



SCOTTISH HOSPITALS INQUIRY

Hearings Commencing 20 September 2021

Day 6
Monday 27 September
Afternoon Session

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14:00

THE CHAIR: Good afternoon, Ms Kirkpatrick. If you would feel happier without your mask, please feel free to take it off. As you can see, Mr Duncan, who'll be asking you questions, is not wearing a mask and I'm not wearing a mask. Although, generally speaking, people are wearing masks. Mr Duncan will, as you know, be asking you questions. At any stage if you want to take a break, just tell me and we'll take a break -- don't need to explain why, we'll just take a break. For that, I think you're prepared to take the oath, is that right?

Ms Stevie-Jo Kirkpatrick
(Sworn)

Examined by Mr Duncan

THE CHAIR: Thank you very much, Ms Kirkpatrick. Mr Duncan?

MR DUNCAN: Thank you very much, my Lord. Ms Kirkpatrick or Stevie-Jo, what would you prefer?

A Stevie-Jo.

Q Okay. Are you comfortable there, have you got a glass of water? I'm going to start with some formal questions because that's what we do when we do start all of the evidence, and I'll just have you confirm that you're Stevie-Jo Kirkpatrick, you

live with your mum and dad near

██████████, is that right?

A Yes.

Q And you're presently 17?

A Yes.

Q And I think you've got beside you a witness statement, is that right?

A Yes.

Q And you set out your experiences of being treated for leukaemia, is that right?

A Yes.

Q And are you quite happy that that statement is part of your evidence to the inquiry?

A Yes.

Q But you've agreed that you'll come along, and you'll answer some more questions, is that right?

A Yes.

Q Thank you very much.

Now let's move to actually going through your evidence then. What we're trying to do here is understand how problems with the hospital actually affected patients and their families, and we've heard from a lot of parents over the past week -- of course one this morning -- but you are our first patient to give evidence; and I thought it might be good to start by just finding out a wee bit more about you, if you're comfortable with that.

A Yes.

Q So, you're in [REDACTED] year, is that right?

A Yes.

Q Just started?

A Yep.

Q How's that going?

A All right.

Q What you studying?

A History, Biology, Admin and English. And Health and Food --

Q What was the last one?

A Health and Food.

Q And you got on okay last year?

A Yes.

Q What'd you get?

A Two As and two Bs

Q Very good. You're another first. In my knowledge at least, you're our first footballer, is that right?

A Yes.

Q Wanna tell us a bit about that?

A Well, I started it when I was like eight, and then I just, like-- Every weekend I was always playing football with dad and stuff in the garden, and I played for three teams: I played for the school, one of my local teams, and Dumfries Girls. And then obviously when I got cancer I stopped for a while, and then I kind of got back

to it when I was 13 and played for a year. And then I go meningitis so then I stopped again --

Q Uh-huh.

A -- and I've just never got back to it.

Q And am I right in thinking attacking midfielder, striker?

A Striker and midfielder.

Q Okay. And you're also a football supporter, is that right?

A Yes.

Q Do you want me to ask who your team is?

A I don't mind!

Q Celtic, would that be right?

A Yes.

Q And I think you're another first as well, you're our first bass player, is that right?

A Yes.

Q So, tell us a bit about that.

A Well, I got a bass a couple of years ago and it was great at the start, and then kind of put it in the corner, forgot about it for a while --

Q Right.

A -- so I've never really picked it back up yet.

Q Do you think you'll go back to it?

A Yes, I've just not had

much time lately.

Q Yes. Okay. I'm going to go on and now ask you a bit about your illness and your treatment. Are you comfortable there? Your mask annoying you?

A No.

Q You can take it all the way off if you want, you don't need to -

A No, it's all right.

Q Right, okay. I'm going to ask you a bit about your experiences of being treated for leukaemia, and I want to reassure you that I'm not here to test you on dates. I just want to get, you know, the picture and get your experience. I think you were diagnosed with leukaemia in 2014, is that right?

A Yes.

Q And were you eight or were you nine?

A I was nine.

Q Nine?

A Yes.

Q And you were treated at Yorkhill.

A Yes.

Q An inpatient there for a while?

A Yes.

Q And then I think 2015 you become an outpatient at the new

hospital, is that right?

A Yes.

Q And then eventually you're discharged from there as well in 2016, yeah?

