



SCOTTISH HOSPITALS INQUIRY

**Hearings Commencing
20 September 2021**

Day 4
Thursday 23 September
Morning Session

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10:30

THE CHAIR: Good morning. As you can see, we are a little bit behind schedule. That, as I'm sure you will have worked out, has technical explanations. We have an excellent team, but even an excellent team sometimes can't achieve the required result, but I think we now have the required result, and both of the next two witnesses are -- although we can't see them on screen, are now in contact, and they can see and hear us.

Now, your first witness this morning, Mr Duncan, is Suzanne Brown, is it?

MR DUNCAN: That is correct, my Lord and I believe, as you've indicated, as your Lordship has indicated, Ms Brown is ready to start. I would anticipate that we will certainly not require the whole morning for her evidence, I would anticipate, and her partner, Graeme McCandlish, is ready to give evidence after she finishes, and it may be that we could have a break between the two of them.

THE CHAIR: Well, if I can ask that we bring Ms Brown on to screen? Good morning Ms Brown.

A Hi.

THE CHAIR: We can see you. Can you see us?

A Yes. I can see.

THE CHAIR: And can you hear me clearly? Right. If you have any difficulty of any sort, please indicate, assuming that the technology allows the contact. I think we've now got a secure contact, and we are ready to go. The plan, as I think you understand, is that you will be asked questions by Mr Duncan who is the counsel to the inquiry. Do I understand you've had a chance to at least say hello to Mr Duncan online?

A Yes. That's right. I have.

THE CHAIR: Right. Can I ask you if you will take the oath?

A Yes. I will do.

Ms SUZANNE BROWN (Sworn)
Examined by MR DUNCAN

THE CHAIR: Thank you very much, Ms Brown.

Now, the plan at the moment is to run through your evidence which Mr Duncan, he will confirm this with you, anticipates might take an hour, an hour-and-a-half, but -- and I think the plan would be, well, the plan is that we will just run through that, but if at any stage you want to take a break, just tell us, and we will break immediately. You don't need to give any explanation.

So, can I hand you over to Mr

Duncan?

MR DUNCAN: Thank you, my Lord. Morning again, Ms Brown.

A Hi.

Q Can you hear me?

A Yes. I can hear.

Q Good. If there's anything happens at any point, if you just indicate to us, if the sound goes, maybe raise your hand or something like that. Would that be okay?

A Yes. That's fine.

Q Okay. Can I just start by having you confirm that you are Suzanne Brown, and you live with your partner and your three children in [REDACTED]. Is that correct?

A That's correct. Yes.

Q I think you have two sons and a daughter, and I think you've joined us this morning principally to give evidence about your eldest son who is eleven years old? Is that right?

A Yes. Correct.

Q I think your evidence, and we will go through it in some detail in a moment, begins when your son was six years old and he developed a serious illness and he began treatment at The Children's Hospital in Glasgow. Is that right?

A That's right.

Q And we've got a detailed statement from you of your son's

experiences and, indeed, your own over that period, and are we to understand that you are content that that forms part of your evidence to the Scottish Hospitals Inquiry?

A That's right.

Q Thank you, and you've also agreed to come along today, or at least to join us remotely to answer some further questions about that experience. Is that right?

A Correct.

Q Thanks. Now, am I right in understanding that you have a copy of your witness statement with you --

A I do, yes, I have got it here.

Q At any point, Ms Brown, if you want to have a look at it, want to clarify anything, please just say so and we can look at it. I am going to refer you to one of two passages and I will probably have you read out one or two passages when we get to them, and can I finally just reiterate what Lord Brodie has said, that if at any point you would like to pause, would you please just say so?

A Okay.

Q Okay. Thanks. Now, let's start with some background. We are about to hear evidence from you that I think covers a period of over three years of a boy's childhood. Is

that fair?

A Yes. That's right.

Q Yes, a substantial period in any child's life, yes?

A Yes.

Q So it might be useful for all of us in order to understand the impact of the experiences that you describe, it might be helpful if you could tell us a wee bit about your son, what sort of boy he is, or at least what sort of boy he was when this all started.

A Yes. Well, he was always just a happy wee boy, he went to school, he had lots of friends, he has always been into, like, gaming, so he has got, like, a Nintendo Switch and a PlayStation, so he would always be, like, on his PlayStation with, like, the headset on and talking to his friends and playing Fortnite as they play now but he loves going, like, to the beach and days out and just being quite -- he is quite shy, he is quite quiet but he is so funny, he's got such a funny personality, he just makes everybody laugh, really.

Q And did I pick up somewhere that he's a football fan?

A He is, yes. He supports Glasgow Rangers.

Q Did I also see him in a Barcelona strip somewhere?

A He has, yes. He's had that as well.

Q And as a family what sort of things do you like to do? You've mentioned going to the beach. Do you like to do these kind of things?

A Aye, in the summer we like to go, usually go to St Andrews beach and he loves that. In fact, they would go there every weekend if they could. They loved being at the beach and in the sea and things like that.

Q Thank you. Now, what I want to do now is move on and just have you, as it were, set the scene a bit and tell us a bit about the history of your son's illness. I think we can see from your witness statement, Ms Brown, that he began to show signs of becoming unwell around about Christmas 2016, and he was referred and then admitted to The Children's Hospital I think on 30th December. Is that right?

A That's right. Yes.

Q And are we right in understanding from your statement that it was literally on Hogmanay that you got a diagnosis?

A That's right. Yes. That's right.

Q Do you want to just tell us a wee bit about the story up until that point?

A So it was in December 2016 he started taking unwell. He had like a sickness bug, but all the family had it, but [REDACTED] didn't seem to pick up after that. He wasn't getting any better, and he had been complaining of pains in his knees and his ankles, like putting his shoes on was really, really sore. He would be crying in pain because his ankles were so sore. He was looking really pale and his wee lips, they kept getting cracked and bleeding and we were trying to keep it with creams like you would normally put on lips to help and things like that but it wasn't cleaning up, they weren't getting better so we decided to take him to the doctor.

It was past Christmas and it was 30 December we took him to the GP and it was at the GP that they found straight away that something wasn't right because they had a good feel around his tummy and they said his liver and his spleen was pretty enlarged and the bleeding of the lips and things was (Inaudible) Royal Infirmary, like straight away to the children's ward and somebody would meet us there. So we did that, and they put like a cannula in and took some blood from him and then they told us that they think -- they took us in a little room, Graeme and myself and

they said that they think that he has got leukaemia and they said, "We are going to get an ambulance to take you to Glasgow to the children's hospital", so that all started there, so it was about 11 o'clock at night we got the ambulance from Forth Valley in Larbert to the Glasgow children's hospital.

Q So it was at Forth Valley that you actually heard that that was the suspicion at that point that it was leukaemia?

A Yes. It was suspected but they would need further tests, like he needed to get a sample of his bone marrow taken and a lumbar puncture before they could confirm, but basically they knew then, I think, that that's what had.

Q And so you went to The Children's Hospital in Glasgow. Would that be the three of you?

A Yes. That's right.

Q And as you've already confirmed, it was Hogmanay that finally you got the diagnosis?

A Yes.

Q And it was acute lymphoblastic leukaemia, is that right?

A Yes. That's right.

Q How did you react, or how did you feel when you got that news?

A It was like your whole

world just came crashing down. It was like somebody had just kicked you in the stomach. Horrible, horrible feeling, and we were kind of that way where we didn't want to tell [REDACTED], or scare him, because he still had no idea what was going on, so we had to just kind of put on a brave face and act like everything was fine and he was okay because you don't want -- the last thing you want to do is upset him or make him feel scared in any way, but it was really hard. Really hard.

Q And do we understand from your statement that you were admitted, or your son was admitted there and then to what's known as the Schiehallion Unit?

A Yes. Correct.

Q Is that right? Yes. Was that something that you had ever heard of before then?

A No. Never heard of anything like it.

Q So we are at December 2016, and I think we can see from your helpful timeline that -- and you don't need to look at that just now, Ms Brown -- that I think your son remained an inpatient there until about 21 February 2017. Is that right?

A That's right.

Q Now what I want to do, then, is just move forward a little bit in

the story and just have you describe that first period of treatment. I think you -- at paragraph 12 of your statement, and you don't need to look it up, Ms Brown, you set out, really, what the treatment plan was, and it is very helpful. There are various phases of chemotherapy. Is that right?

A That's right.

Q I think you talk about the induction, the consolidation, there's an interim maintenance stage, delayed intensification phase and then at the very end a maintenance phase again. Is that right?

A Yes. That's right. Yes.

Q Was this all explained to you at the outset?

A It was explained to us, but it was in the first few days, so to me, if I'm being honest, everything was a bit of a blur then so I can't -- they did explain it but I wouldn't have taken everything in how I should, I don't think.

I was just still in shock at the diagnosis, that I wasn't taking everything in, but we did get, like for each stage of treatment you would get like a sheet and it had everything, like a timetable, sort of thing, about what was coming next, what to expect and what drugs were going to be introduced, and things like that, so that

was quite --

Q Sorry, it is my fault, I missed what you said at the very start there. Did you say that each day you got a sheet like that?

A No. It was at the start of each part of treatment.

Q Oh, I see.

A So induction you would get a sheet saying it would be four weeks long, and --

Q So you would receive a verbal explanation but you would also be given the plan on a bit of paper? Is that right?

A Yes. That's right.

Q Did you find that that helped manage your --

A Yes. That definitely helped. We kind of put it up on the wall and Blu-Tacked it to the wall in the room we were in and we could look back and see what was going to happen the next day and what drugs and if there was any, like any of the drugs you could always ask for side effects, and what this would do to him and things like that, so it was helpful to have the sheets to show us what was coming next.

Q Thank you. Now, we can see from your statement that one of the first things that happened after your son was admitted was that he

had something called a central line fitted?

A Yes.

Q And that would be in surgery under general anaesthetic. Is that right?

A Yes. Correct.

Q And that would be to allow him to have his chemotherapy. Is that right? How did your son manage on his chemotherapy?

A The first induction phase he was really not very good. He was really tired. He was on steroids which kind of alter your mood as well, so he was really down, and he stopped talking. He wouldn't speak to anybody, he would really only speak to me and it was just little -- It was hard to cheer him up and, even the little talking from him, he was just absolutely miserable.

Not just that, but the steroids also caused him a lot of side effects as well. He ended up with multiple vertebrae fractures in his spine, so he wasn't able to stand, he had all these muscles in his legs, it was like muscle wastage. He had no muscles, near enough, in his legs, so just to stand up and support his body was really hard so he had to use a wheelchair and a kind of Zimmer frame to get around.

