



SCOTTISH HOSPITALS INQUIRY

**Hearings Commencing
20 September 2021**

Day 10
Monday 4 October 2021
Afternoon Session

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14:00

THE CHAIR: Good afternoon, Mr Gallagher. I think you've met Mr Duncan, who will be asking you some questions. If, during the questioning, you want to take a break at any stage, just give me an indication and we'll break whenever you wish.

THE WITNESS: Okay, thank you.

THE CHAIR: You are, I think, prepared to take the oath, is that right?

THE WITNESS: Yes, I am.

THE CHAIR: Right. Could I ask you to raise your right hand and repeat these words after me?

Gallagher, Mr James

(Sworn)

Examined by Mr Duncan

THE CHAIR: Thank you very much, Mr Gallagher.

A You're welcome.

THE CHAIR: Mr Duncan.

MR DUNCAN: Thank you, my Lord. Good afternoon, Mr Gallagher.

A Good afternoon.

Q Can I begin just by having you confirm that you are James Gallagher, you live with your wife and two children in [REDACTED], is that correct?

A Yes, I do.

Q And, without telling me where you work, could you tell us, please, what line of work you're in?

A I'm a secondary school maths teacher.

Q And you're here today to give evidence about the older of your two children, in particular, I think, your son.

A Yes.

Q He's presently 11 years old, is that right?

A He is, yes.

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

A It is.

Q Now, you have, I think, a copy of your statement beside you, and please refer to it if you feel you need to as I take you through your oral evidence. Can we begin perhaps by just having you give us some thoughts on your son? Could you describe him to us, what sort of boy he is?

A [REDACTED] is a very, very chatty boy. He loves talking about things that, you know, he wants to find more information about. He's got a keen enjoyment of maths, sciences. He loves computers as well, and he can't get enough computer time

when he's given the opportunity to.

Q He's in [REDACTED] just now, is that right?

A Yes, he is.

Q Yes. I think, as far as talking is concerned, you described that as almost one of his hobbies, is that right?

A It's not far off it, yes.

Q Yes. Okay, should we start to think, then, about his treatment and the history of his illness? What's your recollection of the events that led to his diagnosis?

A My recollection of events is he complained about having a sore knee at his sister's [REDACTED] birthday party. Particularly, on this day, we went to a trampoline place, so we're bouncing on-- not trampoline, bouncy castles, and he came up to us saying he had a sore leg and we thought absolutely nothing of it. We thought it's just a usual thing of a child of his age, especially with all the bouncing he'd been doing.

We then fast forward past his birthday to just after the Easter holidays. He had just returned to school and, during the course of that week, he started to complain that he was having difficulty walking. And, initially, on the Wednesday, Denise took him through to [REDACTED]

, and they examined the leg and said, "Absolutely nothing wrong with him." But nothing really changed. He just got progressively worse to such a degree that on the Friday, he struggled to walk. What would normally take a normal kid 30 seconds to run, he took nearly 10 minutes to walk from the entrance of his school to the car, and Denise thought, "No, that's enough. We're going to go get it looked at."

On the course of that day, we got it x-rayed 'cause I was initially at home with [REDACTED], so we got it x-rayed and then I was told I had come to the hospital and, during that time, that's when we found out there was an abnormality in his leg. It was very much put forward to us that that was a suggestion of cancer. They couldn't confirm it, but that was what the suggestion was 'cause it was-- [REDACTED] So that was my recollection of when we found out about it.

The particular doctor I owe a lot to. He happened to know Mr Duncan, sick kids in Glasgow, and he was able to phone him up and say, "We've got a kid here. [REDACTED]. Can you possibly fit him in on Monday?" And that's when the whole process started of going through scans and then eventually leading to what would eventually be his diagnosis of

chronic myeloid leukaemia.

Q I think in your statement you indicate that it wasn't really until after the chemotherapy started that you realised the seriousness of the situation.

A It was later into chemotherapy, especially when [REDACTED] had responded so well, it was described to us, I can't remember who by but it was one of the doctors or one of the nurses, how - I think it was actually one of the doctors - how cancerous his body had become. It was well over 90 per cent of his body at this time had gone cancerous because it particularly takes back when we got told his diagnosis of chronic myeloid leukaemia, I looked into it and it was something that a child could survive with, anybody can survive with under medication. But we were then told very quickly his had gone into acute phase and gone into blast crisis, like how serious that actually was.

Q Yes, and I think we've heard your wife's evidence today already that the plan was to really hit it quite hard with quite intense chemotherapy at the start and then take it from there, is that right?

A It can be, especially when you see them pumping

chemicals into your child that don't look right in any circumstances - luminous blue and stuff - so it's not an easy circumstance for anybody having to see. Seeing your own child go through it is just not a pleasant time.

Q Okay. Well, we know that your son was admitted to Ward 2A, the Schiehallion unit, at the Royal Hospital for Children, and what I want to do now is just think about your experiences of being on that ward over the first weeks of his treatment. I think we've heard that mainly it was your wife who would stay overnight, and you would be at home, or did you divide your time?

A During the initial phases, so during May and June and then eventually through the summer, we took it in turns, just so we could try and retain some kind of family life with our daughter. In summer, it got slightly easier 'cause we could all move into Marion's House so we could still, during that time at least, try and have family life (inaudible) getting back and forth, especially when [REDACTED] eventually couldn't even go and visit her brother. Because things had progressively got worse on the ward we were concerned about having any further outside influences.

Q Yes. Well, we'll come on

to that in a minute. Let's start with just getting your description of Ward 2A, and if I ask you this question to begin with: can you recall whether you were in the same room the whole time or whether you were moved rooms?

A We were moved to multiple rooms multiple times.

Q Your wife this morning gave evidence about a move quite near the start, in relation to which Professor Gibson had had a role. Do you have a recollection of that?

A The initial move was when he started his chemo and he'd reached a space where he became neutropenic, so he was open to infection, and he got moved initially to another room before he went into isolation, and the professor wasn't very happy that he'd got moved that week. I think this was during the time when they were starting to talk about all the moves to do with the spraying that was going on in the ward. She wasn't happy that he'd got into a standard room. In her viewpoint, he should've been moved straight away into an isolation room because he'd reached that stage of his treatment.