A Yes.

Q Yes, okay. We'll start there. Do you have many memories of Yorkhill?

A Yes.

Q Positive or negative?

A Positive.

Q Why'd you say that?

A It was just, like, even though I was going through a hard time, it never felt like it. Like, I was always out my room, doing activities, playing with my friends. I was constantly in the playroom doing like crafty things and stuff. So, just a normal child.

Q Yes. I want to think about good things that you experienced at Yorkhill that you maybe didn't experience in the new hospital. Any things that spring to mind?

A Well, like I said, we were always out our rooms, but in the new hospital everybody was in isolation --

Q Yes.

A -- constantly. Like, they barely ever got out of it.

Q Uh-huh.

A The playroom wasn't as

big as what it was, it was quite small, and there was barely, obviously, anybody in it 'cause everybody was in isolation. There was always kids up and down the corridors. The nurses would have a laugh with you.

Q That's in Yorkhill?

A Yes, yes.

Q And obviously the age you were at in Yorkhill was obviously a different age from the age you were at --

A Yes, yeah.

Q -- when you were in the new hospital, but was there a teenagers' room in Yorkhill?

A Yes-- No, well, in the old Yorkhill there was but obviously I wasn't the age to go it to it.

Q Yes, yeah, yeah, yeah.

A Yes, I never really seen it, so.

Q Okay. Okay, let's move forward a wee bit in time. I think we know that you relapsed in July 2017 --

A Yes.

Q -- is that right?

A Yes.

Q Your mum's already told us a routine check, the transfer up to Glasgow, and you're admitted more or less immediately, is that right?

A Yes, yes.

Q Do you remember much

about that?

A Yes. Well, when we first went up, the hospital was a lot bigger so, like, it was really hard to try and find the wards and stuff. And then, when we eventually found the ward, it was like completely different because, in the old Yorkhill, there used to be two doors, so you'd go through one door and that would shut and then you'd open another door because of the ventilation, so it was to keep it purified. But it never had that, it just had a single door, and the corridor was obviously like a round shape. So that was quite hard because you had to be wary of, like, who was coming up and down the corridor so --

Q Right.

A -- you didn't bump into anybody. But obviously everybody was in their rooms, so you'd barely see anybody.

Q Right.

A Their rooms, yeah.

Q It was very, very different from what you'd --

A Yes, yeah.

Q -- experienced before, is that right?

A Yes.

Q And, I mean, if you're able to remember, how were you feeling at this point when you're being

admitted to the new hospital, you've had a relapse. How are you feeling at that point?

A I was fine. I was just ready to go again.

Q Really?

A Yes.

Q And I think the plan was start with quite intense chemotherapy and get you into remission quickly, is that right?

A Yes.

Q And in fact that worked?

A Yes.

Q And then you would go on and you would be an inpatient, I think, for the next six or eight months, is that right?

A Yes.

Q We'll look at some of that in a minute. And am I right in understanding from your statement that, over this period, the first four weeks at least, you would have chemo every day, is that right?

A Yes.

Q I mean, if it's not a silly question, Stevie, what's it like to have chemotherapy?

A It just feels like your body is kind of getting battered, to be honest. You constantly feel low or sore and just weak and tired.

Q You were 13, I think,

when you started, is that right?

A Yes.

Q How did you feel at that point, I mean emotionally how were you feeling at this point?

A I was obviously sad that, like, as I was just starting a new school, moving up to high school, and not getting to, like, go through the same things as my friends --

Q Do you want a glass of water, Stevie-Jo? Maybe we should have a break, my Lord.

14:10

(The witness withdrew for a short comfort break)

14:13

THE CHAIR: Mr Duncan.

MR DUNCAN: Thank you, my Lord. Are you good to go, Stevie-Jo?

A Yes.

Q Right, I'm going to ask you a bit about the Schiehallion unit and what it looked like and what your first impressions were. I think you've already given us a bit of that, but was it very different from what you'd seen before?

A Yes, it wasn't very social. It wasn't really child friendly, to be honest. It just had a (inaudible) atmosphere.

Q I'm gonna ask you a bit now about the room that you were in. Now, you'd be in the Teenage Cancer Trust ward, is that right?

A Yes.

Q And, I think, in your statement, you said you reckon you were in Room 3 or 4, is that right?

A Yes.

