they had a lot better things they could be doing than emptying bins so we thought it's not too much of a hassle to put the nappy in a scented bag, and to be honest, it actually helped us as well because you had a scented bag beside the bed which you dropped the nappy in, and it saved you kind of having to juggle, stay there, put it in the bin, come back, so it helped both parties.

**Q** In your statement you indicate that there was actually a problem with the toilet in one of the rooms that you were in. The toilet seat in particular was broken. What was

the issue there and what was the effect of that on [REDACTED]?

**A** It came off, the toilet seat, yes. After that he was really wary. Yes. It didn't do his confidence any good.

**Q** Now, I want to move on to think of some other issues in relation to Ward 2A that you mention. We've already touched on one of them, and it is issues to do with water in particular. When you first went onto Ward 2A, were there any signs or notices of any nature that gave an indication that there might be some sort of problem with the water?

**A** No.

**Q** And you talk about this in paragraph 61 and after that in your statement. During your initial stay, do you recall whether someone at some stage said something to you about the water?

**A** Yes. Actually, without the sign saying, "Please run for five minutes", which, when questioned, someone said it was to do with Legionella, other than that there was no signage. And one of the cleaners, who was excellent in the room, she kept [REDACTED] room very, very clean, said she would not give her dog the water for drinking: "Here, just watch what you are doing".



**Q** How did you react to that?

**A** Dubious because you put a lot of faith into this flagship hospital. It's state-of-the-art, so you don't want to listen too much to speculation, but you also take it on board because you are somebody that's in the building and knows a professional, so, yes, it was taken on board.

**Q** I think the way you put it, I'm just reading what you say in paragraph 68, you say:

"Before all the horror stories started about the water, when I asked the nurses for a drink for ■■■■■, they would bring in a jug of water or a jug of diluting juice for him. Nurses used to make iced lollies and ice bowls on the ward as well. I'm now wondering about the impact of this. They have used tap water".

Is that right?

**A** Yes.

**Q** So do we take from that that, indeed, this early period that you were continuing to use the water, including drinking it, is that right?

**A** Never gave it any thought to be honest, yes.

**Q** But around about this time, or maybe later, did there come a time when you started to wonder

whether there might well be an issue?

**A** Yes. The rumours started to grow, and with things like the shower, parents seemed to be getting different answers to the questions, you know. When you did meet in the coffee room as such -- adult room -- there seemed to be a lot of crossed wires on what was actually happening, so yes, one is a coincidence, two/three people, no. It's time to start paying more attention, and we couldn't take any risks.

**Q** Were there a number of issues? You've just mentioned the showers and of course you've described to us an issue about the shower the water escaping from the shower area. Were there also -- was there also discussion about other issues with the water and indeed whether it was safe?

**A** The taps in the room, beside the two bins, there was a tap there and one of the nurses would say, "Don't use the tap". I said, "Well, like, to wash my hands?" "Just leave it, use gloves for now," kind of thing, and then other nurses would say, "No, it's fine for washing your hands but try and use the bathroom sink for washing your hands. Try not to use this one". Then it became brushing your teeth, should we be doing that, so we decided just to

use bottled water for brushing our teeth. Me working at sea a lot, bottled water is usually what we do anyway, so it was no kind of particular difficulty, but to his mum it was a big upheaval.

**Q** So are we to understand that in these early weeks of your son's treatment, you were getting information from a number of different sources from -- there was the cleaner, the nurses and other parents? Is that right?

**A** Yes.

**Q** And when you mentioned crossed wires, and indeed what you've just said about the nurses, were you getting an inconsistent message?

**A** Very much.

**Q** I think at one stage in your statement you mention that one of the fathers, in fact, advised you to start using wipes to wash him. Is that right?

**A** I hadn't heard of water wipes. Apparently that's the best thing for them. There's no, like, chemicals or harshness in them, he said to go to Booker and buy as many as you can. That's what we did. We stocked up on all kinds of wipes and oils and gels.

**Q** I think you also say at paragraph 71 that one of the nurses said not to put him in the shower. Is that right?

**A** Yes. The mantra throughout all of this was: "The cancer won't kill him. It will be an infection that kills him so do not put anything near that central line. That's the biggest no-no". So we couldn't actually put him under a shower where his line was or anything. You couldn't get the area around it wet or anything. You could, I suppose, but for the bottom half and things like that, it was deemed just no, in case anything lingers on his body, just don't bother. So it was bottles of water, literally pouring a bottle of Highland Spring, dowsing him in that to wash him down.

**Q** What were you thinking about things at this point?

**A** Terrified.

**Q** Why were you terrified?

**A** No showers, no anything.

It was like people going to T in the Park probably had better facilities to get showered and get cleaned up. There just seemed to be a massive inconsistency in what this place was supposed to be with the level of care it was supposed to afford. We couldn't believe it but at the same time when we asked the people about it, they would still let on as, "Don't worry. It's just an issue, it will get fixed", you know, "Keep your spirits up, don't get too downhearted". It's very easy to get

downhearted, yes.

**Q** But why does it get beyond down heartening to, as you described it a moment ago, terrifying?

**A** The infection concerns. Simple as. It will kill him. There's no risk -- a lot of us, when we make a mistake, we can rectify it by knowing midway through your mistake and you can alter it. With this there's no middle ground. When you are administering his own drugs to him or looking after him, if you mess up that's it, or it could be it. It's game over. So, you've got to be on the ball. You cannot take any chances, especially with a central line. We've heard lots of horror stories about other children with this and the concerns and we just thought it was absolutely absurd that we should be doing this in a critical care environment. It was absurd.

**Q** And you know from the timeline that we are moving towards the point where Ward 2A in fact closes. Just before we move to that stage of things, can I understand, how was your son doing at this point?

**A** Not well. He had his moments. I wish the nurses could meet him today and see what a different boy he was. I mean, some of the language he was using in there -- we were going to call for the minister

at some point. We thought there was a demon in him. We don't know where this language was coming from. He was just really frustrated and angry. It must have caused a lot of upset for the children of the other ward too, hearing him screaming and swearing, just being really anxious all the time, but we managed to get him round and get him talking.

A lot of that was to do with meeting other kids. He became involved and there was a group of them together, and that was a big thing, because he didn't want to sit with his mum and dad, whatever. He wanted to go and play with the kids.

**Q** Now, just to try and develop the timeline a little, I think we know that having been discharged from 2A your son was admitted again on 16 September, and that's something I'm going to come back to later. And I think we know that he also spent some more time in Marion House, and then on 1 October he was admitted to Ward 6A in the adult hospital. Is that right?

**A** That sounds about right.

**Q** Because by this stage, as we've already heard this week, the Schiehallion Unit had closed, or it had been moved to Ward 6A. Now, I want to ask you a little bit, please, Mr

Campbell, about your discovery of the fact that the Schiehallion Unit was being moved. Paragraph 123 of your statement, you indicate that you learned of this when you received a text from a friend. Is that right?

**A** That's correct. Yes.

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

**A** I was lying in bed with [REDACTED], we were watching something together, and the text came through and it says, "I hear you are moving, the wards are condemned, what's going on", words to those effects, and I got annoyed because you are like, "I don't need this just now. I'm here, obviously. Don't be talking nonsense, there's nothing like that, no indication of anything like that", and then he said, "No, honestly, it's on the news", so we've heard other families mention about the TVs. You couldn't get any news on, the tellies wouldn't work, the WiFi was down, so you had to struggle to actually get news, so you would text somebody or I would phone my dad or somebody like that: "What's on the news?"

