

Scottish Hospital Inquiry

Witness Statement of

James Gallagher

WITNESS DETAILS

1. My name is James Gallagher. I was born on [REDACTED]. I am [REDACTED] years old. During [REDACTED]'s time in hospital I was a mathematics teacher at [REDACTED]. Now I am a mathematics teacher at [REDACTED]. [REDACTED].
2. I am the father of [REDACTED] [REDACTED]. [REDACTED]'s date of birth is [REDACTED]. He is 11 years old.
3. I live with my wife, Denise Gallagher and my two children, [REDACTED] and [REDACTED] in [REDACTED].

OVERVIEW

4. My Son is [REDACTED]. [REDACTED] was diagnosed with Chronic Myeloid Leukaemia (CML), in April 2018 when he was 8 years old. [REDACTED] was treated in the Royal Hospital for Children (RHC) and Queen Elizabeth University Hospital (QEUH) between May 2018 and December 2018 when he finished his treatment. He attended both hospitals as an in-patient and an out-patient for nearly six months. [REDACTED] still attends the QEUH for check-ups. A timeline has been provided to the Inquiry showing the dates [REDACTED] attended the hospital. This was prepared by my wife Denise, as whilst I am able to speak in regards to the experience [REDACTED] had at the hospital, I am

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unable to recall exact dates. I believe, however, that the timeline is accurate to the best of my recollection.

5. ██████ spent time on wards 2A and 2B of the RHC which was known as the Schiehallion Unit. ██████ also spent time on ward 4 of the QEUH when he had his bone marrow transplant. Following the closure of the Schiehallion Unit in 2018, ██████ was treated on ward 6A of the QEUH which was supposed to be the 'new' Schiehallion Unit. I stayed with ██████ during some of his admissions to the hospital as an in-patient and an out-patient. My wife, Denise and I both cared for ██████ until August 2018 when I had to go back to work and also look after our daughter. After this time I would visit on a regular basis and stay overnight when I could. I can speak to the experience which ██████ and I had on these wards although my wife is better at explaining the medical side and giving the dates of procedures.
6. There are some specific events that I would like to mention. ██████ contracted a healthcare acquired infection in August 2018 when he was in ward 2A of the RHC. His bone marrow transplant was postponed twice due to the infection and issues with the hospital. There were ongoing issues with the construction work and the water which in my view, impacted ██████'s experience. I will come on to talk about these in more detail.

FAMILY BACKGROUND

7. I live with my wife, Denise and two children in ██████. ██████ is the oldest and ██████ is ██████ years old.
8. ██████ is in ██████ and will be going into ██████ after the summer. ██████ is a lovable young boy. He has high functioning autism but he is so engaging with you that you wouldn't know he has it. He's lots of fun to be around and can be social and outgoing. He's never allowed his autism to hold

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him back and neither have we. [REDACTED] finds certain things more logical. He likes to engage and talk, in fact, I would say talking is one of his hobbies. He has a nice wee group of friends that he has had since nurseery. His friends sometimes find him hard and challenging but they always look out for him. It's nice to see him with that strong friendship group.

9. [REDACTED] is close to his little sister, [REDACTED] who will be going into [REDACTED] after the summer. They both attend [REDACTED] in [REDACTED]. [REDACTED] and [REDACTED] can fight like cat and dog some days, like any brother and sister but they are very close.

SEQUENCE OF EVENTS: THE FAMILY'S EXPERIENCE AT RHC AND QEUH

Admission to hospital: May 2018

10. [REDACTED] was diagnosed with Chronic Myeloid Leukaemia in May 2018 when he was 8 years old. He had been complaining about a sore knee at his sister's birthday party. He had been playing on bouncy castles at the party, so we assumed it was that which had caused his sore knee. The first week back at school, [REDACTED] was struggling to walk and was suffering from pain in his leg. The Wednesday of that week, Denise took [REDACTED], she was training to be an Advanced Nurse Practitioner (ANP), so she had taken him to A and E [REDACTED]. The doctor there said there was nothing wrong with him. He didn't X-ray [REDACTED] before sending him home. On the Friday, [REDACTED] was struggling to walk the really short distance from the carpark to the car, it was taking him ten to fifteen minutes so we took him back to Forth Valley hospital and he was X-rayed.
11. The Doctor told us there was an abnormality showing behind the knee on the X-ray and we thought the worst. We were really lucky as the doctor that saw [REDACTED] that night, knew Mr Duncan at the RHC and called him about [REDACTED]. We were given an appointment for the Monday at the RHC. Staff