Q Yes. He was neutropenic at this point---

A Yes.

Q -- and she wanted him in

a room that was appropriate for that.

A Yes, a room where he couldn't-- he's not likely to catch any common illnesses that might be floating around.

Q And did that mean that, at that point, he himself would be effectively remaining within that room the whole time?

A Yes. The minute he went into that room, he couldn't leave the room. It was only us who were permitted to leave or-- Yes. No, he couldn't leave the room at all.

Q Well, that's maybe an appropriate point to start to think about aspects of the of the rooms that you describe. One of the things that you mention is the televisions. Do you have any recollection about whether they worked?

A They tended not to. The way it was put to us when the televisions didn't work, if you were lucky, one of the auxiliaries who knew what he was doing with it could fix it. Otherwise, it would be a long wait for some engineering company to come out and repair it which, as Denise was saying to yourselves this morning, led to challenges trying to keep a boy distracted and trying to find something to get him through what was a difficult time for him.

Q Yes. It might be implicit in what you've just said, but did the fact that there was an issue with the televisions impact upon your son's experience?

A Yes. [REDACTED] likes to, as he'll still try today, he wants to play his iPad with the television on in the background 'cause he likes to be distracted, and so he would find a source of comfort from that, being able to sit and watch a television and move back to his iPad or his game system at any time and just-- It allows his day to go quicker. Otherwise, it's a very, very long day and all it feels like you're doing is waking up and sleeping.

Q And he had his iPad, is that right?

A Yes.

Q And how easy was it to connect to the internet?

A It was next to appalling. It was next to impossible and appalling. We had to actually go out and purchase our own mobile dongle to allow him any kind of internet access. The internet wasn't capable of supporting any kind of device.

Q Now, I want to think about other aspects of the ward and, in particular, facilities. One thing that you mention is the parents' kitchen. And, again, just thinking about your initial

experience, was that something that you found was a useful resource?

A Having the use of a parents' kitchen gave you a moment's breath as much as anything else. It allowed you to compose yourself at times. For [REDACTED], it allowed us to get him cups of tea on a regular basis. He loves his tea, he loves his toast, he loves that kind of thing, and that was our chance to actually go out and get stuff for him and feel a little more-- make him feel a little more normal. When he, especially, was stuck in isolation, we could get him everything that he needed. So it had its uses for us.

At times, I didn't talk to as many other parents. I know Denise found it a comfort at times to come out because it was hard for us to be together and talk about things because you were in front of [REDACTED] and [REDACTED] listens to absolutely everything and he literally knows exactly what you're saying. He's not your normal child who can ignore you. He'll want to get involved in your conversation, so that had its advantages.

Q Were there any - again, thinking about the initial period - limitations around its use or any anything that restricted its use at all?

A I suppose one thing that restricted its use was the auxiliaries tended to use it as a meeting point for them. I don't know what facilities they had. I would assume not many if they were using the parents' kitchen. And, as you went into that, you felt a little bit uncomfortable. It's like walking in the middle of a work chat that you know nothing about. You didn't know if they were chatting about you or chatting about other things, as normal people do. So that would tend to make you feel uncomfortable and you'd want to quickly leave the facility and go back, so you would just use it where you needed to and away you would go.

Q Okay. So, let's think, then, about facilities for the children. I think there was a playroom, is that right?

A Yes.

Q Was that something that wanted to use?

A The playroom was designed for children much younger than [REDACTED]. It was a proper playroom for, like, your toddlers to go to. [REDACTED] only really liked to go into it when nobody else was in it because he enjoyed just getting away from the confines of his room. But any time anybody else tended to come into it,

he tended to leave it because it wasn't designed for him. It wasn't designed for his age group at all. It was just much younger.

Q And he was too young, obviously, for the Teenage Cancer Trust playroom.

A Yes, he wasn't allowed to use that. Again, because they could say his age didn't allow him to use those facilities.

Q Yes. And was it your impression that this issue wasn't unique just to [REDACTED], but other children of that age felt the same way?

A Yes, I would definitely say that was the case. There just didn't seem to be-- Facilities were great for the really young children, they were great for the teenagers, but they're just that middle group when they've grown out of that.

Q And do you indicate in your statement that your understanding is that the new Schiehallion, Ward 2A when it's reopened, is going to have a room for that age group?

A From the parents' group and the information we've been given, they have taken much more time and consideration into this middle group of kids by actually creating them a proper

space within the area 'cause, again, I think that's them recognising their transition toward becoming teenagers.

Q Yes. And I think you indicate that there were some attempts to help your son by giving him things to do, and I think that your wife has said this already today that-- Did the nurses give him something to entertain him?

A It tended to be-- Some of the nurses were really good at trying to get [REDACTED], because you could recognise quite quickly that he needed something to keep him going. There was a play assistant who would use everything in her powers to try and go get him either games from the budget they had or go fetch him an Xbox or a PlayStation that could keep him distracted because it was the kind of stuff he has at home. So you would tend to find they would go out their way to try and find those things. It wasn't always successful 'cause, again, some of the stuff they had was donated so it was a wee bit older. It wasn't always working in the best as it could, or somebody else was using it 'cause there wasn't, like, a lot of resource for that group.

Q Okay. I want to ask you now about some particular incidents over these early weeks, and I wonder

if you recall a particular incident on the 7th of July 2018 when you (overspeaking)----

A Yes.

Q Can you describe to us what happened, if you're able to do so?

A On the course of that day-- As Denise said earlier on, [REDACTED], so on the course of that day, he was getting progressively irritable and ill-er. They kept pumping him through with all the different types of drugs they were giving him, trying to help control his temperatures, trying to reduce the shaking. I believe that is properly called rigor. So trying to reduce that down, trying to combat it, and it's-- It was a difficult day because you see one minute your son's talking to you, next minute all he wants to do is curl up and sleep. And then, as you look at his hands, obviously he was turning red all over, but the tips of his fingers were actually going blue. It was as if all the circulation was trying to pool itself into the core of his body during that day. So it wasn't a great day for him, and watching him go through that was not an easy thing.