**Q** Just to pause you there, I'm sure it's obvious to everyone, you were actually in the hospital at this point?

**A** Yes. Yes.

**Q** Please continue.

**A** That was the feeling we got, and we couldn't believe it. Why has no one mentioned anything like this and then we saw the other parents traipsing past, and you are all like, "Are you going home?" you know, "Nice one, well done", because you always like to see the kids getting out for a break or going somewhere, and they said, "No, we are going into the adult hospital", and you would ask the nurses and they would say, "We can't comment on individual cases", and I would say, "Well, is the news right?" "Someone will come and speak to you", and we were still there for a week after that. We were one of the last families to get moved into the adult hospital and I asked the nurses there, I said, "Well, look, if we are still here a week later surely this room must be okay, can we not stay here? No. Everything's going. You can't."

**Q** Did you have any concerns that you were one of the last families there and everybody else was leaving the ward?

**A** Very much.

**Q** What were those?

**A** It's hard to encompass. There's so many emotions going through your mind at the time, but yes, total alarm bells were ringing, and all

the things that you had heard about was coming to fruition. It is just danger. Alarm bells were ringing and part of you wanted to stay in the ward because the Schiehallion -- the other families refer to it as the Schiehallion umbrella -- I didn't actually experience that as such, it was just the long arms of Schiehallion, it was a safety net, or we referred to it as Schiehallion became mum because Schiehallion always knew the answer of what was wrong, to the question. You could ask them anything, so you wanted -- you didn't want to lose that aspect of going into what a lot of us described as an old man's ward in the other hospital.

So yes, you thought, surely we are safer here than going into a ward that's not suitable for children.

**Q** And when you mentioned the exchange with the nurse, you also mention in your statement an exchange with a nurse about the move, and you say that the nurse gave an indication of what the issue was.

**A** "Riddled", was the word she used. Top to toe.

**Q** Riddled with what?

**A** The walls are crumbling down. The building's done, and could I just add that when we first went into Schiehallion, all the nurses would say, "I wish we were back in Yorkhill. This

is the pits", and you thought, "Look at it, it's a beautiful building", but they said, "No, there's just something about this place. It's eerie. We want to go back to Yorkhill. Give us Yorkhill any day".

**Q** Did anybody appear to have the overall task of telling the patients and indeed the parents about the move and why it was happening, when it was happening and for how long it would be happening? Whose job -- who was doing that job?

**A** No one specifically. We were not aware of anybody to speak to. All we were told was, "Someone will come and speak to you". That was it. A flyer was put under the door to let us know what was happening round about, but, no, there was nobody, and ' mum says as well, to the best of her recollection, she wasn't told either.

**Q** Now, you indicate that when you got to Ward 6A people were putting up children's posters or stickers or something up on the wall. Is that right?

**A** Yes. We had an indication then that this wasn't going to be a short-term fix. Apparently, we were only in 6A so an investigation could be concluded without the kids' presence in 2A, 2B, but yes, that was an ominous sign that this was a

longer-term project.

**Q** How were you coping by this point, Mr Campbell?

**A** [REDACTED] was getting better, which is the ironic thing. We were actually giving it a real good fight by then. We had a lot of our ducks in a row, we were more organised. We had a system set up, [REDACTED] and his mum, you know, one on, one off kind of thing. We just were going well. We were giving it a really good fight. We were optimistic that everything was going well. He was good within himself too. He was asking a lot about his friend, as well, where his friend was and things like that, so, yeah, it was very disheartening.

**Q** Okay. I want to move on, then, and to think about your experiences on Ward 6A, and again, if we just begin by trying to get an overview of things, I think we can see from your statement that there were cycles of chemotherapy in October and November 2018. This is at paragraph 54 of your -- glancing at your statement, and there were admissions, I think, towards 6A in December and in January 2019, and again, Mr Campbell, I'm going to come back to think about those with you, and then I think [REDACTED] got a final

dose of chemotherapy in February.

Would that be right?

**A** Sounds right.

**Q** Yes, and then after that it was on to regular scans. Is that the way it works?

**A** I believe he's had 14 or 15 MRI scans up to the present date, yes.

**Q** And all of that is in 6A. Is that right?

**A** Scans, no, the scans are a separate part of the building.

**Q** Right, but the earlier admissions and the treatment, 6A?

**A** I beg your pardon, yes. 6A.

**Q** Yes. Sorry. So if we think about the experience in 6A, whereabouts did [REDACTED] stay on Ward 6A?

**A** For a long period it would be the first door on your left when you came into Ward 6A.

**Q** And whereabouts did you stay?

**A** There was a camp bed. In The Children's Hospital there was a fold down bed which was really handy because you could just tidy everything up. You could fold it away and pull it out again. You didn't have to set up camp as you like. You didn't really have time to set up camp at night

anyway, but yes, this was more a camp bed where you used to wheel it round and open it out and it was awful, it would always spring back up at you. Awkward.

**Q** As before, you stayed in the same room as [REDACTED] and there was a fold down bed that you used?

**A** That's correct.

**Q** Now, in your statement you raised various issues about Ward 6A, and I would like to look at some of them with you. One of them that you raise is about accessing the ward. You describe having to go through the main entrance to the hospital to get there. What was the issue with that?

**A** It began from leaving CLIC House, the smell of the sewage plant going up, and one of my friends that was with us said, "Who puts a child through the smell of S-H-I-T going for treatment into a ward", and no longer did you pass that smell than you would see people's -- I don't like to classify people or put them in a box but it would be my guess they would have some kind of addiction issues standing at the door, smoking, seeing money getting exchanged. It looked seedy. There was gatherings at the door constantly, everybody smoking, everybody just milling about. There

was no control. It was chaos, and it was awkward, just to get in through the revolving door there was always -- sometimes there was smashed windows at the door, sometimes there was fights, arguments. You didn't feel comfortable at all, but when you eventually did navigate a safe -- you would wait a minute until you saw, like, a safe gap and go through, and that's just where the fun started.

**Q** If I just stop you there. For those who want the references, I think we are looking at the minute at paragraphs 92 and 93 of Mr Campbell's statement. I don't think we need them up on the screen, Ms Ward. Just thinking about getting [REDACTED] into the hospital, was he walking?

**A** Sometimes not, sometimes I was carrying him. By that time there was very little to him so I could carry him in one arm, and he was shy then, very within himself, so he liked cuddling in. We gave him a chance to walk outdoors as much as we could to get his mobility going. Sometimes he just didn't have the energy.

**Q** So if we take you back to what you were describing, you are into the hospital, I think I stopped you at the point when you said "that's where the fun started", I think the way you put

it. What do you mean?

**A** Going to the lifts for access to 6A, to Schiehallion -- sorry, I can't even call it Schiehallion. Just Ward 6A. It wasn't the Schiehallion ward. It was Ward 6A of the adult hospital. It was three different elevators. When you went up to the elevator you would press the button where you wanted to go, the floor, and you would be designated a lift, and you would be saying, "Please not the lift on the right, please not the lift on the right", because you would have -- again, classing people the wrong way, "undesirables", would you say, you don't want to be sharing a lift with. Or people coughing, people in their slippers, you know, just -- they just didn't look well, and sure enough that would be it, so you would say, "We will wait for the next one". 15/20 minutes you are waiting for the next lift to go up because they all stopped in different floors. They never went directly to six. One would stop at one for whatever, the next one would stop at four, eventually you would get up to six, but you were sharing a lift with all walks of life, ailments, potential disease and infection.