Q Thank you, and are you describing, when you speak about

those effects, are you speaking about those effects as being things that happened at the very start or are you saying that over the piece that's the sort of issues that developed?

A Well, the fractures in his spine, that was something that developed over time, but it was due to the steroids, but this was possibly already happening at the start.

Q Yes. So, I mean, are you describing, then, at the start, that he felt pretty grotty really from the get-go, yes?

A Yes. Definitely.

Q And I think in your statement you described that he lost a lot of weight. Is that right?

A That's correct. Yes, he did.

Q Did he have nausea?

A Yes. He was really sick and he had no appetite. Usually with steroids the kids get like a really strong appetite and they're really hungry, but for [REDACTED] somehow it was the opposite, and he wouldn't eat anything unless -- he would have a specific thing that he would eat -- he would just want to have strawberries, and that's all he would eat. He wouldn't eat anything else, and he ended up losing about six or seven kilos, and he was always quite lean

anyway so seeing him really, really wee. It wasn't nice to see him like that.

Q Yes, and again, just trying to keep us at the very start of all of this, and that initial period in the Schiehallion Unit, how was your son feeling, not just physically feeling, but emotionally, how was he at that point?

A I think he was just upset. I think when he first went into the hospital, he got lots of toys and things to play with, but I don't -- so I think he thought it would have been fine, but when he started getting really ill it was a big change and he went really inside himself and he wasn't speaking much and he just felt really rubbish.

Q Yes. Do you know whether he understood what was really going on?

A Not really. I don't think so. I don't think he understood the severity of what he had and why he had to get all these different things because it is a lot of needles and things that he doesn't want to be doing that he has to get basically forced to do because you have to get it done, kind of thing.

And he had to get what was a feeding tube because he wasn't eating, and that was the most traumatic thing, having to get this tube put down because he had never had it before

and we all had to clamp him down on the bed and open -- blood up, and just to get this tube put down, and it was horrible. Really, really traumatic.

Q Okay. Thank you very much. Now what I want to do now is, again, just still focusing on this initial period, Ms Brown, you give us quite a bit of evidence in your statement about the Schiehallion Unit at that time, and I think we can understand from your statement that the ward that your son was admitted to was Ward 2A? Would that be right?

A Yes. That's right.

Q And who stayed with him when he was on that ward?

A It was me. It was just me who stayed.

Q Now, we've had quite a bit of evidence already this week about what the Schiehallion Unit is. We've looked at pictures of it, even, and we've had a lot of detail on what rooms look like, so if you will forgive me, I'm not going to go through all of that again in too much detail with you.

What I would like you to do, though, is just describe some aspects of the facilities and the environment, as you saw it, and I think what I will just do, Ms Brown, if you will forgive me. If we go to paragraph 20 of your statement -- and to be clear we don't

need this displayed on the screen -- you very helpfully describe the room that your son was in. I will just read it, in fact. You refer to 15 rooms and you say:

"Within the rooms there was a bed for the patient, a small sink near by the door of the room so that you could wash your hands. There was an en-suite bathroom with toilet and shower within the bedroom area there was a bin, full chest of drawers and cupboard. The TV attached to the wall. Most of the TVs did not work though. There was a pull-out bed for parents and that meant I could stay overnight".

Is that your recollection?

A Yes. That's right.

Q Was the fold down bed a useful thing?

A Yes. Definitely because you could just put it away during the day and then it left space. (Inaudible) him down on the floor a lot of the time rather than the bed so we would put like a mat down and that usually went where my bed would be. In the morning, put the mat down, and he could sit down on the mat so try and strengthen all his muscles on his back and stuff rather than sitting on the bed.

So that was well thought out.

Q And when you say, "Most of the TVs did not work", what do you mean by that?

A Well, either they said "no signal" or the picture was upside down so you could watch it but you would get a sore neck because it was completely turned the wrong way or they just didn't -- some of them didn't even turn on. You would just press the button to turn it on and the red light would start flickering and that was it.

Q And when you are referring to most of them or some of them, are you indicating, therefore, that this was not a problem that was isolated to the room that you were in at the start?

A No. Every room we were in, I think, the telly was dodgy.

Q Were there windows in the room?

A There was windows, yes. If you were on one side the window kind of opened into the atrium, so not opened, but was on the side you could see out that the atrium and the other side was that you could see out to the big multi-storey car park. There was windows in there.

Q Were there blinds on the windows?

A There was. It's like two

panes of glass, the blinds are inside the glass, so you just turn the little switch, and it opens them or closes them.

Q Can you remember whether that worked in the rooms that you were in?

A A lot of the time, no. The blinds were usually stuck shut and you couldn't open them.

Q Thank you. Another thing that you mention about Ward 2A is something that you describe as the parents' kitchen. Was that something that you used a lot?

A Yes. Well, we basically used it every night because there was like a fridge, you could label your stuff and put it in, so because [REDACTED] wasn't eating enough a lot of the time it was just things -- as I said, fruit and strawberries (Inaudible) get that from Marks & Spencers and store that in the fridge so that I could just go along and get that when he needed it.

Also you could get ready meals that you could cook in the microwave and that was all in the kitchen as well. There was a table you could sit and have your meal in the kitchen or take it back to your room, and there was a table with four seats at it so you could sit with other families and eat.

Q Are we to understand

from the timeline, Ms Brown, that really by 1st January 2017 you would now be staying in Ward 2A with your son? Is that right?

A Yes. Correct.

Q And we can see from your timeline that a week before that you would probably have been planning Christmas and things like that, yes?

A That's it exactly, yes.

Q And in that period you discovered that your son had leukaemia and you were now admitted to hospital where he is having what would be very gruelling treatment. Is that right?

A Yes.

Q How were you feeling at this point?

A Just shell shocked, I think. I was crying all the time. Every time I was out of the room I was crying because I kept just thinking, I kept looking at him on the bed and he looked like he was okay, like he was playing with his (inaudible), and he was playing with things and he was talking, just going about like he normally would.

And I'm thinking what's ahead of us here, so it was really scary and really quite -- I felt quite isolated and lonely as well because I didn't know

anybody else who had a child with cancer, and I had no idea what was going on. Everything was all new, so it was really hard.

Q It must have been a lot to take in on those first days?

A Absolutely.

Q And are you indicating to us in your statement, Ms Brown, that parents' kitchen was actually quite important to that process?

A Yes.

Q Why was that?

A It was like a lifeline.

Q I'm sorry to interrupt, a lifeline. Why was it like a lifeline?

A Because you could go there and, like, well, a lot of the parents were in there at the same time. Some just -- I remember we went in, it was Hogmanay, and we had went down and some of the parents were in celebrating all the bells, and we got talking to them and I was telling them that we had just came in and everything was new and they just give you a hug and they speak to you and they will say, "My child is going through exactly the same", "We are however many months in", or "We are a year down", "It could be a temperature spike", and they can talk to you and you feel like you are part of something because these people know

exactly what's going on.

They have went through this exact same few days as I'm going through right now and it just helped immensely having that kind of support there, for other parents to help, somebody to talk to who understands exactly what's going on and can reassure you and, you know, things like that.

Q Thank you, Ms Brown. I'm going to read to you what you've said in paragraph 18 of your statement. You say: "I remember that when my son was first admitted it felt like a worst-case scenario. I was planning a funeral in my head". Is that how it felt at that point?

A Exactly how it felt. Yes. I remember getting transferred to Glasgow in the ambulance. That was the first time I or my son had even been in an ambulance before, and it was just so overwhelming and that's all I could think about: "Is my child going to die?" Your mind does go to that because you see this all the time and myself, I had followed people on social media who had children with cancer and that is what had happened. So when you are then facing this as well, that's what you then think about is -- is this it, is my child going to die of this, and you don't know.

Q And feeling like that on Hogmanay or 1 January, whatever it was, you go to the parents' kitchen and there are other parents there who were celebrating the New Year?

A Yes.

Q You are describing to us that what you got there was a hug?

A Yes. Exactly. Exactly that. You know, they just sat with me and just spoke, and we talked about it and (inaudible), but it's like a wee bit of a weight is lifted off because you know you are not alone anymore. You are not lonely. You are not on your own here. There's a full ward of people exactly the same as you.

Q And if we still look at what you say at paragraph 18, we see you do indeed say: "The parent kitchen was like a lifeline". You are now describing something that must have happened after that first event because you then say:

"I remember once where my son had been admitted with a temperature and I met a lady when her wee boy had just been admitted, and she was crying. It was her first time and I just helped her and consoled her a wee bit."

A Mm-hmm. Yes. I will never forget that. I will never forget

that. I'll always remember it. I just -- it is like I repaid the favour because I remembered my first night and the people that were around me in the kitchen and I just sat down and tried to reassure her and things like that. I will never forget, I don't think.

Q And so would it be fair to say that the parents' kitchen was one of the positive things for you on Ward 2A?

A Yes. Absolutely. Yes.

Q And I think in your statement, if we move, then, through other aspects of Ward 2A in those early weeks, we can understand that you have other positive things to say. If we look at what you say at paragraph 22, for example. You have good things to say about the staff. Is that right?

A Yes. That's right. The staff were always brilliant. They would always go above and beyond to help and reassure the kids and when they would come in, they would have a laugh with them and things like that, and they would always kind of encourage them to go out, go to the playroom, and things like that. But the staff were really, really good. Could never fault the staff, ever.

Q Thank you. Now, I want to move into something a wee bit more

technical, perhaps. One of the things you tell us about that you were aware of -- or made aware of -- on Schiehallion was what you describe as, "Protocols".

A Yes.

Q What were those?

A Protocols were like, say, when administering chemotherapy they would come in, they would have like a full face visor on, covers right up to their shoulders, aprons on, gloves, foam gloves and things like that just to administer the chemo.

But also a lot of the time we came in with temperature spikes, so there was a lot of protocols there where they would -- like, first they would come in, they would start, they would give paracetamol, they would take blood cultures, start antibiotics and they had all the orders that they would do things in, and that was the kind of thing.

And the same how they would manage temperatures as well, if there was a temperature spike, and they would manage that on the ward by giving paracetamol -- temperature spikes -- but also then checking hourly to make sure that it is coming down with the paracetamol and things like that.

Q So you were given

instructions and advice in relation to, for example, what to do if your son had a temperature. Is that right?

A Yes. That's right. If he had spiked at home we were told exactly what to do and things like that.

Q What was the worry about a temperature?