there thought it was bone cancer so a biopsy was organised for the next day. This was done in the general surgery ward and this is when the process started for [REDACTED]. Two weeks later we had to go back to see Mr Duncan at the RHC and he informed us that it wasn't bone cancer. He said it was something else as the blood work was off. [REDACTED] was given progressive blood tests and we were told by Mr Duncan that he suspected leukaemia. [REDACTED] had a few more tests carried out. He had a central line fitted on 14 May 2018 and on 23 May 2018, [REDACTED] was diagnosed as having CML. He was admitted to ward 2A at the RHC.

[REDACTED]'s initial treatment May 2018 – July 2018

12. We were initially told by Mr Duncan that [REDACTED]'s cancer was a slow progressive disease so I had returned to work however, on my first day back we had been given test results. I had to leave work as we were advised [REDACTED] needed to be admitted to hospital immediately.
13. [REDACTED] had been getting weekly blood tests at ward 2B, Day Care of the RHC. His CML had progressed and he needed to go for chemotherapy. We didn't actually realise the seriousness until after his chemotherapy.

Experience on ward 2A: May 2018 – July 2018

14. When [REDACTED] was first admitted on 23 May 2018 to ward 2A, the room we were in was at the right hand side of the nurses' station. [REDACTED] was in this room for about a week and a half, getting his chemotherapy then he was moved to room 15. I can't remember why he was moved but Professor Gibson got really angry that he wasn't placed in an isolation room. He was then moved to room 20. [REDACTED] was neutropenic. This is where his immune system is no longer functioning and any little bug can easily attack him so he should have been placed in one of the isolation rooms at the start and not room 15, which I think was a standard room.

15. There was a parent's kitchen where I could go to make a cup of tea for us or [REDACTED]. There was the option to store meals in here too but on many occasions it became a pseudo staff room, particularly for auxiliary staff. We felt particularly uncomfortable being in here when staff were talking about work or relationships. We felt weird going in when they were there. That was the main facility for parents to use initially until it got closed. When the parents' kitchen closed, there wasn't anything else for parents.
16. The parents' kitchen was closed before the ward. I think the nursing staff said this was to tackle infections and to stop people mingling and congregating in the kitchen. [REDACTED] had the opportunity to disappear in to a computer game but there wasn't much you could do as a parent. I don't think there was signage up saying the parents' kitchen was closed but I can't remember 100%.
17. [REDACTED] had to get his leg in plaster due to weakness. Because of this, he couldn't go to the toilet so we were using pee pots. We were allowed to go and empty them in the sludge or sluice, I can't remember what it was called. At some point we were stopped from doing this and you had to call someone to come and collect the pots. I can't remember exactly when this was or who told us.
18. There was originally a playroom on ward 2A but it was a bit juvenile for [REDACTED] to use. There was a teenage part of the ward and then the playroom for younger children. There was nothing for the children in the middle age group but at least the playroom had been somewhere [REDACTED] could have the option to go to for a different space and get out his room for a bit. When the Schiehallion ward finally opens in ward 2A again, it will have a new and better playroom for children his age. There will be a playroom for children that fall into the same age bracket that [REDACTED] was in. I have heard this from other parents. But it got to the stage, before we moved, that

everyone was stuck in their rooms and you couldn't move around the ward anyway, so by then it didn't really matter.

19. Occasionally there was a teacher that came round during school time but this stopped in July 2018 when the schools went on holiday. There was also a group that went round doing events but [REDACTED] didn't like these. He preferred being given stuff to do. The nurses would bring him computer games for his switch, well it was his sister's switch, but she let him use it. He was able to sit and play games which he was happy with. If we asked for materials for [REDACTED] he was given them so he was kept going and had stuff to do.