**Q** If it's not already obvious, Mr Campbell, what concerns did you have about that?

**A** This could kill him.

**Q** Now, if we then continue the journey up to Ward 6A, you describe in your statement, paragraph 93 it is again, about how day care was accessed, and, in particular, I think you say that it was necessary to walk past in care. Is that right?

**A** Yes. It was at the bottom of Ward 6. It was just a straight run right down the corridor.

**Q** So did you have any concerns about that?

**A** Very much.

**Q** And what were those?

**A** Again, the infection protocols. It was very cruel for the kids as well that were in there that would see -- they were barely standing, trying to go for a walk "round the block" we called it -- it's like a circular ward -- and then you would get kids running up and down misbehaving, like family members that are in with someone to pick up a prescription or so, causing havoc, and, you know, you are thinking, hang on a minute, who are all these people. Yeah. It was chaos.

**Q** Did you have any concerns about people walking through the inpatient area to get to the day care area?

**A** Again, there was no infection control measures. They were



just off the street, allowed to wander right in through a potentially closed, high dependency ward.

**Q** Now, another thing that you mention about Ward 6A is that at some stage you became aware of portable air filters on the ward, large boxes. Is that right?

**A** Yes. Industrial grade air filters.

**Q** What, if any, concerns did you have about those?

**A** That's when it really started getting crazy because if you become dubious about the actual air that you are breathing then you know there's something really strange going on. This is absurd. It's beyond the realms of fantasy now where you can't even trust what you are breathing in, even though the air conditioning is probably even switched off and not working in your room, you still had to have air filters going on, and they were noisy, disruptive. [REDACTED] had a very peaked sense of hearing and smell. He didn't like anything annoying him, basically, and this was annoying him.

**Q** Another thing that you mention is that there was no parents' room. We've already alluded to that this morning. What were the consequences of there being no

parents room for you?

**A** You lost that network. That being able to bounce off somebody else. It always buoyed you to hear good news. You never got enough good news in there so when somebody said they're getting home, or, "Yeah, the scan's okay", or you saw people happy, and just getting a bit of banter with somebody, because there was a lot of gallows humour goes on, as well, to -- in these kind of situations, and, yeah, it was just really refreshing to bounce off people and not having that there was awful.

I mention in my statement seeing one of the mums along there being really upset, and I couldn't comfort her at the time because there was so much going on with [REDACTED] in his room and there's always something, but I really regret not doing more then, because that mum and the wee girl on the first day we went into Schiehallion, played a pivotal part on how we advanced on that journey, because the first day they came to the door and this beautiful little girl came in, no hair, nasal tube, she clearly had been struggling, doing really well, and she brought up a little magazine with a toy to [REDACTED] and she said to him, "Don't be scared, don't worry, everything is going to be all right."

Now that, for a wee person to show that level of compassion while she was already going through so much, it spoke wonders, and later on, going into the adult hospital, I was supposed to pay back that little girl's kindness by getting her a present and to repay that but Christmas and everything had passed and I had meant to get her this present, but the present I had got her, somebody said to me, "You can't give her that, she's too old for that", so I had to get another present, and with everything that was going on, going out and in, and all this stuff going on with the hospital, I didn't, and that little girl died. I never got the chance to pay that kindness back, so just to her mum, I'm sorry, and I would like to do something if I could for her memory, but I'm sorry I just never got the chance to pay that back because she was a real inspiration to [REDACTED] and myself for going forward.

So going back to Ward 6, when that network is there and you see people, you've no idea if they're struggling or not because you are confined to your room. There's nothing you can do, you know, you've no idea. People are breaking their hearts all over the place and there's no support network as such, and for the kids too.

**Q** Thank you, Mr Campbell. You also mention some practical impacts from there not being a parents' room, and there being no kitchen, effectively. Was that that if you had wanted to get something you would need to actually physically leave the ward?

**A** Yes. You couldn't bring any of [REDACTED]' favourite ice lollies or sweets. The dietician would tell you that, just give them sweeties, anything. It doesn't have to be nutritious as such. It should be, but just give them some kind of food. So you always kept what he liked handy, but there wasn't anywhere you could store this. You could keep it by the window which was freezing, so you could keep a pint of milk by the window and it would be all right to use the following day. Seriously, that's how cold the windows were.

So anything, yeah, like ice lollies, you are going to get this, it's like a treat, you know, go on, be a sport [REDACTED], you will get an ice lolly after this, we will get you some of your sweets, or some fruit or something, and a lot of the time he would go ahead because he knew. If you timed it right, he would be compliant, he would get this, but all that stopped. You could ask the nurses, yeah, "Can I leave this in your

fridge?", but it was the actual nurses' work station fridge we had to use, and I wasn't comfortable going into anybody else's fridge, you know, that you don't know who they are. Because with The Children's Hospital, everybody had a level of respect, you tidied up after yourself, you know, everything was itemised down, but up there it was a free for all and I wasn't comfortable leaving anything in there, not that it was ever encouraged.

**Q** Thank you, and another thing that you mention that wasn't present on Ward 6A was a playroom, and I would like to understand what the impact upon [REDACTED] was of that?

**A** Broken hearted. It was a massive loss to [REDACTED]. We became the bad ones. All he was hearing from us was, "No", and no one else was becoming accountable. It was the parents that bore the brunt of all what was going on.

We didn't know how to tell him why he couldn't do this because we didn't know ourselves, and you can only tell kids, not lies, but little white lies for so long before they won't believe you, and when he would say, "Can I go to the playroom?" "No." "Can I go and see such-and-such?" "I'm sorry you can't, there isn't a

playroom, your friend's not there." "Can we go for a walk? Can we go to Radio Lollipop? Can we do this?" "No". We couldn't even go to Radio Lollipop because you would have to go down through all these -- through everything. The atrium if you had a chance. You could maybe go to the atrium at night, really late on, if it was quiet, but even then, you are still taking a big chance going into these lifts. So, no playroom, it was unthinkable for them. It really was.

**Q** I think in your statement you say that [REDACTED] had actually made some friends on Ward 2A, you've already alluded to that today as well, and indicating, then, that was no longer something that was available to him, playing with those other children?

**A** No. He would pass, maybe, somebody briefly in the corridors when we were going for a walk, but you couldn't take the chance because, as I mentioned, with day care going on, or even -- the corridors were so tight in Ward 6, there wasn't space to take the trolleys down, or if you did meet another parent coming up with their trolleys, it was some kind of weird and wonderful way of trying to get everybody through, you know, to pass properly, and then the battery

would go and you would have to come back and it was -- it wasn't good.

**Q** You say in your statement that there was no access to the cinema from Ward 6A. Is that right?

**A** I believe there wasn't. That was condemned as well.

**Q** But just going back to what you've just said, and I think you indicate this in your statement too, [REDACTED], and indeed other children, just tend to stay in their rooms?

**A** They went into themselves, yes.

**Q** But they would be in the rooms more than they would have been in Ward 2A. Is that what you are saying?

**A** Correct. Yes. They were practically bed bound. He went into his iPad. We tried to limit his iPad time but with the TVs not working or interaction was -- The play workers still came and interacted with him, but it just wasn't the same. For their own morale and moral support they needed children round about them.