Also, as the course of a day went, I vividly remember, 'cause Denise is telling them, "We've got to stop this. This is not working.

Something's going really wrong here," the doctor and the nurse practitioner having what, to me, looked like a visible argument outside of the window, 'cause the window looked onto the corridor. It seemed clear that he was more interested in doing the next antibiotic and then the next antibiotic, while she was obviously saying to him, you know, "We've got to stop. We've literally got to have a conversation here where we stop, follow Mum's advice and see where we get to," because the current course of action wasn't working. And, thankfully, it did stop, and he did seem to come back to us again because, literally, the way it worked in terms of our rotation, Denise stayed for most of that night, came back to Marion's House and I went over first thing in the morning, 'cause she actually came back 'cause [REDACTED] was with us. So I went back across and the professor arrived literally at 7/8, very early in the morning.

So it was literally first thing, she appeared to say, "This is what we're doing. We're stopping him on antibiotics and we'll see how he recovers." And he did. Very quickly that following day, he recovered to be interested in his game systems again, 'cause on the 7th, he didn't want to

touch it. He wouldn't touch his iPad, he wouldn't touch his game system. He just wanted to curl up in the bed, and when you get to know [REDACTED], that's not something he does. He doesn't do that. He always wants to play a game system. He always wants to go down something of this route, and that day, on the 7th, he just didn't. He really didn't want to eat, he didn't want to do anything. And by the 8th, middle of the day, he was eating again. He was sitting up. He was back on his computer game system because they'd stopped pumping him through with antibiotics.

Q And I think, as you've indicated, Professor Gibson was part of that discussion and she agreed with that, that course of action, is that right?

A Yes, she very much agreed with that 'cause that's a conversation she had with me the following morning, that said, "We have made the decision to stop giving him antibiotics and see how he goes." And, like I say, he was-- The contrast between the two children was unbelievable.

Q Do you remember being given much explanation at the time as to what this reaction or what this presentation might have been caused by?

A They didn't. I don't remember them really ever going into great detail about why it caused that. I think it was one suggestion that there was a possibility he was allergic to one of the antibiotics. But, again, he was getting pumped through with so much stuff at the time, I'm amazed they could've made that decision. But at the time I was just happy that he was back to being more [REDACTED].

Q I think in your statement it's at paragraph 49 that you indicate maybe Vancomycin that was suggested was the----

A It was suggested to us that he had allergic reaction to Vancomycin. That was just a suggestion.

Q Moving on a wee bit then, I think if we go on to think about August to September, and I think, as we've heard today already, your son was discharged home for a few days at the start of August and then re-admitted to have new treatment, is that right?

A Mm-hmm.

Q And I think, as we've all also heard today, there were other changes going on in your family at that point, is that right?

A Yes.

Q Your daughter was starting school?

A She was starting primary school, and I was, unfortunately, having to return to work at that time.

Q Yes. And so, from that point on then, how did things work in terms of managing the family?

A What would tend to happen is we were starting, then, more and more, especially as we're (inaudible) this time, to work as two separate families. I would primarily be looking after [REDACTED] during the working week with support from my sister, my brother-in-law and my in-laws. They would occasionally help me with childcare so I could continue to go to work. And at the weekends we would swap and I would spend the weekend, as much as I could, for basically the Friday. A typical Friday would stop in middle of the day because of the nature of the authority I was working in, I would go through and take over from Denise from the Friday and the Saturday, and she'd come back on the Sunday to just kind of have a bit of-- so I could see [REDACTED] and be with [REDACTED] and Denise could be with [REDACTED], her daughter.

Q And would you do overnights on the ward or would you

stay in Marion House?

A As they'll tell you, I'm not the best person to be doing overnights 'cause my snoring is kind of off-putting to say the least. So, typically, I would be with [REDACTED] as long as I could in the course of the day, and once he was finally asleep and settled, which was typically around half nine/ten o'clock at night, I would go home or, if I were able to, use Marion's House.

Q Yes. Do you have a recollection of, towards the end of August, your son developing some sort of issue with his stomach?

A He was having a grumbling with his stomach, as Denise had put it. He didn't-- He wasn't eating as much and he wasn't enjoying food as much. He wasn't feeling great at times. That's when they were starting-- also starting to think about if, possibly, his appendix, or Denise was suggesting it could be the appendix or what the suggestion at the time was, and that's when we then got taken down the path of, "It is his appendix and we're going to remove his appendix," which, again, during this whole process-- Most parents will tell you taking a child's appendix is a big operation for any child, for any family. But, for us, it just became another--

just another thing to tick just so we can make sure he gets better. So it had its differences then.

Q Yes. What's your recollection of that?

A I remember him going into the hospital and into the general ward - Ward 3A, I think it's called - going into that ward to be told, "Right, we're going for his appendix." I remember him getting taken down to get his appendix, and one of his many, many operations, it feels like. And again that has its own challenges with [REDACTED] because you've got to talk him through it and you've got to realise a child going down to any operation is scary, but he found it particularly scary. He wouldn't allow either one of us, whoever it was, to leave him until he was actually knocked out because it really would scare him that much.

So I remember him going down for this and then coming back out of it and they were saying-- conversations were then had that they didn't believe it was the appendix. They believed it looked too healthy when they took it out to be his appendix. And then, very quickly, I remember a conversation that was had regarding its possibly his line. "We believe there's a gram-negative" - I believe is the term, or positive, I can't remember which one it

is - "on his line. We believe his line is infected and we need to remove his line." And I remember the shock and Denise is like, "Couldn't you have done this at the same time, or couldn't you have known this before-time?" 'Cause, as much as results take time to come back, you would've had an indication that there was something there in the line and we didn't have to go through the second operation within two days and, again, having to go through that whole process with [REDACTED], because the minute he found out he had to go through another operation, it starts building his anxiety. It doesn't matter if it's two weeks or two months away. For all that time he knows it's happening, his anxiety will build and build until the day of it. You have to coax him down and then go through it again, and then sitting again outside the room with him, getting to high doh over it, getting really upset about it, getting very emotional about it. And that has its impacts when you have to see it as a parent, and he didn't tend to want me to go through with him to the final stage, that was Denise, so she had to do that quite a few times.

