



Scottish Hospitals Inquiry

Hearings Commencing
20 September 2021

Day 20
Wednesday 3 November
Afternoon Session

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14:30

THE CHAIR: Now, Mr Duncan, Ms Winter?

MR DUNCAN: I believe so, my Lord.

THE CHAIR: (After a pause) Good afternoon, Ms Winter. As you know, you're about to be asked some questions by Mr Duncan. Have you had a chance to meet?

THE WITNESS: Yes.

THE CHAIR: Yes, right, good. I don't know how long it will take, maybe an hour, an hour and a quarter – something like that. But if you want to take a break at any time, just tell me and we'll take a break. It doesn't have to be for any particular reason. But, before you begin answering questions, I think you would prefer to affirm?

Ms HALEY WINTER

(Affirmed)

Questioned by Mr DUNCAN

MR DUNCAN: Thank you, my Lord. Ms Winter, can I just begin by having you confirm that you are Haley Winter and that you live with your children in [REDACTED]? Is that right?

A Yes.

Q And I think you're [REDACTED] years old, is that right?

A (No audible reply)

Q [REDACTED]. And you're here today to speak to us about your son, who's presently 11 years old.

A Yes.

Q And I think we can see from your statement that he was diagnosed with acute lymphoblastic leukaemia, I think in October 2017, when he was seven years old. Is that right?

A Yes.

Q And I think you've provided a detailed witness statement, which hopefully you've got next to you now, is that right?

A Yes.

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

A Yes.

Q Thank you. Now, if at any point you want to look at your statement to refresh your recollection of anything, please do so.

Now, you are one of a very small handful of witnesses who offer us recollections in relation not just to one of the hospitals we're interested in but two; Edinburgh and Glasgow. But what I'm going to do is just set out the timeline of your son's illness and his treatment, and then we'll go back and we'll look at some of the detail at each

of the two locations.

Let's begin with your son's diagnosis. Can you describe to us how it was you first began to suspect that your son was maybe becoming unwell?

A He was just a bit pale. I'd dropped clothes off to his dad, like, at the weekend. He was staying at his dad's for school on the Monday. I kind of thought he looked a bit of a funny colour. I'd been saying for months that he looked funny – but you just took him to the doctor, and it was always viral. So I ended up not taking up him to the doctor because one minute you'd be okay, then the next minute he would be sick.

Q Mm-hmm.

A So, eventually I handed the clothes in on Sunday. Monday, he went to school, and he come home, he wasn't feeling too good. The Tuesday, my mum picked him up for dinner, and she phoned us and says, "He looks proper pale." I says just bring him home. She took him to McDonald's 'cause he was hungry, and she brought him home sick. But he'd ate a McDonald's burger after it and he wasn't sick, so I knew it wasn't viral. But I just left it and put him to bed, like, he was all right. Put him to bed that night, and I says to my

partner, [REDACTED]-- (Witness upset) I put him to bed and I says to [REDACTED]: "I don't think he's going to wake up in the morning. He looks totally dead."

[REDACTED] was like, "He'll be okay."

So, I text my dad and stuff and I was like "I'm really worried about him." So, I phoned the NHS, and I took him there. The doctor says to us, "He's just got viral." And I says to him, "He doesn't". I says, "He looks like a cancer patient." He says, "Why?" I says, "I don't know. He's just a funny colour, like, he's pure grey." He was horrible. The doctor started looking in the palms of his hands, like, in the creases, and in his eyelids. And he told us to go and wait in the waiting room, he was going to phone a paediatrician. So, I'd went out and was told us to go back and the next day to Ninewells for bloods at half-past 10 in the morning.

So, I sent [REDACTED] to work 'cause he was wanting to come with us. I just sent him to work, and I says, "Ah, everything will be all right", like, everybody was telling me I was going off my head saying my son had cancer, so I really thought I was going off my head. And then I went to the hospital, and they did bloods for him. One of the doctors pulled us in the room and said, "He's anaemic" and

“Do you know why?” And I said, “Yes, he’s got cancer.”

Q Am I right in understanding that that’s when you did get----

A And that’s just-- Yes.

Q -- the confirmation of what you had suspected for some time, and it was acute lymphoblastic leukaemia. And are we right in understanding that there was a recommendation that your son be transferred to the new hospital in Glasgow at that point?

A Yes.

Q Is that right?

A Well, I think he was meant to go Edinburgh, but there was no beds left in Edinburgh.

Q Yes.

A So, he had to go to Glasgow. That was the next day, we got transferred to Glasgow. ■■■'s(?) dad went with him in the ambulance, and I just followed in the car, me and ■■■.

Q Now, you very helpfully provided us with a timeline of ■■■'s treatment, and that's at the back of your statement. And I'm not going to take you to that just now. As I indicated a moment ago, what I'm going to do is just have you set out, very briefly, the key events, and then

we'll go back and look at them. So, I think we can see that ■■■ was, to begin with, an inpatient in Glasgow, is that right?