**Q** Now, in your statement, Mr Campbell, a couple of passages, you set out what might be your overall impression of Ward 6A. Ms Ward, I wonder if we could go, please, in Bundle 3, to paragraph 37 of Mr

Campbell's statement which is at page 269. (After a pause) Thank you, Ms Ward. I wonder, Mr Campbell, if, once again, you could simply read what you've written in your statement?

**A** From 34 onwards?

**Q** Sorry, I beg your pardon, paragraph 37?

**A** 37. This refers to the closures of Ward 2A and then the movement to the adult hospital in late 2018:

"The Schiehallion Unit was named after a famous mountain. Ward 6A wasn't equipped for us climbing that mountain. The Schiehallion Unit died when it was moved from RHC. We saw it getting further, by that I mean the peak, away from us every day. With all that was going on with the cancer".

**Q** You can take us on Ms Ward?

**A** "... and now an unfit place for him to receive his treatment had definitely put his survival chances at a definite disadvantage."

**Q** And Ms Ward, could you take us on, please, to page 274? If I could have you read, Mr Campbell, paragraph 51?

**A** Certainly:

"Ward 6A was like a prison, an institution. It was a mobile bedding unit that you would go to to get yourself bedding for the fold-out bed. In the morning there was a breakfast trolley, you would have about minutes to go and get something off the breakfast trolley and put your used bedding-in the bin beside the bedding unit and then you are back in your room. It really was like a jail. The televisions didn't work. We eventually got a coffee machine put in after the parents - - one of the groups fought for it".

That was long after I had left Ward 6 I believe they got that.

**Q** Thank you. We can put that to one side now, thanks, Ms Ward, and I think, in fact, you also say that [REDACTED] ' view was he just wanted to go back. Is that right?

**A** It increased him wanting to go home even more again, to escape, and he would make for the door every chance he got. Yeah. He was hating it. Could I just add as well, that when we were saying, "No", all the time, at home, [REDACTED], if I said, "No" -- can I go out and play, can I go and see my friends, can I do this, can I have an iced lolly, if I said, "No", I would have Social Services knocking

on my door and I think I would find myself in a lot less salubrious surroundings than this to answer for that, so I think it was absolutely criminal depriving these children of being children.

**Q** Now, I think in your statement you also mentioned that there were some issues with the water on Ward 6A. I think at one stage in your statement, it's paragraph 69, you indicate that you were provided with water bottles. What were those? Were these bottles of water that had been filled in the hospital at the sinks, or something of that nature?

**A** My apologies. That's probably been misconstrued. I saw the nurses bringing in bottles of water. We were never given bottles of water. We brought in our own all the time. Sometimes we were given bottles of water to wash [REDACTED], hospital -- for washing him, if we had run out, but, yeah, the nurses seemed to be taking in large bottles of water.

**Q** Can you say whether, when you were on Ward 6A, were you being warned not to use the water?

**A** Again, cautious. Yeah. Because we thought it's the same building, same supply. Yes. Again, the rumours were festering now, and you just didn't trust the place, but that

feeling of hopelessness you got because you knew that this was it. There was nowhere else that you could go. This was it, so you just had to go with it.

**Q** Yes. So again, there was discussion among the parents about this issue on Ward 6A. Is that right?

**A** We couldn't talk to each other as much, because we weren't seeing each other, but yes, there was groups and everything that was mentioning all this.

**Q** Groups? Do you mean online?

**A** Online groups, yes. Like the closed parents' groups were discussing.

**Q** And if you have a quick look at paragraph 70 of your statement, Mr Campbell?

**A** Sure.

**Q** You do indicate some discussion with nurses about this. Just have a quick look at what you say in the first paragraph -- the first sentence of that paragraph, sorry.

**A** Yes. If I was to ask the nurses about the water some of them never used to give a straight answer.

**Q** What do you mean by that?

**A** Deflection. Obvious

deflection. Don't not use it, but don't use it at the same time. It was really -- "It's up to you", some would say, "I wouldn't, be on the safe side, use bottled water". Others would say, "It's okay. We haven't heard any complaints as such yet".

**Q** So again, that's helpful just to understand your position. What you are indicating, then, is a lack of clarity and a lack of consistency. Is that it?

**A** Absolutely.

**Q** Okay. Thank you very much. Now, I want to move on to look at something else.

One thing that you mention in some detail in your statement is concerns that you have around hospital acquired infections, and the use of antibiotics. Is that right?

**A** Yes.

**Q** And if I could just start with an overview of what I understand your concern to be, one of the issues that you have, I think, is that -- is the possibility that your son suffered a number of infections connected to his treatment. Is that right?

**A** That's correct.

**Q** And am I right in understanding that, in fact, your solicitors are actually looking into that issue? Is that right?

**A** Yes. I have asked for assistance on that.

**Q** Yes, and one of the things you have been doing and your solicitors have also been doing is getting a hold of your son's medical records. Is that right? And I think a linked concern to this issue about infection and antibiotics is I think you have a concern also about the extent to which your son was actually tested for infections. Is that right?

**A** That's right.

**Q** And again, is that something that through your solicitors you are looking into?

**A** There was about 30-40 blank documents in his medical records, and I was not able to get the medical records myself. His mum wasn't able to either. It was only our solicitors that we were provided with his medical records.

**Q** Yes. If I reassure you, I hope, Mr Campbell, by saying I'm not wanting to take you into discussions and work that's being done by your solicitors and that are private to you and indeed them, so I just wanted to get the general picture.

Now, paragraph 72 of your statement, if you just have a glance at that perhaps just to reorientate yourself, I mentioned it in passing

earlier that there was an admission in September 2018, I think with sickness. Is that right?

**A** Yes. Sickness and probably accompanied by diarrhoea.

**Q** Yes, and I think what you go on to say is that there are classic indications of infection. I think you mention pallor, temperature and responsiveness is the other one. Is that right?

**A** Yes.

**Q** And are you therefore indicating that you recognise that [REDACTED] ' presentation at that point didn't include any of those? Is that right?

**A** I would say yes, they were the key things that I look for.

**Q** Yes, but in any event your suspicion is that there may have been an infection at this point? Is that what we should understand from your evidence?

**A** It is, yes.

**Q** But that there was no indication given to you at the time from hospital staff that there was an infection? Is that right?

**A** What that infection was, or there is an infection, yes.

**Q** And then I think we can see from your statement that there was a further admission on 1 October 2018, paragraph 73 Mr Campbell, and

I think on this occasion I think you have a recollection of somebody saying something about "a wee infection"? Is that right?

**A** The term, "wee infection", was used quite predominantly, yes. It encompassed what nearly everything was: "It is a wee infection."

**Q** Yes, and then I think there's another one at the beginning of November, paragraph 74, you mention an infection that, in fact, turned out to be the influenza. Is that right?

**A** Yes. I believe he was taken from (Inaudible) by ambulance to the Queen Elizabeth on that occasion where another family member had influenza A, and there's a bit of a mix up on whether it came from or whether it was the family member.

**Q** Now, can I take you, please, to paragraph 55 of your statement? We don't need this up on screen, Ms Ward. Just maybe read it to us if you could, Mr Campbell.

**A** Sure: "[REDACTED] was admitted on 8 December 2018 ..."

**Q** Sorry, I beg your pardon, I should have introduced this. It was just to make it clear that -- I think this is a further instance where you think that there may have been an infection, and this was 8 December 2018. Is that

right?