Q Yes, and that's one of the ones that looks in the way --

A Yes.

Q -- down onto the atrium, is that right?

A Yes.

Q Yes. In your statement, you say that there were problems with that. What were the problems, from your point of view?

A Yes. Well, in the atrium, the lights stay on 24/7, so there's constant brightness in your room, and the blinds were like internal blinds, so if-- They were always broken, so, you could never get somebody to fix them, so you're never breaking the light. There was obviously a clinic on downstairs, and there was A&E throughout the night, so it was always noisy. The cleaners were always round at like three o'clock in the morning cleaning the atrium. Yes, so you were never-- And, obviously, 'cause it's so spaced and so big, it just

echoes everything.

Q And was it your impression that there were fewer numbers of rooms than there were in Yorkhill?

A Yes.

Q Inside the room itself, there was a TV, is that right?

A Yes.

Q Did it work?

A No.

Q Ever?

A No.

Q And you also say something about there not being enough sockets. What was the issue with that?

A Yes, so because you have so many different chemos, throughout the-- Yes, throughout the time, I had four machines round about me, just for chemos or platelets or fluids, and then you've also got your machines for your morphine, your ketamine and stuff. So there was only like four or six plugs in the room, and then you've got like six machines that need plugged in constantly because they don't hold any charge. Throughout the night, there's constant beeping and you can't get any sleep because of it. And what we found was that when I had to need the toilet or something throughout the night, you'd

get up, try and drag them all, but then you'd swap the plugs over so that some of it could get charged and some of it could, obviously, stop being charged. So, every night, like every time I got up, we just constantly had to change the plugs round about to try and stop the beeping, but --

Q Yes.

A You know, you take one plug out, the other one goes.

Q So you've got the light coming in the window, you've got the noise downstairs, getting up and changing sockets, things beeping away. How much sleep did you get?

A Nothing.

Q And one of the things you also talk about is being in source and, also, isolation. Are those two different things?

A Yes.

Q Would you be able to explain that to us?

A Yes. Source is when you're not allowed out the room, but isolation is when your whole family is not allowed out of the room.

Q Right.

A So, like, source, mum and dad could go get me food or go to the parents' room or something, where, if I was in isolation, everything had to be brought to the room.

Q Yes, and were you regularly in source or in isolation?

A Yes.

Q And you say in your statement that you'd feel quite lonely stuck in your room, is that right?

A Yes.

Q Yes. Now, there was a common room on the ward, though, is that right? Yes?

A Yes.

Q And what sort of stuff was in the common room?

A Is that the TCT room?

Q The TCT room.

A Yes. So it had pool, it had a jukebox, comfy chairs, a TV, full Sky package, Xbox, a Switch, but the-- like a mini kitchen, like a coffee machine, dishwasher, fridge, freezer, and then just like games and stuff in it.

Q And did you go there quite a lot?

A Yes, whenever I wasn't in source.

Q Yes. And were there also activities organised through that room?

A Yes.

Q And was that something you did a lot?

A Yes.

Q And was there a play coordinator?

A Yes, Ronan.

Q Ronan?

A Yes.

Q And what sort of things did Ronan organise?

A So he'd get guitar lessons, he got a girl in to make pyjamas with, people just to come in and do different activities. Yes, he just always had something on the go.

Q Yes. Did you do the guitar lessons?

A Yes.

Q Now, I think you described that there were some other issues that you experienced when you were in the ward for that six or eight months, and one of those was ventilation.

A Yes.

Q Now, I'll ask you, first of all, about fans. Did you have a fan in your room to begin with?

A Yes, in the old Yorkhill we always had Dyson fans, but then when we moved, you weren't allowed any fans.

Q You weren't allowed fans. Was there any explanation of that?

A Infection control said because they hold dust.

Q Did you want a fan in your room?

A Yes.

Q Why was that?

A Because the rooms were boiling.

Q They were boiling. Was there anything you could do to adjust that?

A Nope.

Q And did you have a discussion at some point with Ronan about the ventilation issues?

A Yes.

Q What did he say?

A He said that he got told that the ventilation was only 30 per cent standard than what it should be.

Q Right. What about water? When you first went onto the ward, were you just using water as normal?

A Yes.

Q So, do your teeth, have a shower, that kind of stuff, yeah?

A Yes.