A Mm-hmm. Yes.

Q And that would be between late October and November?

A Yes, for two weeks.

Q Yes.

A Yes.

Q And am I right in understanding that that was in Ward 2A of the children's hospital?

A Yes.

Q And am I right in understanding that, during this period, ■■■ had a Hickman line fitted?

A Yes.

Q And I think we can see the underwent chemo, bone marrow aspiration, I think, and lumbar puncture. Is that right?

A Yes.

Q And would this be the first of two stays in the Glasgow Hospital?

A Yes, this was the first stay.

Q Yes. And I think we can see he was then home mid-November 2017 for a couple of weeks, is that right?

A Yes. Told us we would stay in Glasgow for four weeks, but

after two weeks, [REDACTED] was doing quite well----

Q Yes.

A -- so we got to go home, and he just went to Ninewells.

Q As an outpatient?

A Yes.

Q Yes. And that would be getting routine blood tests, getting his line flushed, that sort of thing, yes?

A Yes.

Q Now, I think we can see that, towards the end of November, there was a bone marrow aspiration at the Royal Hospital for Sick Children in Edinburgh, I'll just call it the "Sick Kids" from now on, yes?

A Yes.

Q Were you content that he went to that hospital rather than to the new one in Glasgow?

A Well, at first, when [REDACTED] went to Glasgow and then he got transferred to Edinburgh, he wasn't wanting to go Edinburgh 'cause he'd already been to Glasgow, he already knew the nurses and stuff----

Q Mm-hmm.

A -- so, it's kind of like starting over again--

Q Yes.

A -- going to a new hospital needing to meet all the new doctors and nurses again.

Q Yes.

A So, he preferred to stay at Glasgow, but they said no.

Q Yes. Now, was [REDACTED] an inpatient at all during this period in Edinburgh?

A Yes, he was an inpatient from-- We got out, I think, maybe 18 December?

Q Right, yes. That's when he then began a period of being an inpatient in Edinburgh. Is that right?

A Yes.

Q Yes. And I think we can see that, at this point at least, it wasn't looking as if the chemo was doing its job, is that right?

A No, he had failed chemo, so he had to go back to-- That's why he had to go Edinburgh for (inaudible).

Q Yes, and so he was admitted to the Edinburgh Hospital, the Sick Kids, I think we can see from the timeline from about 18 December to early January. Is that right?

A Yes.

Q And was that Ward 2?

A Ward 2, yes.

Q Yes. And then after that, is he back at home, and he's in and out of Ninewells for a spell, is that right?

A Yes, he would just go home maybe for a week or two,

maybe three weeks if we were luckier. We would just be waiting on bone marrow results to see if this chemo had worked----

Q Yes. And again-- Sorry, I interrupted. Please continue.

A So, yes, that's what could get home for. And if he had spiked a temperature or that, we would just go to Ninewells.

Q Yes, yes. And am I right in thinking that once again, it looked as if the chemo wasn't working properly at this stage?

A Yes, even to the end of this treatment, [REDACTED]'s still got a high percentage of cancer in his bone marrow, but he doesn't get treated, obviously, for it now.

Q Mm-hmm. Yes, yes. And I think there was a further admission, end of January to mid-February 2018, once again at the Sick Kids in Edinburgh, is that right----

A Mm-hmm.

Q -- for further chemo? Then again back to Ninewells. And was that the stage where you were quite keen to see him coming back to Dundee----

A Yes.

Q -- closer to home, is that right?

A Mm-hmm.

Q Yes. And I get the sense that, by this stage, it looked like chemo was actually looking like it was proceeding quite well, is that right?

A No. They were all (inaudible) that they just-- None of the chemos really worked.

Q Right.

A His bone marrow just stayed at the same.

Q Right, right.

A Nobody really knew what was going on so they just pumped him full of loads of chemo because they didn't understand what was going on.

Q Yes, thank you. That's helpful because I think we can see from the timeline that, around about March, there's then a discussion about what to do next. Is that right?

A Yes. Yes, there was a few discussions----

Q Yes.

A -- if we should stop treatment because they obviously didn't know what to do.

Q And was it that stage that there was actually a sort of international dimension to the discussion, Italy and Washington, I think, is that right?

A Yes, the doctors had says we'd maybe need to go to Italy or Washington. I think it was

Washington at first, for-- I can't even remember what treatment it was.

Q Mm-hmm.

A Then they didn't know-- we'd just go in for another chemo and then, obviously, that didn't work. And it was just-- there was discussions of going to Italy. Yes, stuff like that.

Q Yes. And I think, eventually, was there a discussion about having a particular form of antibody treatment and----

A Yes, he had two of them, the blinatumomab, I think it's called.