**A** That's correct.

**Q** I'm sorry. Please continue.

**A**

"He was feeling sore, so I was told to take him in. The 8-14 December he would have been treated with antibiotics because he wouldn't have started his chemo on 14 December unless his bloods were good, and the infection had cleared. I told Dr Sastry, who was his consultant, that [REDACTED] was sore, and he said it was a side effect for antibiotics. He could only have been in for an infection, so there would have been mention of an infection. I honestly don't know, but my gut and everything tells me that the infection was from the hospital else they wouldn't have had him on these antifungal drugs otherwise".

**Q** Now, later in your statement, Mr Campbell, at paragraph 75 you go on, and you indicate that the medical records are a bit vague, as you see it, about this event. Is that right?

**A** Yes. I believe [REDACTED] was placed on antifungals long before they were brought into the adult



hospital, and on his records there are mentions of some bacterial drugs, but there is no official records, just brief mentions of what was administered, not how long for. They're very vague, his medical records.

**Q** So, I mean, what it comes to, then, again, is that you suspect there was an infection at this point, and you suspect it was hospital acquired. Is that it?

**A** That's correct.

**Q** And why is it you suspect that?

**A** With everything that was going on, there just seemed to be always something, always a new danger to overcome -- the water, the air, the floor, the central line problems. There was just so much going on.

**Q** Now, can I take you back, please, in your statement to paragraph 56? If we move on a little to 26 December 2018, and I think this is a further instance of something that you suspect was an infection. Is that right?

**A** Yes. Another.

**Q** Now, I wonder if you could just take a moment to have a look at paragraph 56 and if you are able to, if you could maybe just summarise what it is that you are trying to set out there.

**A** Just that he wasn't right within himself, and it's usually with -- through different reasons, if he wasn't eating, he was constipated, so you would have to -- that would have to go into the ward straight away so they could have to look at that, because it was very dangerous for him to be backed up like that, or, again, with his temperature and different things like that, it would be -- It was like --

Everything was good at home. I used to get the house professionally cleaned, I took no chances, none at all. There wasn't even a grey area, it was black and white. So, I got to know him very well, and for the life of me I cannot see how anything at home would cause concern for him where everything weigh hear in the ward was chaotic, and they seemed to -- as soon as we were in the ward, they wanted you to leave straight away. You knew it wasn't right and you could probably do with further care, but you felt as if they felt that it was safer at home than he was in the ward. That's why I always feel like you got that impression, you know, not because they needed the bed or anything like that, it was just, "This isn't right." The whole body language of everybody. I got the impression that this was going on a lot.

**Q** And I think maybe just to complete the picture on this aspect of things, at paragraph 57 of your statement you refer to a further admission on 11 January 2019, and again another suspicion of an infection on your part. Is that right?

**A** That's correct. Yes, and I asked the board about the reason for platelets, did he require blood transfusions as a result of hospital infections, and they said no, it was due to other issues, but yes, I mentioned some of the drugs he was on there, and if I was told [REDACTED] had to have this, and I possibly signed an agreement for him to be given antifungals at the time, I was not -- it was presumed as part of his treatment plan, it was not because of all the dangers that was happening.

**Q** Okay. So, we are just trying to capture all of that. Am I right in understanding that you have concerns about the records and their accuracy, and you have concerns about the extent of any testing that was done. Is that right?

**A** Apparently [REDACTED] was only tested twice throughout his whole hospital stay for hospital-acquired bacterial infections. I found that absolutely astounding. Even going back from 2015 when the

infection people raised this as an issue, and moving wards, they didn't test [REDACTED] to see if he had any type of infection. There are no blood records. The only records we have are two screenshots that were provided to me by Dr Margaret McGuire informing me that these were apparently negative tests.

**Q** Can you go, please, to paragraph 79 of your statement, Mr Campbell? I don't think we need it up on screen, Ms Ward. Is that what you've just referred to?

**A** Yes, and I thought surely there must be records of his blood tests on file. It should be straightforward. A computer print-out. Did he have an infection? No. Okay, can you show me the paperwork please that says no, and there isn't any.

**Q** Yes, and, I mean, if you just take a moment to look at paragraph 79 and 80 and let us know if there's any more you want to say about those matters?

**A** Firstly, if I may, regarding Dr McGuire's letter, it said that the children could not be tested because of the effects to the body as they are very intrusive tests. The Schiehallion nurses were so skilled, they were very intrusive for the children, but the

children didn't know a thing about it. That was where the skill came in where they would engage with them, and take bloods, do all sorts of things there, and the kids were comfortable. So, for Dr McGuire to say that they were intrusive tests, she can't have spent any time on a cancer ward, because it's preposterous to think that that was the case, or that they had to show symptoms for an infection.

Now, without any medical training, just being his dad, symptoms to me of infection is lying down. Like, going through chemotherapy, there is no energy, your pallor is down. You are showing all the classic symptoms of infection constantly, so it's very difficult to ascertain how you could be displaying symptoms just for a gram-negative infection, when I believe there was 80 or 90 different bacterias mentioned, and I asked members of the board, "Would you please tell me what strains was he tested for?" and the answer was, "Just gram-B. He was negative".

I find that really bizarre, as I have mentioned in my statement. I would have hoped he would have been tested every few days, few weeks for any anomalies, but it is my -- I'm 100 per cent certain on this, I believe they did not test the kids because they were

pumped so full of the antifungal drugs, like Posaconazole, it was as if they have got that so they won't catch anything fatal. That's a safety net. "We are all right." So, they didn't have to test the kids because they knew that they possibly would not have all these other types of bacteria. They just concentrated on the gram-B. I could be wrong but I'm pretty certain in my own mind that that's what was going on.

**Q** Now that takes us, I think, then, to the next aspect of this which is the use of preventative medication, and, again, Mr Campbell, if you could just have a look at your statement beginning at paragraph 81, and it goes all the way on to paragraph 87. Just trying to summarise -- we've obviously got your evidence on that in quite a lot of detail, and I don't want to go over it again unless you feel that's something that you would want to do.

So, trying to summarise what you've said -- I think already we've had some evidence from you on this in any event -- part of the problem is that, again, you feel that the records don't accurately set out the extent to which antibiotics were used. Is that right?

**A** Yes. I found something in his records from the pharmacy to say that he will be prescribed two days

post and pre-chemotherapy, and that was for Posaconazole and that would be a constant, but in his records it was just rarely mentioned, "Posa, Posa", you know, fleetingly, but it actually said, from pharmacy, this is what he was to get, and it would only stop for chemotherapy.

**Q** So are you indicating that as far as you can see the records don't actually marry up?

**A** No. There was no mention on some days of him being given Posaconazole or the other weird and wonderful antifungals. I have only went to Google for the answer to what some of these are. They say never trust Google or Wikipedia, but most of these drugs that he was given appear to be for these kind of bacterial infections.

**Q** And if I look at what you say at paragraph 86, I think an aspect of this, again, is you consider that you may or may not have been told -- or, sorry, let me rephrase that, I think you have a concern about what you were told about the use of antibiotics, and if I could have you look, please, at paragraph 86, and maybe just help us a bit with what you are saying there. I think you say: "I may have not been told that [REDACTED] was getting Posaconazole. However, if I ever was

then it was not fully explained".