Q Were you present when there was this conversation after the---

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A Generally, I do

remember the conversation. I can't remember if I was there at the exact time or it was second-hand. I do remember it occurring but, again, I'll be honest, a lot of the time comes a lot of blurs. I can't remember the exact stage. I just remember it all.

Q I think in your statement at paragraph 51, if you have a wee look at that, you indicate a recollection of another conversation, and I think it is one that was given to you second-hand.

A Yes.

Q Yes. You recall your wife speaking to you about conversations that she'd had with Professor Gibson and, I think, Dr Inkster and perhaps Mr Redfern, is that right?

A Yes, I remember having those conversations. Unfortunately, at the time, I was unable to take any further time off of my work, so I wasn't able to attend it with her. I think it's just 'cause I blur it between that time, because that was obviously the time, as well, when I had to phone the hospital because obviously STV had announced on the news of what was going on with Schiehallion and nobody had told us about it. At the particular time, they were talking about six families, was it, who they were saying, and we happened to be one of the

families involved. And finding out information on television news which directly involves family, was, to me, felt like beyond a joke.

Q I'm going to ask you about that in a minute. Just staying with what you were told by your wife about conversations, or this conversation with Mr Redfern and Dr Ingster (?) and Professor Gibson, do you recall whether Mrs Gallagher said there appeared to be an acceptance that it may have come from the hospital?

A I think I have a vague recognition of her actually saying there'd been an acceptance. I think that was around the first one, it was then followed up by suggesting there was other sources that it could have come from as well in the second one. I think that's where she developed, wait a second, there's a bit of anger there. And I understood the anger has come because she'd been told on one hand, "Yeah, we accept it." And then she was told another hand, "No, we don't." So, they felt like, again, this is where the mistrust was building in what was being told to us by the hospital.

Q I was about to ask what impact did these two instances of surgery have upon [REDACTED]

's date for transplant, but as Ms Gallagher pointed out this morning, of course there was a third surgery, which was a further line being put in, is that right?

A Yes.

Q And do you have a recollection that this pushed back the date for----

A I do, and I remember the worry. I remember the worry at the time because you have all these great things and feelings like, well, this is gonna happen September, and then you're getting told, "Oh no, it's gonna happen here in October time." And then you feel like saying, "What's going on? What's happening?" The real worry the first time was are we gonna lose our donor because we're very much told at the time that it was a perfect match. I know Denise spoke this morning about it was a ten out of ten, at the time, it was nine out of nine because they changed the criteria. Only later we were told it was a ten out of ten as well, it was that good a match.

We were just so lucky that our donor was willing to postpone twice, because obviously they have got to do their side where they're from to get the bone marrow over to them. The fact that they're willing to put their life on

hold twice was amazing for us, but it was the worry initially that we could lose our donor. We could lose our best chance of getting our son fit and healthy again. And then it started to bring back all the worries of, "Are we gonna lose him?" So, it brought all those anxieties and all those feelings back.

Q Yeah. I think you describe to you, as did Ms Gallagher, that you discovered right at the start, more or less, that although your research has showed that CML is something that you can live with, [REDACTED]'s was a pretty advanced stage, is that right?

A Yeah. The nature of [REDACTED]'s was related to how his blood produces white blood cells. It was constantly created mutation and because of the nature of his, he couldn't go down what would've been the drug route that a lot of CML sufferers are able to do. Because of his constant mutation, it would constantly bring the cancer back. There was no option to go down that route.

Q So, there had to be a transplant, is that it?

A Yeah. There had to be a transplant, he had to be given it.

Q Yeah. How easy is it to

find somebody who is a suitable donor?

A I believe it can be quite difficult, 'cause you've got to be willing that people have put their blood onto the donor list, because initially they search the UK and the European list. So, they're searching quite a wide spread - you're talking millions of people who, across the continent, you hope are on the list because by all accounts, our donor does actually come from the continent rather than within the United Kingdom.

So, that was, I imagine, quite a challenge to find that. I think initially, by the time we was done, we were told there was a total of 300 possibilities, 50 good ones, but then there was this one very, very good one that they only wanted to go for when we were first told about it.

Q So, at the point where you're learning that the dates are being pushed back, how stressful was that?

A Immensely because you get yourself through the difficult stages at the start, you're told this is coming, said there's a chance that by Christmas we'll be a family again. That was our goal: by Christmas to be together and celebrate it. So, getting told the date's getting pushed back and the periods of recovery that come

with it, adds constant stress onto me, constant worry, and you end up focusing on, "How are we going to get better?"

There's that side here and then there's the other side here that gets guilty because you're not thinking about your daughter. I'm not thinking about her needs because I'm so focused on his needs, and then that guilt builds on you as well. And then just being apart as two separate families puts all the emotional stress you can imagine.

Q I want to move on to something slightly different. This morning, we heard some evidence from your wife about a conversation you had with one of the nurses about one of the rooms, I think it was Room 23 in particular. Was that a conversation that you witnessed any part of?

A I witnessed, probably-- I remember being very, very upset in the room.

Q Sorry, who being very upset?

A The nurse. The nurse who was talking to Denise.

Q Were you in the room when the conversation started?

A Not when it started. I think I must have been down at the

shop getting something. So, by the time I'd come back up to-- she was very upset and talking about the fact as how close Denise was to the truth of what was going on in the ward. Because also at this time, we hadn't been detailed half the issues that were going on. It was kept as a very much a hush-hush thing. It was talked about in whispers, not openly talked about to parents.

Denise also was having a conversation about rooms with her. In particular, one of the rooms that stopped getting used for a long period of time was one behind the nurses' station. Where the nurses' station was in Schiehallion, if you're looking at it, there's a room on the left, a room on the right. The room on the left stopped getting used altogether, and a lot of people were coming in and out of that room constantly, looking at different aspects, I would assume, within the room, and obviously----

Q What sort of people?