20. We took our own tablets in with us which worked occasionally when the internet worked. We ended up buying subscriptions with Vodafone as the hospitals internet just didn't allow streaming. Their internet was fine if you were just in visiting someone but not for someone who was staying in there long term.

21. There was a television in the room too, when it worked. The television was vaguely okay when it worked but it didn't work more often than it did so if you forgot to take a book with you, you'd be sitting staring at your phone or the walls all day. You had to wait for someone to fix your television. There were certain staff members that had the knack of fixing them but many didn't. There was one auxiliary in particular that could fix them and you hoped he was working so you could get your television fixed. We did ask about getting the television fixed properly but were told by staff they could put a proper repair call in but they take ages to get answered. When the TV wasn't working, it had an impact on [REDACTED] too; with the teacher not coming in and the television not working, there was nothing to break up his day.

22. During ██████████'s first round of chemotherapy, he was initially in isolation and he was allowed home for a few days when he was deemed to be recovered. He would then be admitted for further rounds of treatment.

Further admission to ward 2A: August 2018

23. ██████████ had been allowed home for a few days and we went back up to CLIC Sargent in preparation for his next round of chemotherapy. ██████████ was admitted to ward 2A at the tail end of July 2018 for his next round of chemotherapy to be started at the start of August 2018.

24. I believe the room that was he was in this time was an isolation room. There seemed to be less issues with the isolation rooms in that there were less people coming in and out checking taps.

25. During this time, I had to go back to work. This admission is hazy for me as I wasn't there for all of it. I would still visit him and Denise as much as I could but during this time, we were like two separate families.

26. ██████████ was due to start primary 1 at this point. It's not the start of school we imagined for her. Her brother wasn't there for her and for her, that was scary.

27. ██████████ had been discharged home during this period but I can't remember the exact date however, he then had to be readmitted to ward 2A again. He had been complaining of a sore stomach and when we phoned the hospital, they told us to take him up. This time he was admitted to room 10. Oncology doctors thought it was his appendix that was causing the sore stomach. ██████████ was due to get a bone marrow transplant however, this had to be postponed twice due to the problems with his appendix and subsequent events.

Experience on ward 6A: late 2018 - December 2019

28. The Schiehallion Unit, ward 2A, was moved completely to ward 6A. We were told initially that it would be for a short time but it soon became clear it wasn't for a short time.
29. Initially when we went to ward 6A, I think there was a kitchen and a fridge you could use. The rooms were nicer than the standard rooms and they had paintings on the wall. I thought they would have been better set up though for children that were going to be staying long term. It's good that the rooms had the paintings on the wall but they weren't designed for a parent and a child or two parents and a child. There were not enough seats and it had a horrible push up bed that I think had been brought out of storage. When [REDACTED] was occasionally staying with her grandparents, Denise and I would both see [REDACTED]. There wasn't anywhere for us both to sit though. You had to get someone to fetch you a chair and it was one of those hard, plastic chairs.
30. It surprised me that the ward was for children who were going to be staying long term as I thought it would have been better set up for parents coming and going. You felt you were an attachment that had to come with the patient rather than being wanted there. It wasn't done to make you feel unwelcome, it was just the environment.
31. There was nothing on ward 6A for [REDACTED]. It was lacking for his age group. The play room was another space to go rather than being designed for an 8 year old child as he was at the time. That side of things was hard for him. The nurses and play leaders were great at getting him a game system and stuff for him to play with as that was his world. The teenage space would have suited him but he was too young for it. I'm glad to say I've heard they've created a better space for the groups of kids that age, the group just before being teenagers so that's good for the next ones unfortunate enough to be in there but for him, there wasn't a great deal.