**A** "As a preventative measure", that was the key words. "Preventative measure", it's as well having it than not, just in case. You know, "We are going to administer this to the kids. There's no problem, don't worry". Well, there was a huge problem, but we were told, "It's not a problem, don't worry about it. This is a preventative measure only", so if I did agree to Posaconazole being administered it would be on the words, again, of faith with who's -- it's in his best interests to take this, and you are at your wit's end then, so any form of safety net that could make him safer you would go with.

And I find it really bizarre that on complaining about him being given Posaconazole, this is the absurd thing, where it's probably Posaconazole that saved his life in that building, and it's very hard to take that. It leaves me very confused in the logic of that, to be honest.

**Q** Thank you. I think I understand your position, Mr Campbell. That's very helpful. Later in your statement in fact, I think you also indicate -- this is at paragraph 122 -- you indicate something about a note being pushed under the door or something of that nature. Is that right?

**A** Yes. I wish I had kept it. I believe one of the other parents has a photocopy of that. It was on the cheapest paper possible, and it was a generic note, no personalisation or anything to it. It was rubbish. I believe it actually went in the bin straight away. It didn't state anything valid that we didn't already know. Yes. It was rubbish.

**Q** I'm going to move on, Mr Campbell, to ask you a bit about impact on you and on your son and I'm going to also be -- I'm going to ask you some questions about communication, and we might -- it might be appropriate to do that after the break, but maybe before we do that, I might just ask you about one further thing about the hospital.

I think you've indicated a number of other concerns about the hospital beyond the ones that you've already mentioned, and I think those are set out from about paragraph 88 onwards. One of them is the cold area at the window, you've already mentioned that. Am I right in understanding that also it could be very hot in the ward? Is that right?

**A** Yes.

**Q** You say at paragraph 89 there was air conditioning, but you were too scared to turn it on?

**A** That's correct.

**Q** Why was that?

**A** The rumours. Apparently there were dead pigeons in the air ducts. There was all sorts of issues coming from the whole central hospital system, where there were spores being transferred into the rooms, and again, why would they have the filters and everything in place if the air conditioning didn't -- was a problem?

And throughout all the wards in 2A to the adult hospital, the air conditioning was always very temperamental anyway, so it would be too hot, too cold, there was never a minimum setting, if you like, like you could control at home -- a comfortable setting. And, yes -- so it was very hard for us, to, one, judge his temperature, because you didn't have a baseline warmth in the room, like you would have at home, a constant, because you would be over by the window. It would be cold, and the wee soul, he had nowhere to go, he used to love looking out the window and just daydream, just get lost and stare out the window. It was too cold, so he had to go back over, and it was soul destroying telling him, "Get back into your bed", you know, kind of thing. It was awful. So, you put a jacket and everything on him to put him by the

window to look out.

And then, again, in the summertime, if we are in another room looking out the window too, it would be warm and things like that, but there would be condensation all over the windows as well, so there was never, as I say, a constant where you just relaxed. There always was an issue where you had to double-check everything. That was the toughest part.

**MR DUNCAN:** Thank you, Mr Campbell. My Lord, I have gone a bit beyond the appointed time for a break, but this is a natural break in the evidence, if your Lordship is still minded to have a break.

**THE CHAIR:** I think I am still minded. I think that's the way we would expect, to take a break at a natural break point rather than to necessarily be governed by the watch. I make it just about quarter to twelve, if we were to try and be back for 12.05.

**11:45**

(Short break)

**12:05**

**THE CHAIR:** Right. I think we are ready to resume, Mr Campbell.

**MR DUNCAN:** Thank you, my Lord. Mr Campbell, as I indicated a little while ago, I'm going to move on now and ask you about some other

matters, and the first thing I'm going to ask you about is just to have your reflections on the impact of what you've been describing upon your son. I can see from your statement, for example, that you describe an incident on 25 January 2019. It is at paragraph 58, Mr Campbell, and you are describing an incident where your son was supposed to be going for an MRI scan. You know the incident I'm referring to.

**A** I do, yes.

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

**A** He was very anxious. Basically he went into himself. He was hiding everywhere. He just refused to co-operate with anything that was going on, and I think he picked up on the anxiety from us all at that time as well, and we do the best we can to protect him from everything that's going on. You know, not speaking about different things there, but you are with him 24/7. It's constant, and he's got to pick up on this at some point, so I think, yeah, he just had enough, and he wanted to basically have a time out and not comply, and that's when he went under the bed.

The MRIs make him anxious, again, because he thinks when he goes for the MRI, they're going to take

his other eye away, so it's always a big talking him up to going. We don't usually tell him until the very last minute that he's to go. Yeah. So, he really kicked off. He wasn't being compliant, and he was getting quite aggressive and with the central line and everything being so complicated, he was getting too frustrated, so it was said we better just postpone this, and we will wait until recall am down a bit. I think he had just had enough by then, . He just thought that this is all too much for him.

**Q** Thank you. You also, in your statement, indicate other impacts upon him, I think. Am I right in understanding that you see the experience on 6A as having some impact on his ability to form relationships? Is that what you say?

**A** Yes. He was in isolation for most of the time. You know, when they're born, children, you make, like, an oath, you know. The animal instinct is to protect your child at all costs, and you felt like you could not protect them because you didn't know what the dangers were, so when [REDACTED] started going into himself and not being able to express himself as a child or mixing with other children, that became a way where it was down to us to bring him out of his shell again.

And that usually meant me being as silly as possible trying to get him to laugh, to get him out of a mood. They must have thought I was mad in the ward most of the times doing silly things to try and bring him out, this bravery.

And even if they were allowed down to the atrium -- if they had closed it off and had like a small thing once a week just for the kids to be kids, it would have made a huge difference to their mental well-being, but there was nothing, and apparently the health board, I presume, knew all this was going on. And with any nursing experience that one would like to think they had, it was deemed perfectly acceptable for us to carry on for a long time and sadly, yeah, the children's mental well-being was at a complete disadvantage as a result of no interaction.

**Q** And how is [REDACTED] now?

**A** Brilliant, but it's a slow process with [REDACTED] interacting. He started primary three there, and the school's been good. He's maybe too forward, trying to find friends now because he hasn't had friends in a long time, so he is a forward boy, you know, "Do you want to do this?" He just likes having his

own way a lot of the time so when he does meet friends now, "You have to do it on my terms, we want to play this way," but he's getting round to joining clubs and things like that and we've had to use a lot of -- I have had to get a lot more tools in my toolbox to help him express himself more and show him how to maybe do another -- that there's another way to what he's doing without putting him off or discouraging his progress, his confidence, and yeah, I'm happy to tell you all today he's doing really well, thank you.

**Q** Now it is, in fact, now you I want to move on and have you answer some questions on, in particular, the impacts of all of this on you. I mean goes without saying, Mr Campbell, that as a parent, the dad, you must have been very concerned about your son, about his health, about what the future held, about the impact of the treatment. What additional concerns do you think you had and what additional impacts do you think you had as a result of some of the problems with the hospital that you've been describing?

**A** When we first heard the rare, aggressive cancer, like the other parents, you just think that's it. You know, he's done for. You just think we will just have to make everything as

comfortable as we can for him, so you try all the variety of things that you can do to make that possible. The impact to me, I was broken by it all, completely shattered, but again, I had to -- as I mentioned -- get some tools for me to pass on to him so he didn't notice that, and to use that.