A Senior management. It was definitely senior management. They weren't dressed in scrubs, and they weren't dressed in uniforms. So, they were dressed in suits, and they were looking around them, and they were coming back out, and then were going in at other times into that room,

especially after it'd been stripped clean, in terms of there was no furniture in the room and it just left empty eventually. And it got no longer used. This is also before Schiehallion got shut down. And there was the suggestion, I believe, that they thought that was one of the rooms where the source of infection was probably coming from.

Q What was it you heard in the bit of the conversation that---

A It was just the very fact that how close Denies was, and the truth, the fact that it was something within the ward that was well-known about being in the ward.

Q I'm sorry, what was?

A The fact the infection that was growing within the water system and from the pipe system that weren't right, and that led into the fact that she was starting to challenge on it, that was felt it was well-known amongst the staff, not amongst the patients, not amongst their parents. But it was well-known that something was up and they knew about it already, and they'd been trying to fix this very same problem one or two occasions before we were even patients in the ward.

Q And if you have a look at your statement, and go to paragraph 65, if you maybe just confirm that's the

conversation that you're referring to there.

A Yeah.

Q Now, I want to move on to a slightly different topic and I'm going to ask you a bit about move to Ward 6A. I've got a few things I want to ask you about in relation to that, but before we get to that and before we get to you finding out that Ward 2A was closing, was it your recollection that you started to see signs of things changing?

A It was more the amount of people that were coming in and out of the wards was more visible. They weren't medical staff. There was obviously people looking more at the ventilation, especially when the spraying eventually started in the ward. There was people walking around looking at all the ventilation slots that walked down the main corridor. I think they were also looking at ventilation slots in the room because, even before, when we first went into the wards, Denise mentioned the fact that the ventilation units had all been popped out of the housing in the room. She thought that was very unusual. She'd not seen anything like that in a hospital environment before and she was wondering why that was.

So, this just seemed to follow on.

Before they even shut, you were seeing more of these people coming in. I think that by this time they'd done the initial batch of spraying of all the rooms, and we were talking about having to repeat it a second time, that everyone was gonna be re-sprayed again. So, you started to notice there was a sense or feeling that something was coming when you were in the ward. There was something going on, but what that thing was, you didn't know.

Q Who was coming in to do spraying, as you describe it?

A I believe it was a company they hired, because I believe the cost-- We were once told the cost a unit was quite expensive, and they said what would have to happen is the room would have to be sealed off, cleared of all the equipment, and then the room would be sprayed. It was the same time they had to actually shut down the playroom they did have and throw out the vast majority of the toys and the board games because they were organic based. Because they organic-based, they couldn't be sprayed. So, they had to all be thrown out and disposed of. So, that was around that time. It would tend to be a separate company who was coming in to spray the rooms.

Q Was it therefore workmen that you saw coming in to do this?

A When the machines were brought into the ward, yes.

Q Yeah.

A It was workmen you saw working with it.

Q And can you describe the machines to us?

A I think to describe it best, it was a Dalek-like machine. You couldn't really see them, you only saw them when they were in the corridor about to go into them because when they went into the room, it was fully taped off, so you couldn't see it. It was actually something I was (inaudible). It was something that continued on down into in to Ward 6A as well, that they would actually continue the spraying by sealing the rooms off, 'cause that's all the tape that goes around it.

Q And thinking about other aspects of the ward, thinking about the parents' kitchen, for example, was there any change in relation to the extent to which you were able to use that?

A Yeah. It got shut down. We were no longer allowed to use it. So, we had to rely on staff to be able to bring us tea and coffee and toast if we wanted it for our son.

Q Any explanation for why it was no longer open to you?

A I think then, possibly if it was anything, it was to do with the fact that as part of the spraying process, they had to shut the room, but it never reopened.

Q And can you recall whether you were in the room more than you were? In your [REDACTED]'s room more than you had been previously, as time went on?

A Well, yes. When the spraying was going on, you were literally in a room, you're hoping for more than a couple of days, but then you'd get moved onto another room that had been sprayed, because they were spraying that room next. There was this constant flow of people moving from room to room, area to area within the ward. So, there's a lot of-- Again, I think that was probably the other things were going on because there's so much movement.

Q Now, another thing that you indicate, which might indicate some sort of change. You mentioned that [REDACTED] would use bedpans, I think, or "pee pots", I think you call them, is that right?

A Yeah. At the time, because his leg was in a cast, and he

was suffering pain with it, he couldn't really get himself easily from his bed to the toilet. So, he had to use the bedpans, or the pee pots, as he liked to call it, and what used to happen was once he used one, you could just go along to the sluice room, which is a few doors up, dump it and collect a couple more for yourself, so you can keep a flow going. But then, they stopped us doing that as well. Stopped us using that room, and we had to request to get more from the nursing staff.

Q Was there any explanation for that?

A No. There wasn't any direct explanation of why that got shut down. Again, you just started to accept it.

Q I want to move on, then, to think about the closure of 2A, and to understand from you when it was and how it was first heard about that. Can you tell us a bit about that?

A When the closure came, it came through a news report on STV. That's how we directly found out about the closure. That they were shutting the ward down, so we had to sit and watch. I think the only reason we knew about it is we caught one of those clips shows that they run on the television to tell you what's coming up

on the news. That's why we sat and we watched it. I then phoned the ward up directly to say, "Right, what's going on? What's happening?" The person I spoke to, I believe, was the sister of the ward, saying, "There's nothing we need to tell you right now. We'll get back to you." And I actually intentionally asked for a manager to phone me up back to let me know what was going on because, at the end of the day, medical staff are busy enough; they've got enough on their plates.

I then got a phone call back from a microbiologist, and I asked why they were calling because, they said, they were told to call us back. I said I'd actually asked for a manager because I was, at this time, exceptionally angry because I felt this is not information that I should be finding out through a news programme. I should've found out directly from the hospital board, I should've found out from the management, I should've found out from the ward, I should've found out from somebody to do with Greater Glasgow, not the television.