Q But, at some point, was there an instruction or some advice about not using the water?

A Yes, I think it was -- I think, a month after I got up to Glasgow that we got told that we weren't allowed to use the water. We weren't allowed to brush our teeth with it, but we were still allowed to use the showers, and then, I think, a couple of

weeks after that, we got told that we weren't allowed to shower in the water.

Q Was bottled water provided at some point?

A Yes

Q Yes, and did you see water filters on the taps?

A Yes.

Q What did you think about all of that?

A I found it quite weird because it was only us -- only the patients that weren't allowed to use the water 'cause obviously the parents and the nurses were still allowed to use it, and the rest of the hospital. So I found that quite weird.

Q Yes. And I think you say in your statement at some point you also saw bleach, or something being put down the sinks, is that right?

A Yes. Yes, they done it at night.

Q What was all of that making you think about the water?

A That it wasn't safe.

Q And what did that make you think?

A I don't know.

Q How did you feel about the fact that you were somewhere where the water might not be safe?

A A wee bit-- a bit worried.

Q When people are on

chemotherapy, do they need to drink a lot of fluids?

A Yes.

Q And I think there were water coolers, is that right?

A Yes.

Q And you used to use those quite a lot as well?

A (No audible reply).

Q Yes. But those eventually disappeared as well, is that right?

A Yep.

Q And I think you say at some point you couldn't use the toilets, is that right?

A Yes.

Q And there were portaloos for the staff?

A Yep.

Q Now, I'm going to take us a wee bit forward in time to early 2018. I think we can see that you got out in early 2018 from Ward 2A and you went to stay in the CLIC Sargent house, is that right?

A (No audible reply)

Q Can you tell us a bit about the CLIC Sargent house?

A Yes, so it was just off of the grounds, the hospital grounds, and it was a house just for Schiehallion patients, and it was good. It was like-- Yes, it was just like an actual house,

so it wasn't like a hotel as much, and there were, obviously, a families that stayed there. It had a communal kitchen and a little living room kind of area, and it had a washing machine and stuff so you could actually wash your clothes. But, obviously, 'cause dad stayed in [REDACTED], so the only time he would get clothes is when he came up at the weekend, so it was quite good for us to wash stuff. Yes.

Q And did you like it there?

A Yes.

Q It was only for Schiehallion patients, is that right?

A Yes.

Q And their families. And I think we can see that you had quite a lot of temperature spikes over that period, is that right?

A Yes.

Q And you were back and forward to 2A, yeah?

A Yes.

Q Now, if we go a wee bit further forward in time again, if we get to June 2018, roundabout then, I think by now you're moving on to maintenance, would that be right?

A Yes.

Q And I think you started having some headaches over that period, is that right?

A Yes, yes.

Q And there were some investigations for that, is that right?

A Yes.

Q And I think your mum's already told us a bit about an admission that you had in Glasgow at Christmastime in 2018, is that right?

A Yes.

Q Do you remember much about that?

A Yes. I remember going in on Christmas Eve and I woke up on Christmas Eve and I genuinely couldn't lift my head off the pillow. My head was banging, so we just went straight back up to DGRI, and then I just got a straight transfer right up to Glasgow and I just kept getting worse and worse throughout the night, and then obviously got transferred down to ICU on Christmas Day.

Q And do you remember much about the transfer to ICU?

A No.

Q And were you told, eventually, what it was they thought had caused the headaches?

A They never really worked out what it was until -- I think it was the 27th that they'd done a lumbar puncture -- and it went straight to the labs and it came back with meningitis.

Q Yes.

A With neuro-meningitis.

Q And I think in your statement, you say there was a suggestion that might have been suggested to you that it was something to do with something you'd eaten?

A Yes, they thought it was something to do with sweetcorn.

Q Sweetcorn?

A Yes.

Q Now, we know from your statement and from the evidence that your mum gave this morning that, after you left intensive care, you went to Ward 6A in the adult hospital, is that right?

A Yes.

Q And I think you were there for about four weeks.

A Yes.

Q Can you describe Ward 6A to us?

A Yes, I actually thought it wasn't a bad ward, to be honest. It was pretty similar to what the old Schiehallion was. It was like a straight corridor.

Q Can I stop you there? When you say, "the old Schiehallion", do you mean the one at Yorkhill?

A Yes, yes.