I haven't shared this with anybody before, I'm not one to talk about feelings or how things bothered me, and it's hard for me to put this across but a lot of my inspiration came from the children that I saw, and how they can still smile, and going through so much hardship, they can still smile through it all. What I learned from that: there's a lot of motivational kids I saw in there who are no longer with us today, I have taken great courage from, and [REDACTED] took great courage from.

But the doubt that the health board, and indeed the Scottish government not answering questions, that festers in me, and instead of a constant fear that I have had to live -- bearing in mind this is close to three years now -- especially with COVID, I have been walking on eggshells with infections and not being able to live a normal life, fear soon becomes replaced by an anger, and it's not a nice emotion to have, that festering



away at you, looking for answers. You get an element of paranoia.

There doesn't seem to be a lot of coverage in the press about what's going on, and you think to yourself, "Did that really happen? Was that what happened? Why is there not so much of an outcry on what's been going on?" so you doubt if you are doing the right thing for your son, and I think I did do the best I could, and at the end I couldn't do any more. I was frazzled. I was the kettle boiling with no water. I was burnt out, and that's when things started being added on by the hospital, when you are burned out, when you had nothing left, kept going to your reserves.

But then next, there was always a "next", and the fear of [REDACTED] going into remission, I haven't had a chance to see a future for [REDACTED] because there was always something coming next, a new challenge, because the cancer was rare, the MRIs came up.

Remission should have been great -- remission -- but I didn't believe it because I told myself, "There's no way he can come out of this with what he's facing, it is an impossibility", having seen so many other children lose their lives in there, and it's just heartbreaking.

So, yeah, it's just really hard to come to terms with everything and project a future, because, as I said, what is the future? This would certainly put a closure on a lot of my questions, if I could get them answered, and I could move forward, but it's going to take a lot to bring normality back. COVID certainly hasn't helped, but yeah, I'm trying.

**Q** Well, maybe -- thank you for that -- but maybe that's a good opportunity for us now to move on and think about some of your questions that you've been trying to get answers to. I think we can see from your statement at paragraph 125 that you wrote to the then Health Secretary, Jeane Freeman, January 2019. Is that right?

**A** That's correct.

**Q** Why were you doing that?

**A** I was at the end of my tether. I wasn't getting any answers from anybody at the hospital, and I thought why not just go straight to the top of the tree. And, yeah, I was pretty much amazed to get a reply back in the same day from Jeane Freeman herself, not an aid, and that she was going to ask for an update from a senior adviser. She didn't seem to know what was happening herself.

She had to ask for an update.

**Q** And did you get an update from that?

**A** No. I don't believe I did. Just I was told to have faith in the nurses, which we had from day 1. It was the building and the health board that were letting us down. The fact that we saw the health board's representatives on the news and things, I thought portrayed very callously, no emotion, no heart.

Jane Grant, I felt has done absolutely nothing to allay the fears of the family. I think Jane Grant would be probably better suited to a position in Cornton Vale, instead of the care of a children's hospital. It's best if I don't tell you what side of the governor's desk in Cornton Vale I think she should be. I don't say those words loosely. I think what she's done is horrendous. There is some kind of massive cover up going on here, a web of deceit that can only be explained by their silence.

**Q** You have quite a significant section in your statement beginning, I think, round about paragraph 117 about your exchanges with the health board and you indicate that you felt you weren't getting the whole story. Is that right?

**A** Absolutely.

**Q** You also indicate, I think, at paragraph 118 that this was not just impacting on you, but it was also impacting on the clinical staff. Is that right?

**A** Yes.

**Q** What do you mean by that?

**A** The nursing team, clinicians, everyone just seemed exhausted. They just seemed really at their wits' end, and the girls there are phenomenal. You know, there's nothing they won't do for any of the kids, but you could tell they were carrying a heavy burden here.

Some of the nurses were pregnant, some of them were, you know, maybe other ailments as well that you could tell that they weren't confident being in that environment with as well, and I would ask some of them, "Are they giving you any antifungals to take?", you know, "Do you have to get anything for working in the ward?", and it was just a knowing look, it wasn't a "yes" or a "no". It was just a kind of, you know, "I'm leaving that as an open question, or an open response, you know, I don't want to talk about it", so I couldn't say for sure if they were, but my impression was they were grossly uncomfortable with what was happening. Embarrassed.

**Q** I'm sorry Mr Campbell?

**A** No, I beg your pardon.

**Q** Did you say, "Embarrassed"?

**A** Highly embarrassed, yes. Mortified with what was going on.

**Q** I think you indicate in your statement beginning at paragraph 131 that you engaged in correspondence with Mr Best who's the Chief Operating Officer of the hospital. Is that right?

**A** Yes.

**Q** Now, you set out in some detail the content of those exchanges, and also an exchange with Jane Grant whom you've just mentioned between paragraphs 131 and 135. Now, I'm not going to ask you to read all of that out, I think you understand that we've got your detailed evidence on that, and that's obviously something that the inquiry will now investigate. Is that right?

**A** That's correct.

**Q** Yes. So, if I was to maybe just try and capture what I think is the summarised version of what you've said, you can maybe add to that any bits that you think I have misunderstood or have overlooked, I think am I right in understanding that Mr Best told you, as you understand it, that he said the first time the board

knew that there was something wrong was in 2018. Is that right?

**A** Yes, when there was a rise and a spike in infections.

**Q** And are we to understand from your evidence that that's not something that you accept?

**A** Not at all.

**Q** And I think you also indicate that Mr Best advised you that had not had a hospital acquired infection. Is that right?

**A** That's correct.

**Q** And you say, I think, that you asked for the evidence to support that and you say that's just not been provided. Is that right?

**A** Yes. There are apparently only records to show was tested for any blood cultures were two screenshots from Dr Margaret McGuire to show that he was tested twice. I asked for the frequency, and could they explain what the frequency was, when did they change their mind that there would be a change of testing, because I believe the dynamics of the bacteria was changing every week. They mutate, it is a different bug they're testing for, so obviously a different testing regime is needed. Can't keep testing for the same thing because you will get the same result.

And, yes, he just wasn't -- it's just going back to the independent report when the infection control team recommended way back in 2015 that there was issues here, and the health board are trying to tell me that the first they knew about it was 2018. And other evidence and speaking to other parents, it's just preposterous to think that they did not have any idea until 2018 that something was wrong. I cannot fathom that out at all.

**Q** Yes, and in addition, I think you say that one of the things that Mr Best said was that children should not have been given prophylactic antibiotics without an explanation to their parents. Is that right?

**A** Yes. He got the impression that I was referring to [REDACTED] being given prophylactics secretly, which I think he was. This is before anything came to light, and he says "No, children should never be given anything secretly. It is an agreed plan, and it was on a case-by-case basis." That, I find, very bizarre as well, on a case-by-case basis.

I found that very strange, yes, especially after the whistle blower evidence too, going back to 2017. You know, these are senior clinicians, and people in responsible positions in the

healthcare environment, so for the Chief Operating Officer to tell me that he had no idea up until 2018, it's not only insulting, it's offensive.

**Q** Now, is there anything else you want to say about that correspondence, or do you think the summary that you've just provided, together with what we've got in your statement probably captures the essence of your evidence? Is that right?

**A** I think it captures that, yes, quite clearly.

**Q** Thank you. I want to just go on and notice some other aspects of communication which will also be aspects of the future work of the inquiry. You mention the role of Professor White and he was given a role as a kind of conduit between the patients and the hospital. Is that right?