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WATER: EVENTS INVOLVING WATER SYSTEMS

32. It wasn't uncommon for men in uniforms to be coming in to [REDACTED]'s room to examine the taps in ward 2A. I was never told why they were doing it but it happened quite a lot. It seemed to happen in the normal rooms and not the isolation ones.
33. The bathroom on ward 6 was closed off too. It was at the entrance to the ward and had a bath in it rather than the showers that were in the rooms. I remember there being a sign on it saying, "Do not use".
34. There were filters on the taps. I knew they were there because they'd had previous issues with the water but I can't remember who told me. I think it was maybe the charge nurse during our induction briefing about the wards.
35. There was the constant need to use bottled water on the wards. I found this really bizarre as one of the things you've not to use on the list given to you for transplant, is bottled water! When the ward was running okay and people remembered to bring up bottled water, you were given it but there were many occasions when they forgot and you had to go and buy your own usually from Marks and Spencer's and it wasn't cheap. I sometimes used to go to Braehead to get water there so we had enough to keep us going. You had to bring it in from home or buy it.
36. I remember seeing the usual water coolers in the open public areas but they were without water. There were signs up saying not to use any of the water in the clinical areas too.
37. Denise didn't use wipes on [REDACTED], she would scrub [REDACTED] and shower him but this was before we knew about the issues with the water. She

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believed he always had to be clean and this maybe came from her background as a nurse so she always kept [REDACTED] clean. We also made sure our own personal hygiene was as good as possible. We regularly used the water, whether this was a good thing or bad, I don't know now. It was the best solution at the time, to use the water and shower [REDACTED] to keep him clean. In the normal rooms, the ones that weren't used for isolation, the water used to back itself up in the shower room. When showering [REDACTED], Denise would make sure she didn't get too much water on his line. I wasn't there when Denise was doing this but she told me.

Water: communication

38. We were told not to drink the water but that it was fine for washing with. It was the charge nurse that told us this when we first went to ward 2A. It was a bit like a briefing. You were told what to expect on the ward when we were due to move from ward 2B to ward 2A. She said they'd had previous issues so not to drink the water and there would be bottled water provided. She then went on to tell us about the parents' kitchen and the play room so it was just like an induction she had given us. We were told the same in ward 6A but we were deciding whether to use it to wash with or not. I used it to wash my hands with it though. I can't comment on ward 4 as it was just [REDACTED] and Denise that were there when [REDACTED] had his transplant.

39. As much as you were told not to drink the water, you were told it was okay for boiling. It's bizarre now that I'm thinking about it, we were regularly drinking it through tea after boiling it.

40. I remember speaking to some of the other parents and they were using wipes on their children as they were afraid to use the water.

HEALTHCARE ASSOCIATED INFECTIONS

HAIs: events and physical impact

41. [REDACTED] was neutropenic. On 7 July 2018, [REDACTED], [REDACTED] had red man syndrome. His body was completely red and the tips of his fingers had started to go blue. This was his body shutting down to protect itself. Doctors were flinging every antibiotic at him. It was ridiculous, there was every known antibiotic getting used. It was getting to the stage where he was going to be given some of the most powerful antibiotics and if they didn't work, we'd have been up the creek without a paddle. He was going from being fine one minute to rigoring the next because his temperature kept peaking. Other times he would settle then his temperature would spike again. This went on through-out the day. When we thought he had settled and was going to be okay, Denise and I went out for an hour but when we got back, [REDACTED] had deteriorated back into that position.
42. I've never seen anything like it. To see your son going completely red and his fingers tips turning blue was scary, it's not a sight I want anyone to see of their child.
43. Through the window we could see the doctor that had been attending him and the Advanced Nurse Practitioner having an argument. We couldn't hear what was being said as we were in the isolation room but they were clearly arguing about what was happening with [REDACTED] and the fact they kept pushing antibiotics in his line and [REDACTED] was going from being fine to being really ill. The more drugs they pushed in the sicker he became and Denise had been going to ask them to stop giving [REDACTED] antibiotics as nothing was happening, he wasn't getting better. I think the Advanced Nurse Practitioner went and got Professor Gibson as she turned up and told them to stop pushing the antibiotics. They stopped the antibiotics in the evening and Denise stayed with [REDACTED] that night. I went into see him early the next

morning and he was back to normal and completely better. Professor Gibson had come in to see him around 7:00 AM which isn't a normal time you would expect to see someone so senior coming in to see a patient. Professor Gibson checked on him and said she had stopped the antibiotics to a level to allow his body to recover. He was back to playing computer games and eating, my son likes to eat as well.

44. We had assumed it was the red man syndrome that had made [REDACTED] so ill. Staff had been telling us he could have picked an infection up at home but he wasn't home long enough for that to happen so we challenged this with the staff. [REDACTED] took part in the Case Note Review. He was one of the 83 or 84 children that had caught an infection on the ward.