Q Yes, yes.

A That was the one that he had to go to Glasgow for.

Q Yes, yes. And so, we can see that I think there were some more daycare appointments at Ninewells and in Edinburgh, but then, as you've indicated, is it April 2018, he goes to Glasgow----

A Yes.

Q -- to do the antibody treatment, is that right?

A Yes.

Q Yes. And I think we're right in understanding that that then is his second inpatient stay in Glasgow-- --

A Mm-hmm.

Q -- and again, is that on Ward 2A?

A Yes.

Q And on this occasion, did he still have his Hickman line at this point?

A Yes, he still had his Hickman line and he'd had that for six months----

Q Yes.

A -- and that was fine.

When we were first in Glasgow, it was obviously a wee bit infected and stuff like that, but they said it would just kind of clear up because it was new.

Q Yes, well, that's helpful because one of the things I want to go on and ask you about later is infection that he had in Glasgow. And I think, again, getting the timeline just now, we will look at that in a minute, but are we right in understanding that that led to his Hickman line being removed?

A Yes.

Q And that was about the second of May, is that right?

A Yes.

Q And I think he was then on antibiotics in connection with the infection, is that right?

A Yes.

Q For a spell. You think it's a new Hickman line, is that right?

A He gets a new one, yes.

Q Yes, and eventually, I think it's 'round about 9 May, the

antibiotics are stopped, is that right?

A Yes.

Q And eventually he's discharged on 25 May, is that right?

A Yes.

Q Just on the Hickman line, I said I wasn't going to ask you any points of detail at this stage but actually I am going to. On the Hickman line, do you have a recollection of there being any caps or any coverings on the Hickman line?

A Yes, they used to put a green cap on the bottom of his Hickman lines, and they would tell you it had a wee gauze thing in it. I think it was like an antiseptic----

Q Yes.

A -- sponge thing in it. They used to put that that on the bottom of his Hickman line so it wouldn't get infected.

Q And was that something that he had from the very start of having a Hickman line or was that something that came later?

A I'm sure they got put on at the start when we first went in, 'cause when we went to and Edinburgh, they didn't have a clue what they were. They had never seen the green caps, because we had asked them for them like "Have you got more of the green caps?" and they

didn't know what they were.

Q So, the green caps were something you associate with Glasgow, is that right?

A That was only in Glasgow we ever got them.

Q Now, let's now move into the detail a bit, having out the timeline, and I'm going to begin with Glasgow and later we'll speak about Edinburgh. And I'm going to sort of split it up into things, and the first thing I want to get from you really is just your impression of the hospital in Glasgow. We know that he had two periods of inpatient care. Did you stay with him while he was an inpatient there?

A Yes, me and ■■■ did, yes.

Q I mean, if we think about you arriving at the hospital in Glasgow was, there one thing that struck you every single time that you went there?

A It stunk of shit. Stunk of shit. Sorry, but yes, it was horrible.

Q Yes.

A Horrible, you got out of the car, it stank. It wasn't nice.

Q Was it only outside that you were able to smell this? Were you able to smell it inside the hospital?

A (No audible reply)

Q Now, again, just thinking about the building itself, what were the

rooms on the ward compared to-- I don't need you to describe them, but just in terms of the sort of level of facilities and comfort, how did the rooms in the Glasgow hospital compare say to what you'd experienced in Ninewells?

A Yes, the rooms were big compared to Ninewells. They were nice. You obviously had your own shower and your toilet in your own room, but it was more-- it felt more secluded. Like, your door was shut all the time. Your nurses were just in and out. Like, you didn't really get to interact, obviously, with any other patients or-- Yes, it was just-- The rooms were nice, bigger than what Ninewells and Edinburgh were anyway.

Q And, just generally, how would you say the facilities in Glasgow compared to what you'd seen in Ninewells and in Edinburgh?

A Well, when I first went to Glasgow, I thought, "Oh, it's really nice. It's a new hospital." It looked really good. The first two weeks there obviously-- I wasn't even on this planet for the first two weeks that we were there because he'd obviously just been diagnosed. So, it was kind of all a big blur until we went back the second time. That's when I realised

there was something not right with the hospital.

Q Yes. Well, let's just look at that now then, and one issue I'm going to ask you about is cleanliness in the hospital. And if you are able to do so, if we think about the first stay, so October/November 2017, what – if anything – at that stage did you notice about the levels of cleanliness?

A Well, there was blood on [REDACTED]'s floor in the room. Yes, it wasn't that clean. Well, it was clean, but obviously not as clean as it should be.

Q Right. And are you able to say whether that's something that you recall from the first stay or the second stay, or are you not sure?