Q Sorry, on you go.

A So it was a straight corridor, the nurses' station was in the middle of it, and obviously you've got

your rooms out up the sides. It never had a playroom -- that wasn't a very good thing -- and it wasn't really equipped for children. It never had any TVs and, yeah, which went kind of-- It went like a line, and then it had a little circle back round with rooms up there as well, and it had day care at the bottom of it.

Q And if it wasn't equipped for children, was it equipped for teenagers?

A No.

Q So there wasn't the equivalent of the TCT room, is that right?

A No.

Q I think what you say in your statement is that you felt you lost your community, is that right?

A Yes, yes.

Q Is that because you didn't have that focus of seeing friends in the TCT room, is that right?

A Yes.

Q And you say in your statement that Ward 6A was "a depressing and lonely experience".

A Yes.

Q Is that right?

A Yes.

Q Were there issues with the water on Ward 6A?

A They just-- I don't know,

but they just had the filters on it and we weren't allowed to drink that water either.

Q Yes.

A I'd imagined that would be 'cause it was all connected anyway.

Q Yes. So was it, again, bottles?

A Yes, yeah.

Q But you were allowed to have a shower, is that right?

A Yes.

Q And what about ventilation? Were you aware of any issues to do with ventilation when you were in Ward 6A?

A It wouldn't be equipped for it because it wasn't a cancer ward.

Q Yes. I think you say in your statement that at some point you became aware of an infection called cryptococcus. People were talking about that, is that right?

A Yes, yeah.

Q And you say that people were talking about pigeons, is that right?

A Yes.

Q And what was it you were hearing about that?

A Pigeons had got in the ventilation of the main hospital.

Q Right, and did that cause you any concern?

A Yes.

Q What was the concern?

A Well, it was a worry that, like-- how far it could travel and people were getting sick from it and stuff, so that was a concern.

Q You were worried about yourself --

A Yes.

Q -- that you might, is that right?

A Yes, 'cause I had a really low immune system then. Well, I didn't have one.

Q I think, at some point, there were portable filters that came onto the ward, is that right? Air filters? Do you remember that?

A Yes.

Q What were they for?

A They never told us what they were for.

Q Right. I think you describe everyone being "up in arms" about all of these things, is that right?

A Yes, yes.

Q And who are you describing when you say that?

A Patients, parents, nurses, doctors, everybody in the ward.

Q Yes, so there was a lot of concern.

A Yes.

Q And, eventually -- again, we're just thinking about January 2019 -- do you recall there being a meeting or a conversation with Professor Gibson about whether you should even stay in the hospital?

A Yes, yeah.

Q Can you tell us a bit about that?

A Yes, so, obviously, because of all the infections that were happening and all the cryptococcus and stuff going on, there was a concern with me being completely neutropenic that there would be a worry that I could catch one of the infections. So mum said to-- Well, we both said to Prof if I was actually genuinely safe in the hospital.

Q And I think, eventually, you agreed that you would go to Dumfries & Galloway Royal Infirmary, is that right?

A Yes.

Q Did you feel safer there?

A Yes.

Q Why was that?

A 'Cause there was nothing carrying on, going on down there. Everything was normal.

Q Now, I think we know that around about this time you had an issue with your line, is that right?

A Yes.

Q I was going to go on and ask you some questions about that. Do you want to do that just now or do you want to have a break just now?

A No, I'm fine.

Q Do you want to keep going?

A Yes.

Q Now, just to try and understand things, first of all, there was a sort of redness around the line, is that right?

A Yes, there was a red tracking down it.

Q Red?

A Tracking.

Q What do you mean by that?

A So, the red was like-- It kept getting further and further down.

Q Right, I see. On your skin?

A Yes.

Q And, at some point, I think you got the line removed in Glasgow, is that right, around maybe mid-February?

A Yes.

Q And can you remember anything particularly about that?

A They just took it out and then, after I had stitches put in, it blew up into a little green ball and it just kept getting bigger and bigger, so I went

down to get that cut out and then I started getting infections over my body from it.

Q Yes. I think you say in your statement that, if I'm understanding your statement correctly, where the line had been taken out, is that what you're saying, a sort of green ball developed?

A Yes, yeah. Yes.

Q And was that a ball of pus?

A Yes.

Q How big?

A I think it kind of got about the size of a golf ball, to be honest.