A The main worry about a temperature is an infection somewhere. Also things was -- chickenpox can be extremely serious for children with chemotherapy, so that was always a worry, but throughout 's whole treatment he always had a line. He had a central line. He also had a port-a-cath, so the main worry with that is, is there an infection there? And it is also like sepsis. Sepsis (inaudible) port-a-cath (inaudible) sepsis protocol straight away to ensure you are getting the quickest treatment and that's not going to happen.

Q Yes. Yes. You are quite correct, although I have been trying to focus us on the early weeks, my question, of course, has taken us into, really, the whole period?

A Yes.

Q There was always ongoing advice and concern to watch out for temperature. Is that right?

A That's correct.

Q Yes, and did you find that

you were given a lot of information about that and the importance of it?

A Yes. Definitely. Yes. That was -- it was like a main thing. It was really, really important because obviously a temperature is the first sign of an infection, so it is extremely serious when your child has a high temperature that they get medical treatment as fast as possible.

Q Can you say whether you found the -- what I would describe as the exchange of information between you and the clinical staff, can you say whether you found that exchange of information a useful aspect of the whole experience?

A Yes, definitely.

Q Again, maybe taking us back, then, to think about the period of the early weeks on the ward. Again, thinking about temperature, and again thinking about protocols, did you notice whether there was a particular approach taken in relation to observation of your son by staff?

A Yes. When he had a temperature?

Q Yes.

A Yes. So if he had a temperature he was given oral paracetamol and he would then have his temperature checked on the hour, every hour, to make sure that the

paracetamol was bringing it down, but if that was not happening they could sometimes give ibuprofen which usually isn't given to kids on chemotherapy but I think in certain circumstances they can give it because [REDACTED] has had it, and if that wasn't working then it would be IV paracetamol which goes in a lot quicker and works fast.

Q Was your impression that on Ward 2A your son was very closely observed if he was running a temperature; would that be fair?

A Yes.

Q Now, moving on a little, Ms Brown, we've had some evidence this week from other parents, and they have described the experience on Schiehallion as being -- they described it in terms of something that they called the "Schiehallion umbrella", and I just wonder whether you think that's a good way of describing the sort of wraparound of care that you received in those early weeks?

A Yes. Definitely. It definitely is. I think when you are on Ward 2A there's -- they could just phone someone if they needed, say, [REDACTED]'s blood pressure was high, they were on the phone to someone who deals with blood pressure type things and there's always someone -- any part of

the hospital on the end of the phone ready to come at any time and when you are in 2A. It really helps when you are in 2A.

Q At one stage in your statement you say that your son actually almost felt at home in Ward 2A.

A Yes.

Q What do you mean by that?

A He knew all the staff. He knew the nurses. The nurses knew him. He would always have a good rapport with the nurses where he would be playing and joking and laughing with them, and they all knew him and he knew them, and he was really familiar with them. So when we went in there it did feel like a home from home sort of thing.

Q Now, moving on a little further, you do have some less positive things to say about Ward 2A, and again, if I can confine your evidence at this point, Ms Brown, please, to these early weeks, you mention an experience you had in relation to the use of a shower in early 2017, and for those following through the statement it is at paragraph 70. Can you remember the incident that I'm referring to?

A Hold on, I'm just going to

have a look just to make sure.

Q By all means.

A (After a pause) Yes. I remember that now.

Q You've set out what happened there, is that right?

A Yes. That's right.

Q Is there really anything else to add beyond what you've said there?

A Not really. Just about when the shower overflowed and was running into the ward --

Q Yes.

A -- and the drain was blocked. It's already there but that's kind of what had happened, yes. Just a bit crazy at the time because I didn't actually know that it had overflowed. I was obviously in the shower washing my hair -- I had my eyes closed -- and I just remember Graeme shouting in the room saying, "Turn the water off, turn the water off", and when I turned round the whole room was just inches deep in water and it was just flowing out the door right out into the corridor.

Q So you go for a shower, unknown to you the water is disappearing out the door into the room?

A Yes. Exactly.

Q And according to your statement, out into the ward, is that

right?

A That's right. It went right out underneath our bathroom door and right through and out into the corridor in the ward.

Q Did you have any concerns at the time about the fact that that had happened?

A Well I just thought maybe something was maybe clogging the drain, or -- No, it was the only time that had ever happened, and nothing had ever been mentioned about anything to do with the water or the drains before, so I thought that it was maybe just a one-off thing that maybe the drain had been blocked.

Q Now, while we are on the subject of water, are we to understand from your statement, Ms Brown, that in the early weeks of your son's treatment there were no other issues of which you were aware? Is that right?

A None at all.

Q Are we to understand that you were using the water as normal? Is that right?

A Yes. We were -- [REDACTED] was in the bath almost every night because his legs were sore so we would take him in his wheelchair down to the -- the bath was in a certain room -- the bath in there, so we would take

him down, walk through the ward with him to the bath and put him in the warm water to try and ease the pain in his legs, and that's probably most nights he was in the bath.

We never knew -- nothing had ever been spoken about -- no one had (inaudible) expect (inaudible) in hospital.

Q Is the bath the same thing as the hydro pool?

A No. No. The bath is just on the ward, it's just a normal bath. The hydro pool is what the physios use for, like, strengthening muscles and things. It looks a bit like a big square hot tub, and it's filled with warm water, and they go in and do exercises in it.

Q Was that something else that we see from your statement that your son used from time to time?

A He was in it quite regularly, yes.

Q Okay. Now let's move on a little through the timeline. We can see from what you've said that your son was discharged on 21st February and the plan was he would undergo his chemo as an outpatient from Ward 2B. Is that right?

A Yes. That's right.

Q But, in fact, he was admitted the very next day again with a temperature?

A Yes. He was. Yes.

Q And that was with a temperature spike. Is that right?

A That's correct. Yes. We had went home on, I think it was about after 6 o'clock on the 21st and we were to come back to day care in the morning and then we were in day care five or six hours, and then as soon as we got home his temperature spiked and then we were back into 2A again. We weren't home for not even 24 hours and then we were back.

Q And on this occasion was an infection, in fact confirmed?

A It was. Yes. He had a line infection at that time.

Q Can you remember what infection that was at this point?

A It was a staphylococcus infection that he had.

Q What were his symptoms?

A The first thing, really, was just the high temperature. That's all that he really (inaudible). That was really it for us to start with. When he got in and his temperature for the next few days was getting higher -- At this point we didn't know what was wrong because they took blood cultures but that takes about 48 hours to grow anything in the lab, so we didn't know what it was but his temperature was

really high and he was shaky and if you imagine like what it's like to have the flu. (Inaudible) very well.

Q And are we right in understanding that the infection was in his line, is that right?

A That's correct. Yes.

Q Did the line require to be removed at this point?

A No. We didn't have it removed, no. He kept it. He got antibiotics through it for -- after they found out what the infection was, it was a week -- then they put him on to a different antibiotic that treats that and then he was fine.

Q And are we right in understanding that his chemotherapy was paused during this?

A Yes. That's right.

Q And did anyone explain to you what the source of the line infection was?

A No. We never knew.

Q I think in paragraph 91 you indicate an exchange with one of the nurses, and you say she told you -- she or he -- told you about the infection?

A Yes. That's right. It was the ANP nurse, I'm sure, if I'm right.

Q But they didn't know where it had come from, is that right?

A No. Never knew.

Q Were you ever told?

A No.

Q How do you feel about that?

A At the time I just thought -- I don't know. I didn't really have any thoughts about it. I thought it was -- I thought kids always got infections. I thought that was the norm, and not knowing, I thought that was just -- they seemed to think that was a normal thing. They said, "We just don't know where these things come from", and that was it, really.

Q Thank you. Now, we can see from the timeline that your son was discharged and then I think moved on to outpatient attendance again at Ward 2B.

A Yes.

Q We can see that that continued to -- I think it is round about May-- and I think at that stage, and the detail doesn't matter I emphasise to you. We don't need to get the precise dates, Ms Brown. I think around about that stage your son moved on to the next stage of his chemotherapy. Would that be about right?

A Yes.

Q And if we pick things up from around July 2017 I think at that point your son's line was removed. Is that right?

A That's correct. Yes.

Q And for a spell was his therapy given to him using cannulas?

A Yes. That's correct. He had his line removed because it was like the end of the intensive part of his treatment so you get your line removed and they like to use cannulas because there's less risk of infection, and there's not something in your body all the time that could get infected, so they prefer to use cannulas.

██████████ was using cannulas for his monthly chemo but then he was admitted to hospital because he had got shingles, so he was admitted to -- it was 2C at the time, and cannulas just weren't working. His veins just kept collapsing and in one night he had to get six cannulas and he was absolutely distraught, screaming the place down, as you can imagine. (Inaudible) he was getting the cannula anyway, but six in one night, it was really horrible. So then it was decided that he would then get a port-a-cath to stop it happening again.

Q To just maybe pick up on one or two bits of the detail of that: are we right in taking from what you've said that there was a perceived advantage in moving to cannulas because there was less risk of

infection? Is that right?

A That's correct. Yes.

Q And if he is moving on to the next stage of chemo at this point, would that be moving onto something that was less powerful?

A Yes. It is still sort of one of the same drugs, but you only would get IV once every four weeks, so it's not like he -- once he was getting, you know, cannulas put in all the time, it was just easier to move to the cannulas rather than a line when there's always a risk of infection.

Q But then you described this event and -- it seems obvious that your son wasn't really enjoying the use of cannulas?

A No

Q And was it -- it's after that that he had something which I think you are describing as a port-a-cath fitted?

A Yes.

Q I think we've had evidence from other witnesses this week who referred to a port, and they said -- they effectively described sort of a tag on the skin or a patch on the skin with something underneath it that would then connect to the bloodstream. Is that what you are describing?

A Yes. It's like a metal

circle that's underneath the skin and you just see it on the skin, it's like a wee bump because there's this metal thing that's got a rubber circle in the middle which is attached to a line that goes up to the neck and down into the main artery in the heart, so it's connected to one of your main arteries that's in the heart.

Q And I think you describe in your statement that that -- that the port-a-cath was flushed every month or every week? Every month?

A Yes. Once-a-month. When he used to go in and get his chemo they would then flush it, and his chemo was always every 28 days, so that's when the port would then get flushed because it would just be getting used, and also used for his inpatient for IV antibiotics, I think.

Q Okay. Now, if we complete the timeline for 2017, we can see that there were a number of admissions, mostly, I think, to 2A, mostly for temperature spikes. I think there was one that was for a pain management issue. Are we right in understanding that all of the temperature spikes admissions for the rest of 2017 did not lead to identification of an infection? Would that be right?