45. At the end of August 2018, [REDACTED] had been allowed home for a couple of days. He started feeling unwell and was complaining of stomach pains. I think he spiked a temperature too. The minute [REDACTED] spiked a temperature, he has to go straight back to hospital. We went to the hospital that night and [REDACTED] was admitted to ward 2A, room 10. They thought it was his appendix causing the issues so it was organised for him to have it removed. For most parents and kids, having the appendix removed is huge thing but for us, it was as minor as getting a cut in his hand, compared to what he had been through.

46. Due to the gram negative infection and having to get his appendix removed, [REDACTED]'s bone marrow transplant had to be postponed. It was planned for September. He had his appendix out on ward 3 then moved back to ward 2A. Two days later he had to get his central line removed due to the gram negative infection showing in his blood cultures.

47. The gram negative infection and the removal of his appendix meant that [REDACTED] had to get two lots of surgery in a short space of time. [REDACTED] doesn't like injections and would get himself really worked up. His autism

comes in to play here. A child without autism would get really worked up but for [REDACTED], he would get extremely anxious and you would have to use everything within your powers to get him to settle.

48. [REDACTED]'s transplant was postponed a second time so he eventually had it in October. We are so lucky the donor didn't pull out.

HAIs: communication

49. We weren't told much about the red man syndrome. It was suggested that it was an allergic reaction to vancomycin but it was never confirmed.
50. The day [REDACTED] had his appendix removed, Denise was told he had a gram negative infection. She asked where the infection came from and she was told it was possibly from his appendix but when Denise spoke to the surgeon later on, she was told there with nothing wrong with [REDACTED]'s appendix. Denise will tell you more. She doesn't understand why the line removal wasn't brought up earlier. She has an understanding of these things as she's a nurse. She was trying to explain to me that they would have had an indication about the infection first then the detail would have followed.
51. I wasn't told anything directly from medical staff. I only heard it second hand through Denise. It was after [REDACTED] had the gram negative infection, Professor Gibson had arranged a meeting for Denise, someone from microbiology and Jamie Redfern, who was General Manager for NHS Greater Glasgow and Clyde. My father-in-law attended this with Denise as I was working. I was told by Denise that hospital staff in the meeting had been challenging Denise and saying that [REDACTED] could have caught the infection at home and not within the hospital. I can't remember exactly when this was. [REDACTED] was getting sent home though and his consultant, Dr Chaudhry, gave the impression that she was happier with that than [REDACTED] being on the ward. Nothing was actually said but we got the distinct impression that

when she said she was happy he was going home, she meant that she was happy he then couldn't be affected by what was happening on the ward.

OTHER ISSUES RELATING TO HOSPITAL CONSTRUCTION

52. There was a smell at the hospital. On some days it was bad enough that you would mention it. Depending on which way you went to the hospital, you could smell it long before you arrived. We came off the M8, we didn't go through the Clyde tunnel but instead through a wee industrial estate and then there's a junction that looks like a Philips light bulb. On a really bad day, you could smell the sewage at that junction bearing in mind you're not at the hospital yet, only the junction. It progressively got worse the closer you got to the hospital even with the car windows closed. When you got to the car park, you were literally holding your breath until you got into the building. You would then smell it in the building too and in the ward, even in the isolation rooms. If you can smell sewage, there must be something in the air that's not right. There must be bacteria in the air to cause the smell. It was a regular occurrence.

53. There were people constantly in looking at taps and the ventilation, especially in the upper rooms. They seemed to have the most problems so did the rooms at the nurses' station.

54. Also on the very day we received the news of [REDACTED]'s diagnosis, right at the start, my wife Denise noticed that the ventilation hoods were popped open. She commented "they've got a problem with ventilation." The wards were ridiculously warm and there was a smell. The isolation rooms had better ventilation but the smell was worse in these.