Q Yes. Well, you say in your statement it would be about the size of a 50p, but 50p --

A Yes, yeah.

Q -- in three-dimension would be about the size of a golf ball.

A Yes.

Q Okay, and I think you were discharged to Dumfries & Galloway Royal Infirmary again, is that right --

A Yes.

Q -- really, until it healed, is that right?

A Yes.

Q But then I think, at that point, you started seeing these lumps, is that right?

A Yes.

Q I think your mum, this morning, said at first it looked like it was an insect bite or something.

A Yes, yes.

Q Is that what people thought, yeah?

A Yes.

Q Did this go on for quite a long time?

A Yes, I started off of with one, and then they thought that I was spreading it because I kept scratching it, but it just started-- it just kept appearing all round my body, one at a time.

Q Yes. And I think you happened to be up in Glasgow seeing Professor Gibson --

A Yes.

Q -- in March, and you showed her these lumps, is that right?

A Yes.

Q And what did she do?

A She was a bit concerned about them, so she phoned a dermatologist to have a look at them, and then they referred me to go get a biopsy and then we waited on the results.

Q And the results came back, and you were told what?

A They thought it was TB.

Q Right. And the plan at

that point is to do what?

A I think it was to give me some antibiotics for it.

Q And there came a point where they decided, "Stop the chemo and let the body fight back."

A Yes.

Q Yes. I think we can see from your statement that there's another call from Professor Gibson and they had decided it wasn't TB, it was something else, is that right?

A Yes. They found out that it was mycobacterium chelonae.

Q And did you go to a meeting to discuss that with your mum and dad and Professor Gibson?

A Yes.

Q And was there a microbiologist there as well?

A Yes.

Q What did they say at the meeting?

A They said that they could treat it, but the antibiotics had really severe side effects from it, so it wasn't worth it. So, they decided to stop my treatment. Well, postpone my treatment for a while and hope my body fought it itself.

Q Right. And is that what's been going on since?

A Yes.

Q And just on the-- Was it

explained to you where this had come from?

A No, they didn't know where it came from. And then we said, "Could it have come from the water?" Because I was only in Glasgow in the time period that it could have been. And so, they done some tests and they tracked it back to when I was in theatre, and they found that in theatre water.

Q And so, effectively, you were told by Professor Gibson and the and the other people that you'd had a line infection that had been caused by something to do with the water, is that right?

A Yes.

Q Were line infections something that you were aware of, particularly when you were in Yorkhill?

A No.

Q What about when you were in the new hospital? Apart from you, were you aware of other people having infections?

A Yes.

Q And were you aware of discussion on the ward about that?

A Yes.

Q What sort of discussion?

A They just thought -- Well, they don't know. They just thought it was like a casual thing

because a lot of patients sudden-- Being in the old Yorkhill, they thought it was just a reoccurrence thing. But we started speaking to them as well, and then we were like, "Yes, we've never actually heard of them before until we've moved." So, the infectious disease thought that-- Well, they blamed it on the nurses that they weren't doing it right and that they were causing them. But the nurses weren't doing anything different to what they usually do. So, they never really knew how they kept occurring.

Q I'm going to move on and ask you some questions about some other aspects of all of this. And the first thing I was going to ask you about was communication. How would you assess the level of communication you got from the hospital about these sort of issues that you've just been speaking about?

A Zero.

Q Where did your information about water, about line infections, about ventilation --

A Nurses.

Q Yes. How do you feel about that?

A Quite shocking.

Q Now, did you then, later in 2019, go to a meeting with your mum and dad and some other families

and Jeane Freeman, the Health Secretary?

A Yes.

Q Do you have a recollection of that meeting?

A Yes.

Q What is your recollection of that meeting?

A Well, she listened to what everybody had to say, but I don't really think-- Well, I didn't get much out of it, and I thought it was a bit pointless, but I didn't really have much of an opinion on it.

Q I was going to ask you now about some other issues that you identify in your statement about the hospital. You mentioned the food.

A Yes.

Q What was the food like?

A Disgusting.

Q What sort of food was it?

A It was just chicken nuggets or pizza, some omelettes. I never really ate the food, so I don't really know what was really there.

Q And was that the same on Ward 2A as it was on 6A?

A Yes.

Q You mentioned something about something happening in Zone 12.