A That's correct. Yes.

Q Thank you. Now, if we work through the next phases of treatment in 2018 we can see that there were appointments as an outpatient to Ward 2B in January and in February of that year, and then we see an admission to Ward 3.

If we just maybe try and pick up on that, you described this in your statement, for those who want the reference, beginning around about paragraph 41. You don't need to look at it just now, Ms Brown. I'm not going to ask you about that, but just as far as you can recall, do you remember that the requirement for an admission which then ended up as an admission to Ward 3 was again to do with a temperature spike? Is that right?

A Yes. That's correct. He was in -- it spiked at home.

Q And I think on this occasion again there was an infection identified and this was something called the parvovirus? Is that right?

A Yes, that's correct.

Q And are we right in understanding from your evidence that effectively the plan would have been to go to Ward 2A but there was no spare bed there and so you ended up in Ward 3?

A Yes. It was full, so [REDACTED]

--

Q And was that Ward 3 in The Children's Hospital?

A Yes.

Q Now, I just want to make sure I understand your evidence on why you think there was no room in Ward 2A. In your statement at paragraph 43 -- maybe just have a wee look at this actually, it might help you. It is at the very end of paragraph 43.

A Yes.

Q You refer to rooms being boarded up. Now, I will reassure you, I hope, by saying that nobody is asking you to come along here to test you on dates, but can you confirm whether it's your recollection that round about this time you saw that there were rooms now not being used at all? Is that what you are describing?

A Yes. That's correct.

Q What do you mean by, "Boarded up"?

A So what we saw was on the -- (inaudible) all the rooms (inaudible) corridor and it would open into the rooms. They were putting what I would describe as a wooden box over the room with a door, and over the actual door to get into the room was a big orange plastic seal that kind of zipped, that you had to zip up to go in. A lot of the rooms were

starting to get that done to them.

Q And do you recall seeing that when you were yourself on Ward 2A? Is that what you are telling us?

And doing the best that you can, when, roughly, do you think you saw that? Early part of the year or later part of the year or are you not sure?

A When we were in it was March and it was definitely happening in March 2018, but I can't remember if it was before then or not. This is when I noticed it at first anyway -- was when we were in at that time.

Q Okay. Now what I want to ask you about now, then, is, thinking, again, about March 2018, is about your experience on Ward 3. Can you say whether, on Ward 3, the Schiehallion staff and the Schiehallion protocols were available as far as you were aware?

A Sorry, can you say that again?

Q When you were on Ward 3, the staff -- is that the Schiehallion staff or was it different staff?

A No, it was different staff. The ward we were in was for orthopedic and, like, renal dialysis. It was totally different.

Q And the protocols that you've given evidence about that were part of life in Schiehallion, were those

protocols used in Ward 3?

A No.

Q What, if any, issues did you experience in relation, for example, to the provision of medication on Ward 3?

A When we were admitted into Ward 3 with -- usually I used to keep all of [REDACTED]'s medicine in a bag. It was like a -- it was almost like a packed lunch box.

I used to keep all his medicines and all [REDACTED]'s were oral medicines because we had this tube to put them in, and he wasn't very good at swallowing medicines, like the taste and stuff, so I used to get there and we just used to hand it over to the staff and then they would come round and administer the medication, and on a few occasions before we were given the medication in the syringes it was more than what he should have been getting, and in other ones it was a lot less, like there were huge air bubbles in the syringes.

When I was doing his medicine, I would always pull the medicine out, make sure there was no air bubbles in, and then push it up to the top so the syringe had the adequate amount of medicine that he needs. But when they were giving it there was huge air bubbles left in the syringes. When I

was taking it out it could be two or three mls less than he was supposed to be getting.

And there was another medicine where he was only supposed to get only three drops of a type of vitamin and it's only supposed to be three drops of this he gets, and on the bottle it says 0.006, but they were giving 6mls so that's like huge amounts more than he should have been getting. That's like a full syringe of this medicine that he is only supposed to be getting three tiny drops of, so he was getting underdosed with one medicine and overdosed on another one, and it got to the point I just said, "Look, I do all his medicines myself at home, please just do the medicines like I would at home at the times that he is supposed to get it." (Inaudible) doing anyway because I was just worrying what they were giving him.

And if I wasn't -- like I would sometimes go down to the shop to get him things to eat and I was worrying that when I was away if they were going to be giving him medicine, that, was it going to be the right stuff in the right amounts. I was always worried about that.

Q Thank you. If your son was running a temperature, for example, when you were on Ward 3,

was the approach taken to observation of him the same as the approach that was taken on the Schiehallion Unit?

A No. He would get -- I remember they hadn't done his temperature, and this one time in particular, he was really, really sick. I have never seen him quite as unwell as he was on this admission. He was really shaky, it was almost like when he was -- his temperature was almost at 40, and that's the highest I had ever seen it as well, so, like, he was kind of zoning in and out of consciousness, almost.

And they would just come round every four hours to do temperature, so when it is, like, an hour-and-a-half in and his temperatures are way back up again, I would have to buzz to get somebody in, and a lot of the time it was the auxiliary nurses who would come in, and they'd say, "We will go and get somebody", and then nobody was coming. Like nobody would come in and see him, so I was taking his temperature myself.

I mean, I always took my own thermometer because it was in his medicine bag anyway, so it was a point I was taking his temperature myself, and I was seeing it go up and up and up, and I was seeing his condition deteriorate, and nobody

seemed to be coming to help, and they knew that they weren't allowed to give ibuprofen, so they had to just give him the paracetamol every four hours, so it was just -- it was absolutely terrifying, really. It really was.

Q Ms Brown, could I have you have a look at your statement, please at page 14, or it is in my copy, but it's paragraph 48 of your statement. Have you got that?

A Just a sec. Yes.

Q Can you just take a moment to look at that? It's probably the bottom -- just take a moment to look at paragraph 48 and could you confirm to us whether, what you've just described to us just now is what's set out in your statement there, is it the same incident?

A Yes.

Q Were there ever any issues on Ward 3 about taking blood?

A Yes. That was the other one. They used to -- so before they give the antibiotics, because [REDACTED] was still on antibiotics at this point because we didn't know what was wrong with him so they're still treating it as if it is a line infection, so he was still on the IV antibiotics.

Now, when you are in 2A they will usually take -- when they put the antibiotics in they will take a discard of

blood into the syringe that they will then discard of, just get rid of it completely, then they will put the antibiotics in, then they will flush the line with saline and then they cover the line with -- I can't remember the name of it, but it's like of the nature that no bugs are going in it, sort of thing.

But on 3, what they would do is they would take a discard of blood, a little bit, then they took a big 10ml syringe of blood out and they set that aside, then they put his antibiotics in and then they would take the blood that they had taken out of his body and push it back in through the line and then they would flush the line with saline and then cover it with the stuff that stops bugs growing inside.

This is something I had never seen before and it was actually -- it was a bit odd and a bit scary because I was thinking why are they taking that big syringe of blood out and then putting his blood back into him, sort of thing. It was something I had never seen before, and I don't know if this is something that they do with the dialysis patients. I'm not sure, but that's the first time I had ever seen that happen and I had actually asked, because when he was in that time, when nobody was really looking after him -- it was me that was looking after

him -- I got to breaking point and I just had to go to Ward 2A myself and I had to say to them, "Look, can somebody please, please come and look at him and see him because he's really bad", and that's what it took to actually get somebody to come and intervene and see what he was really like, and help him. And they had said yes, they had mentioned -- I said they're taking blood out and they're putting it back in, and they said, "No, that shouldn't be happening, they shouldn't be doing that." To be honest, when we had told them not to do that, we had gone through chemo, or whatever, it still happened. They were still doing it.

Q Could I have you look at your statement again, please, Ms Brown, and look at paragraph 49 and can you just confirm that what you've just described to us is what's set out more or less at paragraph 49? Is that right?

A Yes. That's right.

Q Yes, and just, therefore, to pick up on one or two points of the detail of what you've just said, why was it scary to watch this?

A I think because -- I've not really touched on it yet but at this point there was a lot of things about line infection and infections getting spoke about and -- on the news and stuff so I

was thinking, because I had never seen that done before, and it just looked really odd to me, I was thinking, is this going to cause some sort of infection because you are taking blood out of the body, having it at the side and then putting it back in, it was just -- it was scary, it was really scary, because I thought this is going to cause him an infection or something.

Q Are you indicating to us, Ms Brown, that by this stage you had become aware of some issues about the hospital?

A Yes. That's right.

Q And we will no doubt look at this in more detail in due course, but are you able to just give us an indication of what you had heard or what your concerns were at this point?

A We had just really heard stuff about infections that kids were getting from the water supplies and we had obviously seen all the water dispensers were taken away and all the filters had been put on (inaudible). We were basically washing [REDACTED] with two litre bottles of still water because of the problems that was going on, so yeah.

Q If you don't mind my interrupting just now, I'm going to ask you a bit about those issues but that's very helpful in terms of just

understanding the timeline. Are you indicating to us that by the time of the incident that you are describing in paragraph 49 you had already started to see with your own eyes issues to do with water? Is that right?

A That's right.

Q Well, we will move on.

The other thing I just wanted to clarify in relation to paragraph 49 is -- we can see there that you did go to Ward 2A and you asked the Ward 2A nursing staff, "Is this okay", and they said, "No, that is not how they should be taking the blood". Is that right?

A Yes. That's right.

Q Did you indicate a moment ago that it continued to happen, nevertheless?

A Yes. Still happened. I had to physically tell them myself, "Please don't do that", but it was still going on.

Q Okay. Now, if we move on, then, a little in the story, we can see from the timeline that your son eventually goes back to Ward 2A and I think you describe him as being isolated. This is paragraph 46 for those following the statement. You describe him as being isolated, I think, for about three weeks?

A Yes.

Q Now, I want you to help

us a bit with something here because we've heard discussion of isolation and we've heard discussion of something called being, "in source"?

A Yes.

Q And you talk about that as well. Are these different concepts?

A Yes. In Ward 2A there's rooms at the start of the ward that are the strict isolation rooms which are usually used for kids who are undergoing a stem cell transplant, but the other rooms they get put in source. Source is when they put like a laminate sheet on your door. They just Blu-Tack it on the front of your door and I can't remember what it says, but it says something like, "Please ask a member of nursing staff before entering the room", and that's usually if the kids have got a virus, something that could spread to someone else, or something like a sickness and diarrhoea bug because that spreads rapidly. Or even like cold symptoms, a runny nose and cough, things like that, you would automatically get put in source if anything like that was going on.