**A** Yes.

**Q** And I think your position is you didn't find that a particularly useful aspect of things. Is that fair?

**A** That's fair.

**Q** The oversight board, I think, is something that you had some knowledge of, and your position is that you did find that quite useful. Is that right?

**A** The strange thing was that I was included in the oversight

meetings and correspondence, but then [REDACTED] was not, apparently, included in the oversight because he did not acquire what they said was a "certain hospital acquired infection." I was still included in the whole framework which I thought was strange.

**Q** Well, if we just pause there, and it's my fault for not introducing these things properly, there was an oversight board set up in relation to a review of the hospital and the health board overall. Is that right?

**A** I beg your pardon, yes, that's my mistake.

**Q** No, no, it's my mistake, and there was also something called the case note review, which was given particular terms of reference to look at particular infections. Is that right?

**A** Yes.

**Q** And [REDACTED] wasn't part of that?

**A** Yes, and I felt he should have been.

**Q** And I think you also mentioned at one stage that in the context of these discussions, and I think in particular the work of the oversight board, you say that there was a dad of one of the patients became prominently involved really as a spokesperson representative on

behalf of the views of all of the other patients and families. Is that right?

**A** Yes. I think the board were a bit surprised when someone with knowledge of terms of reference and that was going to dictate how they were going to represent the families accurately. They thought they would come in and talk down to people which, in my opinion, that's what they have done from the get go is, "We will dictate the terms of reference in all these inquiries, you will just take what we say as fact, be on your way", whereas now, one of the dads stood up to them and, yeah, I think they found out they had a bit of a challenge on their hands then.

**Q** And so did you find the role that he took on as one that was quite helpful to you?

**A** Absolutely. Yes. Essential.

**Q** Now, Mr Campbell, we move to, really, the conclusion of your evidence, and in your statement you've set out, beginning at paragraph 146, and concluding at paragraph 153, a number of reflections, and we've got that evidence from you, and that is evidence, obviously, that the inquiry will take into account during its further work. Am I right in understanding, Mr Campbell, that you also have prepared

something that you want to read now at the end of your evidence? Is that right?

**A** I would be grateful for that opportunity. Yes.

**Q** Absolutely.

**A** If I may begin, my Lord. I would like to thank [REDACTED] medical team, especially Dr Sastry, his consultant. So grateful to him for giving us the scan on 19 August 2018. We were told if we were to wait another two weeks then the tumour would have been all through his eyes and nose, and that would have been him. He saved my son. He is a God in my eyes, and he can't do any wrong. I trust him with everything. I had a really good relationship with [REDACTED] doctors. We were fortunate enough that ours were good. I know that some of the other parents didn't get on with their consultants.

I noticed when I attended the hospital with [REDACTED] for follow up MRI scans that due to COVID people were no longer allowed to congregate and smoke at the main entrance. The hospital has now taken the infection risk seriously as a result of COVID 19, but when there was a risk to child cancer patients related to infections they didn't.

As far as I'm concerned, those

people at the very top of government who knew about the issues with the water. I'm not making direct accusations. However, the impression I am left with is that the First Minister for Scotland can't give straight answers. She must have seen the documents, the handover and the process have been done, and there's pressure to get the new SNP's flagship hospital open.

Due to the type of cancer [REDACTED] had, if he relapses, that's it for him. I do not want him dying in that place. The environment isn't clinically fit for children. There are a few children no longer with us and those children were heroes. They were the ones that [REDACTED] and so many others going through treatment looked up to. They did so much for the children following behind and the treatment, like the rest of us who have been more fortunate.

[REDACTED] sometimes mentions other kids he met in the ward. He asked if we can have them up to play. Some of these kids aren't here anymore. How do you tell a four-year-old that those kids have died? How do you tell him a wee girl he was friends with has died of a possible infection? It's heart breaking. Sometimes I have just told [REDACTED] that they're on holiday as you can't tell

a four-year-old their friend is dead.

Glasgow's flagship hospital, our children were given cocktails of strong drugs to prevent them from dying; by this, I don't mean what was agreed by the parents for their children's treatment plan to fight these life threatening cancers, I mean the incredibly powerful antifungal medicine they had pumped into them to save their wee lives from the dangers of the building that was allegedly protecting them, like Posaconazole which was given to my son. This, I believe, is still being trialed and its side and long-term effects is actually recommended for use in much older patients. Abhorrent.

Any rumour that is left to circulate freely without reproach has the ability to have dire consequences for the people involved. That rumour can end relationships, split families and even ruin careers. NHS GGC health board did nothing to allay the fears of the patients and parents with the constant rumours we encountered. They all slowly began to be substantiated and yet still silence from the executive.

We knew we were fighting a rare cancer and could accept that and fight it with every morsel of our being, but we never knew where this new environmental danger we now faced was coming from. It apparently

surrounded us from every corner of the building. Danger. More fear, more heightened anxiety. The very air we were breathing in these wards was deemed dubious due to poor ventilation and issues so vast that it required industrial machines and filters in every room and even along every few steps we went. Does anyone understand how much fear that creates? That feeling of total helplessness, knowing there is nowhere else to go.

Basic needs of a human being are said to be food, water, air and shelter. Each of these things were not afforded to the country's most vulnerable children in that hospital. The food, very little nutritionally beneficially available, the water, washing your children by pouring a bottle of Highland Spring on them, the air, questionable as industrial HEPA filter machines at every few steps. Our shelter, the rooms were closed and condemned, then the adult hospital was closed to new admittance due to more dangers.

To be given a fair chance of fighting cancer you need a fortress. Our fortress was rotten from within and instead of being impenetrable to all evils associated with childhood cancer, it was actually accessible to it, assisted

its spread, and then let death envelope our children. People would ask how [REDACTED] was doing and comment he was in the best place. As your Lordship and counsel agree, that this building was certainly not the best place for my son to fight cancer. I'm extremely fortunate still to have my son with me today. I prepared myself for the worst in 2018, as I did not honestly expect him to pull through this. It's miraculous he has, and a testament to that wee boy's endurance and fighting spirit.

The odds seemed to be too great for him to overcome with all these new dire challenges he faced. There was always something next to fight. So much so he has not even rung the bell when finishing his treatment. What should have been a fantastic joyous day for us, we feel robbed of that. COVID was the next challenge, and my doubt of his well-being still festers today due to the psychological impact that hospital and its awful custodians have bestowed on [REDACTED], myself and his family.

My family and close friends have been an outstanding support and while always on hand for us, I didn't realise at the time just how all this affected them too. My Lord and the inquiry team, please allow us some closure, uncover the truth, let's move on and

live again. Thanks very much. David Campbell, [REDACTED] dad.

**MR DUNCAN:** Thank you Mr Campbell. My Lord, I have no further questions and I don't think there are any further questions for Mr Campbell.

**THE CHAIR:** Thank you very much, Mr Campbell. That's the end of your evidence. Thank you very much indeed.

**A** My Lord, thank you for the opportunity.

**THE CHAIR:** Now, in introducing this morning you said this was the only witness today, so I think it is appropriate to adjourn now and sit again on Monday.

**MR DUNCAN:** I think so, my Lord. We have two witnesses in person on Monday.

**THE CHAIR:** Well, we will adjourn until Monday at 10 o'clock. Have a good weekend.

**12:40**

(End of Day 5)