55. When we were in Ward 6 they eventually brought in big ventilation units.

CLEANLINESS

56. The staff were carrying out electrostatic cleaning on ward 2A. I can't remember exactly when this was but I think it was round about the time that [REDACTED] went into isolation. Possibly the end of May. I was told by Denise that when she had been speaking to one of the nurses just before I came back, that the nurse had told her they had problems on the ward in the past and this electrostatic cleaning had resolved the issues. Current issues weren't mentioned, just that they had issues in the past and this had fixed it.

57. My general impression of the cleaners were that there weren't enough of them. There were 2 at most for the whole ward. There was one cleaner for the source rooms and the other did the rest of the rooms. They spent as much time in [REDACTED]'s room as they do in my classroom at school. They used the same mops for cleaning the bathroom in the room as they did for the rest of the room. They also didn't lift anything and cleaned round things like board games that [REDACTED] had been given by the play team.

OVERALL EMOTIONAL IMPACT ON [REDACTED] AND HIS FAMILY**Overall emotional impact on [REDACTED]**

58. I think in some ways, [REDACTED]'s autism has been a blessing but in other ways, it's not. His anxiety when he was ill and getting his appendix out and then his central line, was bad. Cancer treatment is bad enough to be going through as it is without everything else included. He didn't like being away from his friends and his sister for so long though.

Overall emotional impact on witness

59. I was angry. I was angry that all of this was going on and we weren't getting answers. I was angry that [REDACTED] had to get two lots of surgery as they

thought his appendix was causing an infection when it was a gram negative infection. His appendix, according to the surgeon was fine and it was a line infection.

60. I was disciplined at my work during all of this for the length of time I had to take off. Although not a direct link to the hospital, it was an added pressure on top of [REDACTED] being treated for CML then having the infection and his appendix removed. I was also trying to support [REDACTED] as best I could.

61. I think I bury a lot of it. I'm more emotional now though.

Overall emotional impact on family

62. Denise's work were great with her. She had a really supportive line manager which helped. They were fully aware of [REDACTED]'s situation with treatment, the infection and other stuff that was going on additional to the treatment. Denise suffered badly with it all. She still has nightmares as to what could have gone wrong and what did go wrong, what if there had been another outcome. She can't work without a breeze in the rooms at her work as there some things that remind her of the time in the hospital with [REDACTED].

63. [REDACTED] missed time with her brother and her mum. Although I was there, she was needing her mum. When [REDACTED] was neutropenic or ill, she couldn't see him or Denise for weeks. She was pushed from pillar to post so I could go to work and visit [REDACTED] and Denise. She had to get used to other family members looking after her when I couldn't. Her confidence was knocked and she was very insecure for a while. She knew later on that when [REDACTED] spiked a temperature, it would mean him and Denise going away for spells again.

64. We were lucky as [REDACTED]'s treatment had been relatively short compared to some of the families who've had to go through years of treatment but if

██████████'s bone marrow transplant hadn't been postponed twice, we would have been a family again a lot quicker and this would have had less of an overall impact on us as a family.

COMMUNICATION GENERAL

65. Denise also told me about a conversation she had with a nurse round about this time. Denise had noticed the room as ██████████ was in one of the isolation rooms near it. There was nothing in the room at all, even the furniture had been removed. She had been asking the nurse why one of the rooms was completely sealed off and the nurse broke down. She maybe felt she could speak to Denise, nurse to nurse. Denise asked "is it that room?" She said to Denise that she didn't know how close she was to the truth. She said the staff weren't allowed to talk about it. It was tears of frustration I think. She said they knew there was a problem on the ward but they couldn't do anything about it. I walked in on the end of the conversation and the nurse was saying that there were a lot of sick kids on this ward. I saw what a state the nurse was in. Denise understands the life the nurses have. She's not one to hold back with asking questions, especially where ██████████ was concerned and she has the knowledge to know what questions to ask. I think this conversation took place around about the time that a death had occurred. It was maybe due to pressure that the nurse broke down but there was definitely something not right at this point. You could feel it.

66. It was on STV news about ward 2A closing in the RHC. The news stated that there were 6 families where the child patient was suffering from an infection. We were one of those families. It all came out in the media that the ward was closing before the hospital had its act together and spoke to us. The fact we heard via the media before the ward gave us a statement was diabolical. I was extremely angry about this and asked to speak to a manager. The hospital Managers were hiding behind medical staff. There was a Microbiologist who came to speak to us. I explained to her I wasn't angry at

her but I was angry with her bosses. It was common decency to tell us what was happening before giving a press release. Any time the hospital told us anything after that, it was through a copy of the press release. The hospital Managers had no time for the families.