Q And I think at paragraph 46 are you therefore -- when you say that he was moved into Ward 2A and he was then in isolation for three weeks, is he in one of those rooms

that are isolation rooms or is he in the standard room but he is effectively in source? Is that what you are --

A He was just in source.

Q Yes, and is that because of the parvovirus infection?

A Yes. That's right. The parvovirus is actually -- maybe people have heard of it, it's called slap cheek. It usually goes rife through nurseries and primary schools. It's something that spreads quite easily.

Q Do we take from your statement that when your son was in other wards you felt that being in source was actually quite a regular feature of being in those wards? Is that right?

A Yes. A lot of the time -- usually when his neutrophil count was low he would be put into source in other wards.

Q So would that be in a situation where it wasn't that he himself had some infection, it was that he, his ability to resist an infection was particularly low? Is that right?

A Yes. That's correct.

Q And was there something about being on those other wards, as you saw it, that resulted in him being in source?

A I think just if -- I wasn't sure what was going on with the other

patients but maybe -- I know that for instance they would put him in source if there was any bugs around or -- it was more for his safety than anything else.

Q Okay. I want to now move on to pick up on some of the things that you've said about issues with the water in the Schiehallion Unit, and I think from your statement and from what you've said today it sounds as if it is in 2018 you start to become aware of issues to do with water safety. Would that be right?

A Yes. That's right.

Q Can you just give us an indication of what it was that you saw on the ward itself that made you start to wonder about the safety of the water?

A It was more so when we were in day care. I can always remember when we first went in we would usually be down on the ground floor just at the area, and I remember going to get a drink much water out of the water dispenser that was there and it just had an, "Out of order", sign on it. So then we go up to day care to get his chemo, and the water dispenser there also had an, "Out of order", sign on it, so we were a bit like, "Oh", wondering what the problem was. I remember we had asked and they said

it was broken, it wasn't working, so that was fine, and then we started seeing things like the filters getting put on to the taps and we were actually in one of the rooms -- he was just waiting to get his chemo when the maintenance man had come in to put a filter on one of the taps, and I think Graeme had asked, "What's that for", and they were like, "Oh, it's just a measure to clean the water", or something like that, so we just thought "Oh."

We never really questioned it at the time, but I think now if we had put it all together, we would have been, like, understood now, but at the time it just seemed (inaudible) that the water dispenser was broken and they were sat putting these other things on the taps. That's what we noticed at first.

Q And do we see you also describing how there came a point where you were provided with bottled water to use?

A That's right. Yes. When I was inpatient we were provided with big two litre bottles of drinking water, really, and we were told that's what we should be washing him with and he should not be going into the shower or using the tap water like to brush his teeth and that.

Q And who said -- who was telling you these things?

A Just the nursing staff.

They were saying just to use this until they got something sorted -- I don't even remember exactly what they were saying but it was that something was wrong with the water, so it was just to err on the side of caution. Just use the bottled water for things that we needed to use it for.

Q Apart from what the nurses told you, was there any other information provided to you by the hospital?

A Not that I remember, no.

Q Did you get anything in writing at any point?

A I remember we could -- at the reception desk in 2B there were sheets of paper. You could pick one up, but I think this was a bit further on. Also when we were seeing things on the news and that's when we started (Inaudible) paper you could pick up and look at to see, you know, but apart from that I can't remember getting any other -- anything else, really.

Q Well that's very, very helpful, Ms Brown. If you have a look, please, at paragraph 82 of your statement we can see that you refer to things that you were now picking up on the news, and the next paragraph, paragraph 83, you refer to a leaflet being picked up?

A Yes.

Q Is that what you've just been referring to just now?

A Yes, that's right.

Q So just in terms of trying to understand the kind of general timeline on this we should understand that as being a bit later in 2018. Is that right?

A Yes.

Q So if we just, then, step back a bit and we look at the whole of 2018 from those early things that you saw right through to picking up the leaflet -- up until the point, in fact, that you picked up the leaflet -- what was your main source of information about whether or not the water was safe to use and drink?

A The news really. What we were seeing and hearing on the news. There was points when it was constantly on the news, and also talking to other parents. There was a Facebook group, and the other parents were talking about it.

It was all just, really, suspicions and nothing set in stone or answered properly, so what we got was (inaudible) or what's going on and it came (inaudible) because, like, we were all a bit panicked by seeing this on the news and everybody was the same, wondering what was going on,

wondering what was happening, and we weren't getting any answers from anyone, really.

Q I'm looking at your timeline just now, Ms Brown. You don't need to turn it up, but we can see that your son was a regular attendee as an outpatient to the hospital and, indeed, as an inpatient on occasion throughout 2018. How did you feel about what you were reading or hearing or seeing on the news?

A It was scary. It was really, really scary. We were scared to go into the hospital because we didn't know if he was going to pick something up or what he was going to pick up because nobody knew. Nobody knew anything.

It's scary enough when your child is sick, but then going in thinking that you are going to be catching something or he's going to be catching something. It's horrible, horrible feeling. You are at home hoping that he's never going to get another temperature spike because you are going to have to go back in there.

Q Moving on a little, we've had evidence already this week and you also tell us about this in your statement that in the later part of 2018 Wards 2A and 2B in fact closed, and the Schiehallion Unit was moved to

Ward 6A of the adult hospital. Is that right?

A That's right.

Q And I think we can see from your timeline that from late 2018 your son then became an outpatient in Ward 6A. Is that right?

A That's right. Yes.

Q Did you ever have any concerns or questions about why the wards were being closed and moved to 6A?

A Yes. I can remember we were actually in day care when everything was getting moved because I can remember them loading up trolleys and things, just anything they had. Any type of trolley I think they could get their hands-on they were just filling in with equipment and wheeling it over and the nurses were -- especially the auxiliary nurses -- they were exhausted, I think, taking back and forward these trolley loads of equipment and medical stuff and things like that.

And I can remember asking, "Why is this? What is actually happening here?" And they said, "Oh, we are moving over because they're going to be doing work. Some sort of work's being done in 2A, so we are going to be moving for a few weeks over there and then moving back," and

I remember them saying, "Oh, we are just moving all this stuff. We will be moving it all back again in a few weeks," and that's really all we were told.

We were just aware that there was some -- I wasn't sure what, but there was some sort of works going to be getting done, and I think because it had also seen the rooms getting boarded up, I just thought that that was basically what was going on and they were going to have to do that with more rooms. So, therefore, we were going to have to move to a bigger ward which was over in the adult's building.

Q Did you have any information from the hospital about what was going on and why it was going on?

A No, just what I had asked. I don't know exactly. I had no idea, no.

Q We can see from the timeline that your son was also an inpatient on Ward 6A at certain points. What was your impression of Ward 6A?

A It was just an adult ward, really. In 2A it's all colourful and you go into each room there's things like murals and things on the wall, but when you go into 6A there's none of that. The only thing [REDACTED]

really liked was that it was really high up in the lift and he got to look out the window and he was saying, "Oh, we are really high up" -- that kind of thing - - but apart from that, there was really not anything for him to do. It wasn't a children's ward anymore, it was an adult's ward, and I think any adult you would ask would say they hate being in hospital, and a child being in an adult's ward; it's not nice.

Q Do you recall being given any explanation for why you were in Ward 6A and how long you would be there or anything of that nature?

A No. Just that the works were going on in 2A, and we were just thinking it was going to be a few weeks, so I thought maybe (inaudible) because [REDACTED] was only an inpatient for temperature spikes, so I thought "Oh, we'll probably not even be there", but then, well, they are still there now, so that's been three years.

Q Do you think being on Ward 6A impacted upon your son in any way?

A Yes. Definitely. Especially like when there's nothing to do. The TVs still were dodgy. They were a lot smaller and a lot of the time didn't work but we also had the Wi-Fi but for some reason for us it was hit or a miss whether it worked or not,

whether we could get on it. Sometimes had a tablet, sometimes he could get on it, sometimes he couldn't, so he was bored, like being in solitary confinement in this room.

I remember, I have got pictures of him that I had sent to my mum, and he was just lying on his bed, on his back, with a cover over his face, lying there. Looking back at the pictures it's just so sad to see him like that. He was only eight-/nine-year-old and seeing him like that. It's horrible when he's usually happy, cheeky playing, and it is a long time to be stuck in for 24 hours just talking to your mum, you know.

And sometimes it is two, three, maybe four days up to a week that you are in there, and there's really nothing to do. You can only sit and play board games for so long before you don't want to play them anymore, you know, so it's really --

Q Are you indicating to us that he was in his room quite a lot when he was in Ward 6A?

A Yes. The majority of the time, he was rarely ever out of the room actually.

Q Why was that?

A There was nowhere for him to go. There was nothing really to do. He could go out and speak to the nurses that were standing about, but

they're all busy, so there's literally nothing for him to do at all. No playroom, there was no -- nothing. There was nowhere for him to go and nothing for him to do so he had to just stay in the room with me, and that was it, really.

Q Now, I want to move on, Ms Brown, and I'm going to ask you, really, about just one other matter and then we are going to move on, finally, to just ask you to give us some reflections on everything you've described, and the one other matter I want to ask you about is what I will put under the heading of: "Preventative medication".

A Yes.

Q We read from your statement that your son received a number of antibiotics and other drugs to ward off infection. Paragraph 95 in particular you refer to, I think, three drugs, Septrin and Dapsone -- which I think are antibiotics -- and there's something called Atovaquone which I think is some sort of antimicrobial medication?

A Yes.

Q Were these given as standard as far as you understood?

A Yes. I think under the UK protocols, all children are started on a thing called Septrin. That's to

stop the growth of certain funguses in their lungs which can lead to lung infection, things like that.

So [REDACTED] was initially started on Septrin but he took a bit of -- not a reaction -- but it kind of kept his blood counts lower which meant they kept having to up his chemotherapy because once your blood count is low or too low, you have to have a week break from your chemo until the counts come up, but they never came up because the Septrin was keeping them low.

So, he moved on to the next one. The next one was Dapsone which just worked the same, and the way I remember it, it was -- they don't do Dapsone or Atovaquone first because the Septrin is actually a cheaper medication. The other ones are a bit more expensive, so he went on to Dapsone, but in rare cases you can have a reaction to Dapsone. [REDACTED] did have a reaction, and it was like his lips turned blue. Luckily, we were in because it was the time he had the parvovirus they gave him the Dapsone, within an hour, lips were blue, his oxygen levels were really low and it kind of affects the oxygen in the blood, the way that the cells carry oxygen around the body, so they just stopped that and then he got

Atovaquone, which is like the gold standard one. The thing that's the most expensive, but it works exactly the same, basically.