So, I'm not one of these people gets angry at people I don't know. So, I just said I was frustrated that she was speaking to me - cause it was a female - and I said, "It's not you I have issues

with, it's your managers, and I'd rather they speak to me."

And I never got phoned back by a manager, because I think I was told initially they were in meetings. And later on down the line, an excuse was made as, "Oh, they knew about the news report at one o'clock, but they were too busy trying to look at solutions going forward." That's why they couldn't contact us and tell us what was going on. And they accepted the fact, "Oh, maybe we got the communication wrong." It's more along the lines of, "Maybe we got it wrong." Of course, you got it wrong. The first people who should've been informed was the families.

'Cause we knew we still had to go back into the ward, we still had to do the rest of his chemo, and we still to do his transplant. So, we knew this was all coming, and that's when Denise started saying, "Where's the next nearest place?" I think it was Newcastle and Manchester. She was starting to think it's bad enough going into Govan. We're now gonna have to split where one of us goes away permanently down. So, that added more anxiety onto our lives.

Q At the point that the microbiologist called you, what did you know by that stage, beyond the fact

that the ward appeared to be closing?

A What we knew was what was literally reported. That it was due to this water-based infectious agent that was growing within the ward. That was now the reason for the closure and it would allow them to fix the problems within the hospital. And eventually, after that time, when we're back in, the initial thoughts was, "It'll be shut for a couple of months maximum." And here we are, what, three years down the line and the ward's still shut.

Q You indicated earlier some mention of six families.

A Yeah. It reported the fact there was six families directly affected by what was going on.

Q This was on the STV news report?

A Yeah, it was on the STV news report.

Q And beyond that, and in particular, what, if anything, did you know by this stage about where you would be going?

A Initially, we didn't. We had no idea what was going on. It was only in the coming days follow that we would get told that we were going to go, [REDACTED] was gonna get his transplant down in Ward 4, and that's where he'd get it,

and we would be supported. Going into 6A would be the temporary Schiehallion Unit. It was very much put at the time, "It will only be temporary. It'll be for a short period of time so we can fix the drains----" - I think the thing we're told about - "-- so we could replace the drain." And that was all. And it was put across to us by the Trust it was a very short period of time. It was not going to be the long-term thing. Sadly to say, it didn't it. It turned into a much, much longer period.

Q Have you got a recollection of when you were told that?

A I don't know if it was in conversations with the ward or a letter. Most likely, it'd probably been a letter that was given to us. The primary form of communication was bits of paper.

Q I want to ask you a bit about Ward 6A itself. Can you describe the room you were in?

A Basic. It had a basic television, a bed, a chair. It didn't have any of the long-term amenities the Schiehallion had. I think when you look at 6A, it looked more it was designed for short-term usage, like any standard hospital ward. It was only designed for you to be in a couple of days, and that was it.

Well, Schiehallion was better set up. It had facilities for the children initially, obviously, had a television, had seats so you could sit in the room, a place where you could put your stuff and store your stuff better, you had drawers, cupboards to put things into, you had a pulldown bed facility in the standard Schiehallion, rather than a pull-out bed thing that got wheeled into the room.

Q What about the facilities on the ward as such?

A At the time, there wasn't really anything at all. It was just a set of rooms with the day care at the end of the ward. They then developed later on, much later on, past our treatment stage, when we were more going back to deal with [REDACTED]'s spiking temperatures, they'd developed a kitchen. They created a kitchen facility within the ward, but at the time there was nothing of that. There were even, when they first opened it, rushing to try and make it more child friendly in terms of how it looked. Otherwise, it looked like a standard adult ward.

Q How did they try and make it more child-friendly?

A Put more colourful pictures up, put child-based pictures up, try and get some of the decoration

that existed in Schiehallion, repeating it into the walls of 6A. They basically tried to decorate it more like they were used to. The Schiehallion, more child-friendly looks to it, 'cause it was very, very sterile looking.

Q And was there any play area at all that you recall being on 6A?

A There wasn't. The closest you got to a play area was some toys set up in the temporary day care unit. There was no play area play.

Q The play leaders still came to the ward, is that right?

A Yeah, the play leaders, they still regularly visited the wards and tried to keep the children going as much as they could.

Q And I think you indicate they were quite good at getting things for [REDACTED], is that right?

A Yeah. They were the breath of fresh air for the children. They were very good. Always did their best by them.

Q I want to move on and ask you now about another topic and its issues to do with the water supply. You mentioned a number of those in your statement. And for those who want references, it's round about paragraph 34, is where we are. You

mention that you saw filters on the taps, is that right?

A Yes.

Q Is that in both wards?

A I believe it would've been, yes. I definitely saw them throughout Schiehallion, and I'm pretty sure they must have existed in 6A. I cannot off the top of my head-- If they weren't initially, they were, in due course, put into it.

Q You mentioned that bottled water was provided for drinking. Again, was that on both wards?

A It was. When we actually mention bottled water, there was actually slightly comical notice, and this is more going back to, originally, Schiehallion. When you first go into isolation rooms, outside in the outer rim, there's a list of things you must do in preparation. One of the first lines the letter says is: "Do not drink from bottled water."

Q Why does it say that?

A I don't know. I'm assuming that 'cause it's suggested it could be increase of infection because, again, it's not controlled. But it was one of the very first things it says on this list, and we're drinking bottled water at all times.

Q And when you say when

you go into isolation, you're talking about rooms that are for transplant patients?

A No, this would be the ones they go into when they go neutropenic. So, it was the double-doored rooms. Well, the double room doors, the first room being the outer room. There was an outer room, and a unit that was sitting there, there was a list of dos and don'ts for isolation rooms. And, like I say, one of them-- and I think I vaguely remember saying something to Denise, the comedy over it. Well, we've been told not to drink bottled water on this list, but we're drinking bottled water all the time.

Q I think another thing you mention is the water coolers appeared empty, is that right?

A In the ground floor, where all the treatment rooms are, there's loads of water coolers beside literally every section. Not one of them had water in them. Every one of them had a sign on it saying, "Do not drink from" or "Do not use".