A Yes.

Q This is in paragraph 81 of

your statement. What was the issue there?

A So, when I was in the neuro ward, Zone 12's ceiling had collapsed, and loads of water had been coming pouring through it at night. So, the bit was flooded. But they don't know what happened. I think the ceiling just fell down and it just flooded it all.

Q Right.

A And you also mentioned something about windows falling out. Tell us a wee bit about that.

A Yes. So, in the adult side, the window panels on the outside -- actually going on to the outside -- kept falling down. They just kept falling out the window. So, they put scaffolding up round about it so that I didn't fall on anybody. And they had the same in the children's side. So, they took all the window panels out on the children's side and replaced them.

Q And you mentioned something in your statement about the lifts in the hospital. Did you have any issues with the lifts?

A Yes. The lifts were really dodgy. And when we were moved to the adult side, we were going up and down them with almost like, just random strangers and people out their face or full of bugs. So, it's quite

scary.

Q And did they always work, the lifts?

A No.

Q Sometimes break down?

A Yes.

Q And the other thing that you mentioned in your statement, you mentioned something about the smell in the hospital. What was that?

A All you could smell was sewage and it was disgusting.

Q How often was that the position?

A All the time.

Q How did that make you feel?

A Sick.

Q I mean, presumably you felt quite unwell anyway from your chemo, is that right?

A Yes.

Q And then you're indicating to us that the smell made you feel worse?

A Yes.

Q Did you ever discuss that with anybody?

A Yes.

Q Who did discuss it with?

A Everybody.

Q By that, do you mean --

A Nurses --

Q Other patients?

A -- infection disease and everybody like that.

Q Other patients?

A Yes.

Q Did other patients feel that way?

A Yes.

Q Now, Stevie-Jo, I was gonna go on and ask you some more questions about another aspect, but I wonder, my Lord, if it might be appropriate just to have a brief break before we do that.

THE CHAIR: Yes. We'll take a short break. 10 minutes or so?

MR DUNCAN: That should be fine, my Lord. Thank you.

THE CHAIR: Yes.

14:42

(Short break)

14:53

THE CHAIR: Mr Duncan.

MR DUNCAN: Thank you, my Lord. Stevie-Jo, I've just got a few further questions I want to ask you, and it's really just to get your reflections on all of it, and to have you tell us a bit about the impacts on you, some of the problems that you've described. If we start, for example, with the line infection. You described the lumps that you got on your skin,

and we see from your statement that they've left you with quite a lot of scarring, is that right?

A Yes.

Q In your statement, Stevie-Jo, at paragraph 87, you say, "I got an infection so rare that I cannot have my cancer treatment."

Remember saying that?

A Yes.

Q How do you feel about that?

A I was quite worried and scared.

Q And I think another impact you're worried about is on your education. Do you want to tell us a bit about that?

A Yes. I was really worried at how I was going to do throughout school with not having the same level of education as everybody else. So, that really worried me a lot. Obviously, I'd stayed back a year in P6 to try and help with that, because, obviously, we thought if I stayed back in P6 that I would be going to high school fresh and starting from there. And then, obviously, I missed up 'til S4.

Q What is it you want to do when you leave high school?

A Be a paediatrician.

Q I just want to ask you a couple of other questions. You've told

us quite a lot today and in your statement about a whole load of problems with the hospital, is that right?

A Yes.

Q And also about impacts upon you from those problems, is that fair?

A Yes.

Q How do you feel about the hospital, Stevie-Jo?

A I feel scared about the hospital.

Q In fact, you suffer panic attacks when you think about the hospital, or you go to the hospital, is that right?

A Yes.

Q Stevie-Jo, I've got no further questions for you, you'll be very pleased to hear. Have you got anything else you want to say before we finish your evidence?

Q No.

A Thank you very much.

My Lord, those are all the questions for Stevie-Jo.

THE CHAIR: Thank you, Mr Duncan. Thank you very much, Stevie-Jo, for coming and answering our questions. We're now finished. So, thank you very much and have a good trip home.

MR DUNCAN: (After a pause)

That's also correct. We have two witnesses scheduled for Wednesday. One in the morning, one in the afternoon. I would think so, my Lord.

THE CHAIR: Right. Well, we shall adjourn until Wednesday at 10 o'clock. Thank you very much.

(End of Day 6)