67. When [REDACTED] was on ward 6A with a temperature spike, I received a letter from Jamie Redfern. The letter stated that there was something going on with the Schiehallion ward. I can't remember the exact content but nobody came to speak to us about it.

COMPLAINTS

68. I didn't make any specific complaints to the hospital. I can't speak highly enough of the medical staff. They did their best in very trying circumstances and they gave my son the best of care but my impression was that the NHS management team would rather "throw the doctors under a bus" than speak to families or answer questions.

69. I did phone to try and speak to senior management once, but I was told they were busy in a meeting and gave me a microbiologist to speak to, which was not satisfactory.

OVERSIGHT BOARD / CASE NOTE REVIEW / REPRESENTATIVE GROUPS

70. [REDACTED] was part of the Case Note Review. His report said it was probable he caught steno-trophomonas in the ward. We were on ward 2A when all of this happened. We applied for [REDACTED]'s medical records. Some are missing but there's also notes clearly stating that [REDACTED] did not catch the infection on the ward so someone has lied on official documents as the Case Note Review think it's probable that [REDACTED] did catch the infection on the ward. Speaking as a Maths teacher, when you're speaking about probable, this means you're talking about 60% upwards. When you head into the higher

bracket of probable, in my view that is the likelihood of something happening or not then the explanation is that either someone has lied in official medical notes or they've gotten rid of a piece of paper that said [REDACTED] did get the infection in the hospital and that's worrying.

71. There's other stuff that has come out too. You heard about things to get looked at in the minutes but they never occur. As a school teacher, I'm not making life or death decisions but if I agree to do something in minutes from a meeting, it happens and there's a follow up too. If I don't do something from minutes, there's a follow up for that too. The hospital are dealing with life and death but there's no follow up to find out what's causing it. Maybe they did know what was causing it but they don't want official records to show what's caused it. Logically, that's where my brain would take me. People would not do something if they didn't want official records of it. This is where I am coming from regarding the hospital with infections.

72. We attended the meeting with the Cabinet Secretary at Central Station Hotel in Glasgow. It was arranged by one of the parents, and it was at that meeting the Health Minister was promising the public inquiry. We found out about it via one of the family groups on Facebook. She listened to us, but we didn't get many answers. She said that the doctors and nurses could be honest with us, but we knew they feared for their jobs and they had their contracts of employment with the NHS Boards and that complicates matters. She saw how angry we were.

73. Professor White was appointed as family liaison. We got some communications from him but they tailed off. We got updates about the CNR from the Closed Facebook group. We were also a member of the Schiehallion parents Facebook group.

74. John Cuddihy was the family representative on the Oversight Board sub-group and he passed on what he could, that was allowed by the Oversight Board.

CONCLUDING COMMENTS

75. When [REDACTED] had his red man syndrome, he was only ill when they kept pushing drugs through his central line so that told me straight away, and I think it told Denise as well, there was something in the central line. The same central line that we were told ages ago, there was a gram negative infection in it. That very same central line got taken out. That's what drives me insane about the whole issue. It feels like someone is trying to hide something or is doing their best to try and hide something. If that's not the case, then they're doing a damn good job of making it look that way.

76. I would fight to my dying day for the NHS but I hate that hospital. I don't trust that hospital and I don't trust the management team.

77. Nothing is normal about this process, and we knew that the illness and the treatment took time. But there were delays and we always just felt something was wrong, not quite right with the hospital

78. I am angry at the dishonesty. At every turn management tried to hide the issues, if they had just been open and honest and acted immediately when there were issues, it might have been different. The minute something occurred, they should have been open, instead things were pushed to the extreme and people have died.

79. I am now just glad that I don't live in Glasgow and come under a different Health Board which hopefully means I will never have to go back to that hospital.

80. I believe that the facts stated in this witness statement are true. I understand that this statement may form part of the evidence before the Inquiry and be published on the Inquiry's website.