Q Did these things cause you any concern at the time?

A Of course it did. You're wondering how a hospital at this time, which is relatively brand new, was spent a lot of money on it, and the basic amenities are not available to

you. You are wondering, "Why is that?" I think vaguely, once asking, "Well, what was reason?" "Oh, there's an issue. We're getting it fixed." It wasn't, "There's something growing in the water pipes," it was just "an issue". You just brush it aside because you're fully focused on your child.

Q How would you clean [REDACTED] ? How was he washed?

A Denise would literally scrub him within inch of a life. As much as there was filters on the taps, she would make sure at all times he was cleaned down every single day. And when I was taking care of him, it was my responsibility just as much as hers. When he couldn't move, you'd get a basin, and you'd use our cloths, and you completely clean him down from head to toe and dry him down that way. But she very much believed that he should be kept clean every single day.

Q I think you mentioned in your statement that you saw men coming in and examining the taps at some point.

A A few times, actually, coming and looking at the filters, looking at the taps themselves, and going into the bathroom and repeating the same process. I think at the time, I probably put it down to is that's just

them figuring out general maintenance or something. They're just trying to find a way to take the filters off.

Q Do you remember which ward that was?

A The Schiehallion. So, 2A.

Q How often would you see that?

A Well, enough that I remember it. So, I wouldn't say it was every single day, but I'd say, at least, she probably saw them once a week or something.

Q Did you notice whether it was the same in all rooms or there was a difference when it came to the isolation room?

A You didn't tend to see them in isolation rooms. It was more the general rooms you would see them in as, again, with the isolation rooms, the only people, bar ourselves, that would come into those rooms were the doctors, the nurses, and the cleaners.

Q Now, going back to Ward 6A - and, again, just staying on these issues to do with water - I think you mentioned something about the bathroom at Ward 6A at some point or the toilet?

A You'll have to----

Q At some point was there a sign not to use the bathroom or the

toilet? At paragraph 33 of your statement, if you have a wee look at that.

A What section was it, sorry?

Q Paragraph 33.

A 33, thank you. (After a pause) Oh, no. I think that's a slight mistype, it wasn't Ward 6 - it was actually in 2A. In 2A, as you come into the main wards, just past the doors, there was an actual bathroom - as in it had a bath in it - and from the minute we went in the room, there's a sign up and it's saying, "Do not use", "Not in use", "Not to be used" kind of idea. It was very much put forcefully in that sense, and it never was, it was completely sealed off.

Q Right, thank you. Aside signs, what instructions or explanation were you ever given about use of the water?

A I think the only explanation or instruction we were given was not to drink it and to use the bottled water, and that was about it. There was no real in-depth reason why we weren't to drink the water. I think, in my own head, I put it down to just, like, in every big public building you don't drink the water 'cause of the way it circulates or something. That's the only thing I was thinking of.

Q Wait, when were you given the instruction not to drink the water?

A I think it would've been on our first day, either the first day we went into the ward or just before we came across from day care into the ward.

Q And did you see whether the tap water was ever used for drinking?

A I think sometimes I would have thought-- I'm not sure if it did, I think there was the suggestion that possibly used for boiling hot water. At times, I think it was used occasionally for boiling up in the kettle, making cups of teas, but think again most people then went just to bottled water.

Q Yeah. Was there ever any discussion among the parents about these issues?

A I remember a vague discussion about-- especially when things were starting to come out, mentioning about a particular family whose child sadly passed away that they didn't know that it was the water that possibly caused it. And I remember that conversation floating around at the time, and that was really-- Again, there was just acceptance. I think everybody was very much, initially, at the first stages, focused on

our children. And I think we put our trust in the staff, the hospital, and the NHS itself that they will do no harm to our children, so that's why we didn't overly question it at first.

Q Okay. I want to move onto some other issues about the hospital that you raise in your statement. Cleaning - what were your recollections of the approach to cleaning in the wards?

A My recollection is the cleaning staff had a heck of a job to do because there only ever seemed to be two of them on. The amount of rooms they were having a clean - well, it was a heck of a job because they didn't seem to spend a long time in the room. It was a quick mop; it was a quick wipe down; it was generally surfaces that they could easily get to. They were giving that wipe down, and there's times you would look and think, "Well, they're not wiping always the top of the wardrobes." There was still places where dust would build. So, it was very much people were-- you could tell it was people trying to do their best but were trying to do too much with too little time.

Q Can you confirm whether or not, in your view, the cleaning of the rooms was thorough?

A No, in my view, I don't

think it was thorough. I would say, at times, I've seen, in other working environments, more time to spent cleaning facilities than were always spent to cleaning the rooms.

Q And you've already described to us how, from time to time, you would see this additional a cleaning method being undertaken with these machines that looked like Daleks, is that right?

A Yeah. Well, that was done completely separate of the domestics to do with the ward itself.

Q Right. Were you ever aware of a smell in the hospital or near to the hospital?

A Yes. You knew you were approaching the Queen Elizabeth campus when you got either to the motorway junction, what I call next to the lightbulb factory style junction, the top end of the campus, because you could smell the sewage. You could tell it had been a bad night in Glasgow because the sewage would stink further away. Typically, as you approached the hospital, your windows would go up and your air filter would be switched off in the car 'cause the smell was that strong on the outside of the building. That would also continue into the building. You would smell it in the main ground floor areas where the

clinic was - not super strong, but you could smell it. And I do remember occasions when [REDACTED] was in isolation where you can smell the sewer smell coming through into the room itself, there was a distinct smell.

Q Can you recall whether he was able to smell it?

A I think, yes, he could smell it. [REDACTED] can be sensitive-- When he's not distracted, he can be sensitive to smells, and he was trying to understand what the heck the smell was. We used to make it a joke that it was obviously somebody had let wind off and try to make a bit of a joke of it rather than serious with it. But between me and Denise, we would question "For something to create a smell like that within a room like that, there has to be something present within the air." That's the only way that could come about. It didn't help that it was also one of the hottest summers Scotland experienced at the time, but it was distinct around the campus at all times.