Q Okay, and at the beginning of that answer were you indicating to us that this is standard across the UK? Is that your understanding?

A Yes.

Q Whatever hospital you are in, having -- yes?

A Yes. As far as I'm aware anyway, and it was on all the sheets when we first went in and stuff. It was almost part of the protocol.

Q At some point did you understand that he was put on to another antibiotic?

A Yes.

Q Called Ciprofloxacin, or Cipro?

A Cipro.

Q And you talk about this at paragraph 96 of your statement?

A Yes.

Q And what did you understand the purpose of this antibiotic to be?

A To be honest, at the start I didn't even know it was antibiotic. They just said that, "We are going to be giving him Cipro along with his other medicines", and the thing they

said was to cover his line. They said that every child who has got either a central line or a port which [REDACTED] had, they were given Cipro.

Now, all through [REDACTED] 's treatment he got medicines. He got medicines taken off, he got new ones, he got different ones, so it wasn't unusual to have a medicine added for other reasons, so I just took (Inaudible) however many times a day.

And basically when you are at clinic you just go pick up your prescription and you get a bag of prescription drugs (Inaudible) and that's you for the month. Come back the next month and same again -- the cycle repeats itself kinda thing -- and it was just that the Cipro was in there and we just gave him it how instructed.

Q So at some point, though, did you come to question why he was being given it, or what?

A Yes. We did. It was more so when I seen other parents speaking about it, and talking, and a lot of them were saying this is like a medicine for infections and things, and it got me thinking, well, what is this, actually then (Inaudible) which we put in for whatever reason so I kind of researched it myself.

I went onto Google and had a look, as you do, to see what it actually

was, and you just get this big list of side effects and what it's for and I remember reading one part that said that it can be used to prevent infections from contaminated water supply, and I was, like, this is just all not coincidental all anymore. This is getting a bit more serious and everything seems -- it's all coming together, kind of thing, and you notice everything like that, so that's when we kind of asked questions, like, "What exactly are we giving him here?" and a lot of the side effects that it said, [REDACTED] had them all.

Tummy issues, which he still has, and he's not even on these medicines anymore, but [REDACTED] is still on a drug called Omeprazole which helps stomach acid and things like that. This all started when he was taking Cipro, and he is still bothered with it now, but also, I remember reading saying that it shouldn't be given for more than, I think it was three weeks and these medicines shouldn't be carried on for more than three weeks. [REDACTED] was on it for well over a year, maybe two years every day.

Q So when you say that you started asking questions, who did you ask questions of?

A I remember I had asked

Professor Gibson because that's [REDACTED]'s consultant, and I said that it was -- all the kids were getting it, it is to cover the line, she said you've probably heard things going on in the news, and we are just taking extra precautions, really, and it's just for the kids who have got the line or the port. [REDACTED] has, so he is getting extra help to stop him getting whatever, sort of thing. That's all we were really told about this.

Q Okay. Thank you. Now, I'm going to move on, as I indicated, Ms Brown, and ask you some questions really just to get your reflections on certain of the themes that emerge from your statement. The first thing I want to ask you about is communication. How would you assess the communication on the part of the hospital or the health board with you and your partner during [REDACTED]'s care?

A Extremely poor. Extremely, extremely poor. We never knew about anything.

Q I'm sorry, I interrupted you. What did you say there?

A I just said we basically never knew anything.

Q Anything about what?

A Like about what was going on, like the things in the news.

We were seeing it on the news, but we weren't being told anything though, so things about the water and things about the pigeon droppings. We were seeing that on the news. We were at home in our house watching this on the news, but we've never been told anything about it and the hospital -- the hospital is still going about acting like nothing is happening. The nurses will come in and talk to you like normal, or whatever, like it's not to be spoken about. We're seeing it on the news but it's not really mentioned when we are in there. That's the kind of feeling you get. Don't speak about it when you are there.

Q And is that principally the water that you are talking about when you say that?

A Yes.

Q How did that make you feel?

A Just anxiety, really. It was scary and it made me feel really sad because they should know that -- why are they not telling us what's going on, and you don't want to be a person who is -- I'm not a shouty parent or whatever, but I feel like, should I have been? And then maybe I would have found something out. Like, is my son safe to be here? Am I safe to be here? We don't know. We

don't know anything. It makes you feel really sad and really let down to be honest.

Q So you had anxieties about these matters, and you felt you lacked information, and at any point did you start to form your own suspicions about any aspects of these matters?

A I kind of do because you think, well, like try and think what you think may be going on in the water. I don't know what infections can come from water because, I mean, we live in Scotland and we are supposed to have the best water supplies ever and things like that, so it's not something we were even thinking. This is the kind of thing you would think about seeing on the news for Third World countries and things like that -- having maybe things in their water supplies. You see the adverts on the telly, like Water Aid and things like that, and it is sad that us in Scotland in a super hospital, something that you would never -- wouldn't even contemplate thinking that you would need to think about things like that.

Q What about the building itself? Did you get reasonable communication from the hospital or the health board about closure of wards, about being moved to 6A, these kind

of things?

A No. Not really, no. We never really heard anything until it was happening. I mean, that's when I asked, when we seen things get moved. Then we seen, obviously, there was always seems to be -- there was always works going on outside the building on The Children's Hospital and then we had seen that the -- like the windows falling out on the adult hospital, things like that, and you were never told about anything like that either but that's a worry as well, especially now that we were going to be in there, in that hospital, and it's just a few storeys up that there has been a window just fallen out, and you are going to have 20/30 kids on that floor, touching windows and sitting at windows. Is that safe as well, is the window just going to fall out, or...? But you were never really told anything. You just have to get on with it, really.

Q Now, still on the subject of communication, in your statement you described to us two meetings that you attended in the later part, I think, of 2018, and the first of these, I think, was a meeting with the Health Secretary at the time, Jeane Freeman, and the reference in the statement is paragraph 128. Who was at that meeting, Ms Brown?

A So it was Jeane Freeman, ourselves -- it was kind of like -- The room was set out in a circle -- magic circle time at school. It was just all seats, so the parents kind of sat round in a circle and spoke to Jeane Freeman. She also had, I think it was her secretary, who was taking notes or minutes and there was someone else there with her as well but I can't remember exactly who that was now but there was three people there anyway and we was asking her, but we were just really telling her what was going on.

Q Sorry to interrupt, who is, "We"?

A Me and the other parents.

Q And what was her reaction to the stories that you shared with her?

A Completely shocked. Just shock at what she was hearing. She looked affected by it, like upset by it and really, really shocked by it as well.

Q In your statement, Ms Brown, you say, and I will quote: "Later we found out she already knew about all the problems". Now, what was it you found out and how did you find out?

A Well, I found out really

through other parents. We are in, like, a group, and I think there was something on the news about it where she was on the news. It was after the meeting, and somehow -- I can't remember exactly how, but it came to light that she was aware of what had been going on, apparently. That's just how I understand it, just speaking to the other parents as well.

Q Are we to understand it, your impression from what other people were saying, and about what was on the news, your impression was that, in fact, she had known more about what you were telling her than you had understood at the time? Is that right?

A That's correct. Yes.

Q Now, I think you then had a meeting, or you were at a meeting with the health board later in the year. Is that right? And that's discussed in your statement at paragraph 131, and you describe that they came to the meeting -- the way you put it is, "Armed with spreadsheets" -- and they told you a lot about the hospital construction. Is that right?

A That's right.

Q Now, who was at that meeting?

A Again, it was just myself, my partner, and, like, other parents as

well who had been affected by it and who were on the ward and things.

Q And can you remember who was there from the health board?

A Sorry, no. I can't remember. I don't remember all the names. There was a few. I think it was about six or seven people, but unfortunately I don't remember.

Q Were these managerial people --

A Yes.

Q -- or doctors?

A It was definitely people that were all higher up in the hospital anyway.

Q Are we to understand from what you are saying that the information they provided you with was quite complex?

A A lot of it I didn't understand. I think you would have to be an architect to understand the things that they were saying. They had spreadsheets and a big board on the wall where they were going through them all and things like that, but a lot, yes, I wasn't really understanding.

I just wanted to know what was going on, really, and they never really explained it in a way that you understood a lot. It was just that, "We are sorry, we are sorry". We were just

getting, "Sorry", but no really proper information, "Are we safe?" and I can always remember saying, like -- I remember somebody saying, "Well, would you put your child in a hospital bed in this hospital?" and they were like, "Oh yes, oh yes, definitely, definitely", and we were thinking is that actually ... because ... we don't feel like it is safe and especially seeing what we are seeing and hearing what we are hearing and bathing our children in cold, bottled water. Not very safe.

Q Just to think a wee bit further about what it was the health board was saying about the building itself. They were trying to explain what it was that the issues were with the hospital? Is that right?

A I think so, yes.

Q And just, you know, I'm really just asking you this for your comment.

A Yes.

Q Would it be fair to say that what they were -- that the issues with the hospital were actually quite complex?

A Yes. Yes. We think so.

Q And as you indicate, really, unless you are somebody who has that sort of understanding and knowledge, maybe it would be quite difficult to understand those issues. Is

that right?

A Yes. Exactly. Yes.

Q Okay. I want to move on, then, really, to the very end of this, and I want to think about impacts from some of the issues that you've been describing. Now, let's begin, firstly, with [REDACTED]. I think he completed his treat in March 2020. Is that right?

A That's right.

Q And of course by now you've got COVID to contend with, and I think was it September last year he finally had his port removed? Is that right?

A That's right. Yes.

Q How is he now?

A Yeah, he's doing well.

He still has like a few side effects of the treatment. He still gets quite sore and things like that -- his legs -- he's still going and getting physio, and a few side effects but that's to be expected with a gruelling treatment like that, but apart from that he's doing well. He's at school and he's (inaudible).

Q Having cancer and having treatment of the kind you've described must be a pretty huge impact in itself. Being in hospital on and off for over three years of your childhood must be an impact in itself.

What additional impact from the issues that you've described do you think there have been?

A With [REDACTED], when this was all kind of going on, he was a wee bit -- not older, but he was in the know. He has always been a child that he knows things. He knows something is going on, and especially when all this with the water, he was saying, "Well, why have I to brush my teeth -- why can't I brush them normal?" or "Why are you washing me with (inaudible) water?" and you don't tell him at the time because you don't want to scare him, and we didn't really know what was going on either. But he got quite scared when he used the water -- I noticed that.

But I find that in other places he still won't use the water. Like, we've been in Forth Valley Hospital and he won't even use the taps in Forth Valley Hospital now, and this is something that, in this day and age, you shouldn't be scared to use water in places but this is like -- I don't know if he is going to be like this forever now, that it's just an anxiety that he's got. It's pretty hard to kind of overcome that, actually living that long in the hospital and going through this, the problems with the water and then thinking that it's dangerous. I mean, the only time I

have ever heard (inaudible) this, considering he has been through three years of cancer treatment is “If I have this water, am I going to die?”, and that's something that really, really upset me because he has cancer. He has been through three years of horrible treatments, and never once asked if his life was in danger until this was going on with the water, and he was more scared to drink the water or go near the water than he was about the treatment because he thought it was going to kill him or something bad was going to happen to him.

Q What about the impacts, the additional impacts, if I can call them that, on you?

A Well, it was hard because when you are not -- when you don't know what it is, or what's going on or you don't really know what to believe anymore, and you still have to take him in there, it's terrifying. Horrible.

It's something that I think will be with me forever because when I think back to the start of his treatment, nobody knew anything about it back in 2017, he was in that bath every night. His line was in the water every night. There was no caps on the end of his line, so that water was on his line and then the next time they used his line

the water obviously was still on it, so I have got to live with the fact that I was putting my son's life in danger just by giving him a bath every night, and I thought it was fine, but I could potentially have caused him to have one of these infections, and potentially he could have lost his life because of it. So, it's something that I don't think I will ever get over.

I know I'm trying to come to terms with it now that it wasn't my fault, but as a parent you always blame yourself and I think I will always have that feeling, that feeling in the pit of your stomach when you think that you are potentially putting his life at risk, just by doing something that you would do every day -- take a bath or take a shower -- so it's like, as I have said in my statement, it's like playing a lottery with his life, just using the taps to brush his teeth, giving him a bath, getting him washed.

We are thinking we are helping him because his legs are sore and this is supposed to -- they're telling us, “Oh, try and put him in a nice warm bath, that might help ease the pains in his legs.” We think we are doing something good, but in reality that could have killed him, and I need to live with that for the rest of my life, basically.

Q Thank you, Ms Brown. I don't have any further questions for you. Before we conclude your evidence, is there anything further that you want to say?

A I just want to say that for the nursing staff, not just the nursing staff, the auxiliaries, the dinner ladies, the cleaners -- I mean, there's a cleaner in there and she is one of the nicest people you will ever, ever meet who only works on a weekend, and we always used to look forward to her coming into that room every weekend. He would look out the door waiting for her to come in and she was absolutely fantastic. Like, these people -- these are the people that got us through all of this. The staff on that ward are absolutely amazing and it's them -- I felt for them as well because I felt like they didn't know what was going on either and (inaudible) happy, they were amazing and we are so, so thankful for all the staff and everybody on the ward for (inaudible).

MR DUNCAN: Thank you, Ms Brown. My Lord, those are all the questions for Ms Brown and that would, therefore, conclude her evidence.

THE CHAIR: Ms Brown, my understanding is that that is all the questions and, therefore, that's the end

of your evidence but can I just say thank you for giving that evidence and congratulations to be our first witness giving evidence indirectly, so thank you very much.

A Thank you.

THE CHAIR: Well, as I think we discussed before, I make it 12.15. Do you suggest that we take a break, or we go straight to Mr McCandlish?

MR DUNCAN: I have no strong view, my Lord. I wonder if we have maybe just a five-minute break to allow Mr McCandlish to get into position, I would be reasonably hopeful that we would conclude his evidence before lunch.

THE CHAIR: Five minutes is perhaps a bit modest. If we just break for ten minutes, and the next witness will be Mr McCandlish.

12:15

(Short break)

12:25

THE CHAIR: Mr Duncan?

MR DUNCAN: Yes, my Lord. I believe we have Mr McCandlish good to go.

THE CHAIR: Excellent. I nearly said, "Good morning", Mr McCandlish but probably as -- Oh, the -- Mr McCandlish, you can probably still hear me, but we have lost you on video. You can hear me, and you can

see me? Is that right?

A Yes.

THE CHAIR: It may be, in fact, that you are visible on some screens here but not on others. I think I would propose that we continue, even if we can't see Mr McCandlish, but we just have to double-check that he is there. You are still there, Mr McCandlish?

A Yes. Still here.

THE CHAIR: Right. What we plan to do is invite Mr Duncan, who I think you've had the opportunity to meet on screen, as it were, to ask you questions. This may take no more than half an hour or 40 minutes, as I understand, but if you want to take any break, just tell me. Now, what I'm going to do is pause briefly to see if we can bring you on to screen here before I ask you to take the oath.

MR DUNCAN: My Lord, if I might interrupt, Mr McCandlish is on screen for everybody else. I think it is only for us using that screen who do not have the benefit of Mr McCandlish on screen.

THE CHAIR: Yes. Well, what I had in mind, Mr Duncan -- ah. Perfect. Mr McCandlish is now on screen. Before administering the oath I wanted to give us an opportunity to see Mr McCandlish. Mr McCandlish, I understand you are prepared to take

the oath. Is that correct?

A Yes.

Mr GRAEME MCCANDLISH (Sworn)

Examined by MR DUNCAN

THE CHAIR: Thank you very much, Mr McCandlish. We have you on screen, we can hear you clearly, and I will now ask Mr Duncan to begin his questioning.

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

A Hi.

Q Can I just begin by having you confirm that you are Graeme McCandlish and that you live with your partner and your three children in [REDACTED]. Is that correct?

A Yes.

Q And we've got a statement from you already about your son's experiences in The Children's Hospital and indeed the adult hospital in Glasgow, and you are quite happy that that forms part of your evidence to the Scottish Hospitals Inquiry? Is that right?

A Yes.

Q Now, I think -- were you sitting in during your partner's evidence earlier this morning?

A Yes.

Q So you've heard what was said. Is that right?

A Yes.

Q So if you will forgive me, then, Mr McCandlish, I wouldn't propose to go through all of the detail of that again with you, if that's okay, yes?

A Yes, that's fine.

Q Okay. Thanks. So, if we maybe just take things in stages. We had the evidence earlier about ██████'s initial illness, about his diagnosis at the end of 2016, and the beginning of treatment in the Schiehallion Unit at the beginning of 2017, and I think Ms Brown told us that she stayed on the first occasion, or rather she stayed with ██████ on the ward. Would I be right in understanding from your statement that you were regularly on the ward to visit him and to see him and to be with him? Is that right?

A Yes. It was just mostly visiting because I was watching our other two kids mostly, like back here, but I would drop them off at school and then I would go through to Glasgow to see him and just whenever I could, really.

Q What was your impression of the Schiehallion Unit in those early weeks?

A It was just adapting to the situation, really, that we found ourself in, but the first impressions I got is it wasn't as clean as you would expect a super hospital to be, that you would see basically in the lifts there was, empty bottles stuffed down the back of the handrails. They had been there for days. Empty packets of crisps lying about all over the place, packs of sandwiches, just stuff like that, were left sitting there for days, really.

Q And what I want to ask you about is I want to think about in particular, the first few weeks of ██████'s stay in the Schiehallion Unit, so that's second floor of The Children's Hospital, Ward 2A, and what I want you to tell us about is that period. The concern that you've just raised about lifts, does that relate to that period?

A Yes.

Q And were these the lifts that went to the Schiehallion Unit that you are talking about, or was it --

A The lifts that just took you up to the second floor. You had a wee bit to walk from the lift to Ward 2A.

Q That was something you were aware of right from the start. Is that right?

A Yes.

Q What about the ward itself and [REDACTED]'s room in particular? Did you have any observations on any aspect of that?

A The room was quite dirty as well I would say. Like on the door you've got bits of glass, and you would see loads of fingerprints and handprints, like everything -- it's like nobody even bothered to clean the glass or the door, because when you looked out all you could see was just fingerprints all over it.

Q This was a children's ward. Is that right?

A Yes.

Q And 2A is the inpatient part of that. Is that right?

A Yes.

Q And were there children wandering about the ward?

A You would see some children wandering about, yes.

Q I think in your statement you make mention of some issues with the televisions, and also issues with the blinds. Is that right?

A Yes.

Q What were those issues?

A Just basically as Suzanne said earlier it was a hit or a miss. You either got -- it either came up saying, "No signal", or if you were one of the lucky ones that managed to

get a picture, it was upside down. Same with blinds, like you turn the switch to open and shut them and most of them didn't even work so you are sitting with no TV or not even able to look out a window or anything, just basically shut in a room looking at four walls for however long you were in there.

Q And from [REDACTED]'s point of view, was there any particular problem arising from the issues that you've just described?

A Aye, because he never really had anything to do much. He would go into the playroom, he liked to go into the playroom and play with the volunteers and painting pictures, drawing pictures and stuff like that, but when that was done, he came back to the room. He was back to not being able to do anything. Sometimes he couldn't connect to the Wi-Fi on his tablet. Sometimes, even when you have telly, he couldn't watch any programmes that he liked, even just sitting looking out the window or anything like that. It was just back to nothing to do at all.

Q Again, just thinking about these early weeks, are we right in understanding from Ms Brown's evidence that this would be when he was being hit with the most powerful of

the chemotherapy that he had? Would that be right? And was he pretty miserable?

A Yes. Very.

Q One thing that you also mention about Ward 2A is the parent kitchen. Can you describe that to us please?

A I think everybody really loved the parents' kitchen because even if, like -- all this kind of takes an effect on parents as well, so it's like you are in the room and putting on a brave face in front of the kids and the parents' kitchen, that just gives you a wee chance to get away for a wee minute and kind of collect yourself and collect your thoughts, maybe, take like a wee break, kind of, if you need that. I think it was a good thing to have on the ward.

Q You could take off the brave face in the parents' kitchen? Is that right?

A Definitely.

Q And you say in your statement that there were other parents there who had been through it, or were going through it?

A Yes.

Q And that was a help?

A Yes. That was definitely a help.

Q The next thing I want to

ask you about, we've already heard Ms Brown's evidence about this, of course, is, again in these early weeks, are we right in understanding that as far as you were aware there was no restriction in the use of water in those early weeks? Is that right?

A Yes.

Q So you are washing in it, yes?

A Yes.

Q Drinking it?

A Yes.

Q Doing your teeth?

A Yes.

Q At this point in time, as far as you saw things, do you think Ward 2A was a safe place for [REDACTED] to be?

A Yes. Definitely.

Q Now, we've heard already that [REDACTED] was discharged and then no sooner is he home then he is back on 22nd February 2017 with what would be identified as a staphylococcus infection?