Q And moving on, I think we know that [REDACTED] was part of something called the "case note review", and your wife gave some evidence about that earlier today. Do you have any reflections on that

process and what you drew from it?

A I think the distinctions I got from that time was we were told by the case note review it was probable that [REDACTED]'s infection had come from the hospital. And speaking as a teacher of maths, we also teach probability to our children when they come through to us, and when you're talking probable, you're talking beyond 50/50 and you're heading towards "likely". You're not actually at that percentage level but you are starting to talk in those kind of percentages. You're not talking anywhere near the unlikely or a one-in-five chance; you are over 50 percent and you're heading towards 75 percent that the infection was there. So, it suggested to me that there was a very good case that [REDACTED] had developed the infection within the ward, and that's them just purely talking in statistical terms. It doesn't help that, in his medical notes, we're told clearly what Denise found - and when I do mean found is, when you go through medical notes, they were sent to us in just big batches, there was no clear organisation to it; and I'm only glad my wife knows what she's looking for in terms of results and things, again, through her profession. They said quite clearly he didn't get it. How

they were able to back that up, I don't know, but they quite clearly said in his notes he didn't get it. And another group of experts are saying, "Oh, actually, no - it's quite probable that he did get it at the hospital."

Q Did you also attend a meeting that your wife went to at which Jeane Freeman was present?

A Yes, I did. I attended a meeting with her at the Glasgow Central.

Q What's your recollection of that meeting?

A It was a meeting that was probably done a wee bit for PR purposes so the health minister could say, "I've met with the families" because there was obviously a lot of anger in the room by this stage because, by this stage, we obviously knew a lot more had been going on at the hospital. So, there was anger in the room. Some of the things that we found out in the course of what other parents had found was shocking to us. But I did feel very much it was a PR exercise on behalf of the minister, especially 'cause I know Denise spoke earlier on about the duty of candour, that all doctors nurses have this ability, but you can't turn in to say that when you've got people who've got jobs, mortgages, and families to look after.

That's quite a flippant statement when you make it that way because it's very easy to say it, and there's amazing people who do whistle-blow, but you've got to think about their lives, so I did feel that was a bit of a-- not a very good statement to make at the time.

Q I want to move on now and think about the impacts of some of the things that you've described. First of all, think about the impacts upon your son, and the fact that he had his appendix out and he had his line removed and another line put back in; the fact that, based on what the case note review have told you, there was a probable link between that and an issue with the hospital.

A Mm-hmm.

Q How do you feel about that?

A I feel angry and disappointed on the whole process for him because it put him through a lot emotionally. For [REDACTED], through his autism, he struggles with his emotions, and having to put him through that and having to listen to your son say statements that he hates his mum, he hates his dad, he wishes he was dead 'cause of the pain he has to go through is not things you want to be able to talk about. It's not things you want to be talking about at the

time-- your eight-year-old son; you don't want him to be considering these things. And having to take him through it and give him confidence everything will be all right was hard, it was very hard for him, and it was hard on us, I'd say all of us.

Q That's what I was going to ask you about now: in terms of the impact upon you, how do you feel?

A I'm just happy that he's healthy and he's safe, and I've buried a lot of these things in a box. The only reason I'm willing to go back to that is to stop everything like this ever happening again because it affected us all. Cancer is hard enough to live by, and that's the challenge, but to have to live by being lied to, being taken down false paths from trying to find ways to solve the problems, is something I find very, very difficult to accept as an individual. I'm annoyed that my family's had to go through a lot of this, and their pain and their suffering has had to be extenuating - because that's what having to wait for his transplant and having to deal with the different operations and the effect it's had on Denise, the effect it's had on my daughter as well-- It's hard to accept it. Now, I'm just happy that he's here with us.

Q I want to move on now

and just move to the conclusion of your evidence, Mr Gallagher, and maybe just get your final concluding thoughts. And maybe, just to help you a bit with that, can I have you have another look at your statement, please, and have a look at paragraph 68? And I just notice what you say about the medical staff, and take a moment to look at that, and does that reflect how you feel about the clinical team?

A It does, yes. I felt very much - even to this day - that the clinical team was doing everything in its power to save my son. But I very much do feel that the management team of Greater Glasgow threw them all under the bus 'cause they were the ones repeatedly - in the early days - blamed for their bad practice or their bad sort of approach to treatment rather than the real problem that existed.

Q Thank you. Is there anything else that you want to say just now, before you conclude your evidence?

A I think the only thing I probably want to say to conclude on is, if the hospital management team had just spoken to the parents involved when it first started, I'm sure plenty of people could've sat down, we could have worked a few solutions, we could

have talked through solutions, and we'd have never had to go down this route.

But, instead, they decided they wanted to lie, hide, and downright just not want to acknowledge the problem in the first place. I just feel they've let a lot of people down because, years ago, when I saw that building going up, that amazing big hospital, I used to pass it on the motorways and think, "Wow, that must be some place". And now, having lived through it and gone through it, I never ever want to go near that campus if I don't have to. It's made me lose a lot of trust in general in management from the NHS, not the medical staffing, not medics or anything. My wife is a nurse practitioner; I cannot speak highly of them, but I cannot imagine why somebody would go to that form of deceit. That's what it feels like.

Q Thank you, Mr Gallagher. My Lord, those are all the questions for Mr Gallagher.

THE CHAIR: Mr Gallagher, thank you very much. Thank you for providing us with your written statement. Thank you for answering questions this afternoon. That's the end of your evidence and you're now free to go, thank you.

(The witness withdrew)

THE CHAIR: Right, we have witnesses tomorrow, and able to begin at 10 o'clock, is that right?

MR DUNCAN: I think so, my Lord. We have two witnesses tomorrow in what will be a closed session.

THE CHAIR: Yeah. Well, we will adjourn until tomorrow at 10 o'clock. And, as you'll be aware, as I will probably remind you again tomorrow, tomorrow is a closed session subject to specific restriction orders. But until tomorrow.

(End of Afternoon Session)