A Yes.

Q How was [REDACTED] over this period as you recall?

A He was quite -- just we knew something was not right with him, really. Like, you could always tell when [REDACTED] was not

feeling well, he'd just all of a sudden just go quiet and lie on the couch and just not want to do anything. So, you could always kind of tell when something was wrong with him, but we always knew then that something wasn't right with him, so we were kind of-- you know, expected that we'd be back at the hospital.

Q Yeah. Now, we can see from the timeline that we've all got and evidence that we've heard already today that treatment continued through 2017, and Ms Brown's already described that to us – I'm not going to take you through all of that. And we'll move into 2018, and we can see also that there were a number of outpatient trips to Ward 2B over that period----

A Yeah.

Q -- and there were also admissions to Ward 2A. I think, in particular, there was an admission in March/April 2018 to 2A. Can you remember, doing the best you can thinking back, can you remember whether [REDACTED] was in isolation at any point over this period?

A I think he might have been in isolation, yeah.

Q Or in source, one of the two?

A In source, yeah.

Q Yeah. I mean, as far as

you recall, what effect did being "in source" have upon [REDACTED] ?

A That had a big impact on him. Honestly, it was absolutely terrible. Like I said, you either had a telly or you didn't; he mostly didn't, I'd say about 90 per cent of time we didn't. It was a hit or a miss whether you could get on the Wi-Fi so he can play with his tablet, and the blinds not working.

You know, it's like we're put in the room and the door's shut. That's it. You're not allowed back out the room if you're in source -- you're not allowed out the room at all. Suzanne wasn't even allowed out the room so it's just you two in a room, basically. There was no natural light or anything because the blinds are broken and nothing to take your mind off where you are or what you're going through, like to watch the telly or something like that. Being in source is terrible.

Q So, just to go back to the blinds for a minute, are you indicating to us that the blinds were stuck in the closed position, as you recall?

A Closed, yes.

Q So, you're describing to us a little boy going through chemotherapy stuck in a dark room, no television?

A Yeah.

Q Yeah?

A Yep.

Q Okay. Now, still thinking about 2018, Mr McCandlish, do we see from your statement that you did become aware at some point of issues of to do with the water in the Schiehallion unit. Is that right?

A Yeah, yeah.

Q Aye, can you maybe just walk us through that, describe what you became aware of and what concerns you had?

A When we went to the clinic for his check-ups, we always used to get a wee drink out of the watercooler but that had been out of order, so we went up to day care, Ward 2B. I was gonna go and get a drink from the watercooler that was in there, but it was out of order as well.

So, we're in one of the rooms, and [REDACTED] was getting his medicine and getting his check-up, a guy just randomly walked in the room, just started putting one of the filters on the taps -- kind of, "What's this for?" He said, "It's something to get clean water" or something like that. We were just confused, "What are you talking about, clean water?"

Q Had you heard anything else or seen anything else or been told

about anything else about the water by the time of this conversation?

A No.

Q At any point was there an instruction not to use the water?

A No.

Q At any point, were you given bottles of water to use?

A Yeah, we were given bottles of water to use. We were told under no circumstances to use the taps or showers or that. If we wanted to brush our teeth or wash ourselves or wash [REDACTED] or anything like that, then we had to use the bottles of water.

Q So, there was in fact an instruction around that, is that right?

A Yeah.

Q Was there any explanation for why you were having to do that?

A No explanation at all.

Q Now, if we then think about the fact that [REDACTED] also spent time on other wards, as we've heard, were there similar issues on those wards?

A You mean like with the telly and the blinds?

Q Well, let's take it in stages. Let's start off with the TVs and the blinds and maybe the Wi-Fi. Were there any issues with those things on

other wards?

A Yeah, they were the same as 2A. I think either it wouldn't work, or it was upside down; it was a hit or a miss whether we could get on the Wi-Fi. The blinds were stuck shut. Pretty much the same as 2A.

Q Yeah, and do you remember [REDACTED] being in source on other wards?

A I wasn't really on the other wards that much.

Q Okay. I want to now move to think about Ward 6A in the adult hospital, because we've had evidence obviously that there came a point where 2A and 2B closed and the Schiehallion unit was moved there. And we know that [REDACTED] came under the care of Ward 6A from late 2018 onwards. What was your impression of Ward 6A, Mr McCandlish?

A It definitely wasn't equipped for children. Obviously, they didn't expect it to be used for children, so it was really no good for children.

Like, we had to start going in a different entrance and going through the adult hospital -- into that entrance, you'd get loads of people standing outside smoking, and you've brought a wee boy with cancer walking through a cloud of smoke. So that was one of

the main concerns that put a doubt in my head when we first got moved over to 6A, when we had to tell him to cover his -- to just pull his t-shirt over his mouth and his nose while walking in 'cause obviously all the adults that were standing about smoking and all that. So, it wasn't really the best equipped for a child.

Q And then you would get the lift up to 6A, is that right?

A Yeah.

Q What was that like?

A It was a bit cleaner.

There was the odd time we would see like a bottle stuffed in the back of the handrail and packets of crisps and all of that, but it would still stay there for a couple days, but I never really seen it that much when we were in 6A.

Q And what about other people in the lift? Were there other people in the lift when you and [REDACTED] or Ms Brown and [REDACTED] were in the lift?

A Yeah. Yeah, there was - - You would have people in their dressing gowns and all that stuff, and often you'd only (inaudible) bother you really, stuff like that. It wasn't really the nicest.

Q And you said a moment ago that Ward 6A was not equipped or set up for children with cancer. Was it

set up or equipped with the parents of children with cancer in mind?

A No, definitely not.

Q Was there a parents' kitchen?

A No.

Q Would that mean that that place you could go to take off the brave face wasn't something that was available?

A Yeah, it was taken away from you, basically. Yeah.

Q Now, we've had some evidence from Ms Brown this morning about [REDACTED] being put onto preventative medication --

A Mm-hmm.

Q -- and, in particular, at one stage being put onto something called Cipro. Was that something that you direct involvement in or was that more Ms Brown who dealt with that?

A No, that was Suzanne. She said to me that she had heard the other mums talking about it and all that, so she ended up Googling what it was really, and it said one of the things was it was used to prevent getting an infection from contaminated water.

Q Did she discuss that with you?

A Yeah. A little bit, yeah.

Q How did you feel about hearing that?

A Bit worried. Scared.

"Why's he all of a sudden just been put on this?" And, at this time, this is when we're hearing stuff on the news about the contaminated water and the filters and all of that stuff. You're starting to put two and two together and it was just, "So this is why the filters are on. This is why he is getting put on this. So, the water is contaminated. He's taking this medicine as well now," so everything was starting to fall into place a bit.

Q How did you feel about the stories that were appearing in the news?

A Shocked. It's not really something you hear about. But I'm originally-- I live in Glasgow, in Govan, so I stayed literally right round the corner. I could see the hospital getting built from my house and I thought this was going to be an excellent, excellent hospital getting built in Glasgow, and then obviously this happened. So, what a first-hand look at this stay. They're a super hospital and it just shouldn't even have been built. Shouldn't even be open.

Q I just want to finish your evidence, Mr McCandlish, to think about impacts. You've given us quite a bit in what you've said today, what is in your statement about that. I think

we know that, happily, [REDACTED] finished his treatment in March 2020 and he's on-- is it just check-ups now, is that right?

A Just check-ups, yeah.

Q Yeah. You've obviously heard what Suzanne said earlier about the lasting impacts from the problems with the hospital. Have you got any views on that matter?

A Is that impacts on [REDACTED] ?

Q Yeah.

A Definitely a bit more anxious, a bit wary about getting a drink, like where it was coming from kind of thing. Like he wouldn't take a drink outside of the house really. Always would fill up a bottle and take it with him, but he wouldn't take a bottle or take a drink at any hospital, even any other hospital he would go to. He wouldn't touch the water at all. He just wouldn't go near it. And I think this has had a big impact on kind of how he's seen what was going on. I think it's had a big impact on him, made him more anxious.

Q What about you? What's the impact on you been?

A It's had a really big impact on me as well. During all this, I would go up when the kids were at school and I would go there, and

before I went in, I'd put on a brave face because Suzanne does worry quite a bit, so I would put on a brave face.

I would go up. I'd bring [REDACTED] McDonald's or something like that and see if Suzanne wanted anything up or that. Even with me not being there as much because I was here watching the other two kids, taking them to school and their after-school activities and all that, even me not being there still had a big impact on me 'cause I had to go to my doctor, refer me to a mental health (inaudible) to diagnose me with depression because, you know, the stuff that was going on.

I was worrying myself, "They're sitting in that hospital," and you're hearing all this stuff on the news like it's not fit for purpose, it shouldn't have been opened and the contaminated water, all that stuff. It's just-- It did have a real big impact on me.

Q Thank you, Mr McCandlish. Have you got your statement beside you?

A Yeah.

Q If you go to paragraph 42 --

A Yeah.

Q -- I think you set out there how this has impacted upon you, is that right?

A Yeah.

Q And I think we can see, you say, "What we were going through was hard enough without being kept in the dark about all this."

A Mm-hmm.

Q

"We had the news on every night, and we were hearing about the water and how they found this and how they found that in it. They were talking about it when we were actually sitting in that place. It's scary to even think about that and there's nobody telling you anything. It was just scary."

That's how you felt?

A Yeah, definitely.

Q And then you go on, I think, really, at paragraph 43 to tell us how you feel now, is that right?

A Yep.

Q

"Every time I go near the hospital (RHC) now, everything starts running through my head again. I ask myself, are we going to be safe in here? Is [REDACTED] going to catch anything in here?" Is that right? That's how you

feel?

A Yeah.

Q Mr McCandlish, I've come to the end of the questions I

have for you. Is there anything else you want to say before we conclude your evidence?

A No, nothing really.

MR DUNCAN: Thank you. We have your statement, which is very helpful and we're very grateful for that. My Lord, those are all the questions for Mr McCandlish today and that would conclude his evidence.

THE CHAIR: Thank you very much, Mr McCandlish. Thank you for giving us your statement and the oral evidence today. Thank you.

THE WITNESS: Thanks.

THE CHAIR: Well, that, I think, is the end of the proceedings for today, Mr Duncan.

MR DUNCAN: That's correct, my Lord. Mr McCandlish is our last witness for today. We have one witness lined up for tomorrow, Mr Campbell, who will be giving evidence in person.

THE CHAIR: Very well. Well, we'll adjourn until tomorrow morning at 10 o'clock.

MR DUNCAN: Okay.

13:05

(End of Day 4)