A The first stay I remember there was blood on-- That was the first room we were in, and there was blood on [REDACTED]'s floor. But the second stay, [REDACTED]'s room never got cleaned for four days, our bins never got emptied for four days. I had obviously enquired about my bins getting emptied after they'd not been emptied for ages. [REDACTED] really wasn't-- that was when he had that infection, he wasn't really good. Nobody come in to clean the room, nothing like that.

Q Yes. Now, I want to move on to another topic in relation to

the Glasgow hospital, which is the use of water on the ward. Now, again, if we just begin with your first stay, first inpatient stay, and then we'll move on to the second stay. And again, if you're not able to distinguish between the two or if you don't have a clear recollection of either of them, just say so. Thinking about that first stay, can you recall whether there were any restrictions on the use of water during that first stay?

A No.

Q Is that something you're quite clear about?

A Yes, I think I'm positive about because I'm sure when we went back the second time-- or maybe in the first time that's when the filters got put on. Oh, actually, but my dad, he had asked. The boys were in changing the filters in the room when [REDACTED] was there, and my dad had asked why they were on the taps, but they just said it was for more protection for the water.

Q Right, yes. What you say in your in your statement, Ms Winter, just to help you a bit here, is – it's at paragraph 45 – I'll just read it to you. You say:

“The first time we were in the RHC we just used the water as normal. We didn't have any

problems.”

Does that indicate that you weren't aware of any particular issues at that time?

A No, we weren't aware. I wasn't until the second time I went in that I was----

Q Yes.

A -- more aware of--

Because the first time like that, he was just first diagnosed so it was all obviously new to me. I wasn't really taking much in. I wasn't even on this planet for the first few months.

Q Well, let's then look at the second spell, so April and May 2018. By that stage, were you aware of any restrictions or issues around the use of water?

A Yes, because there was filters on the tap. We weren't allowed to use, obviously, the water. There was a bathroom with a bath in it; they told you not to use the bathroom. You know how you get the water dispensers? There was one of them. You weren't allowed to use them; had to use bottled water.

Q Yes. I mean, if we just take some of those in a little bit more detail, do you recall being given any instructions about the use of water?

A To drink bottled water, that was all.

Q And what about washing? Were you allowed to----

A No, we weren't told. Like, [REDACTED] obviously went in in the April, and then I put him in the shower, and I'd said about getting an infection, and they were like, "No." And I says to [REDACTED], "I really don't want to put him in the shower." But I did, then it's-- like, that was it. From then on, that was when he got a funny turn.

Q And speaking of water-- Ms Spencer, I wondered if you----

A (Pours a glass of water) Sorry.

Q Not at all. (After a pause) Yes, so, filters on the taps was something that you've just mentioned. Do you recall ever seeing the filters being changed?

A Yes.

Q It's something I think you started to speak about a moment ago--

A Mm-hmm.

Q -- and I think you'd said something about your dad also seeing that, is that right?

A Yes, my dad as well.

Q Do you want to tell us something about that?

A He had asked the boys, when the boys were in changing the filters why they were on, and just

basically said it was for more protection or something for the water.

Q Right. And did you say something a moment ago about the bathroom and about not being allowed to use the bath, is that right?

A Yes. There was a bathroom that you weren't allowed to use.

Q Yes. And what signs were up, if any, around the ward in relation to the water?

A There was a sign on the bathroom door: "Not to use". There was a sign in the sink: "Don't use the water". There was a sign on the water dispenser not to drink the water either.

Q Yes, and when you say the water dispenser -- is that a kind of unit that contains a bottle of water that you can get a drink from, is that right?

A Yes, mm-hmm.

Q And there came a point where those were not to be used either, is that right?

A Yes.

Q Now, did you or somebody with you take photographs of some of these signs and some of these things, is that right?

A Yes.

MR DUNCAN: Mr Castell, I wonder if we might just have a look at those please? They start at page 77

of bundle seven.

(To the witness) Is that one of the photographs that---

A Yes.

Q And was it you who took the photograph?

A Yes.

Q And that's a filter on a tap, is that right?

A Mm-hmm.

Q And if we move to page 78, is that a photograph of one of the signs that you saw?

A Yes, that's the sink in the parents' room.

Q That's in the parents' room?

A Mm-hmm.

Q We can't actually make out what the sign to the left says, but can you recall what it says? The blue sign, I mean.

A Not sure what that was. I can't remember.

Q Okay. And I wonder if we might go to page 79. Is that the water dispensing units that you mentioned a moment ago?

A Yes.

Q Yes. And there came a point where, effectively, the water container within them was taken away and a sign went up, is that right?

A Yes. I'm sure that water

container was actually-- not sure if it had the bottled water on the top or it was actually connected.

Q Right. And can you recall when it was you took these photographs?

A Oh, I'd need to look on my phone 'cause of the date on them.

Q In your statement you indicate that it was the 27 April.

A It would have been about that time that we were in.

Q And you would have given the date in your statement under reference to the date on your phone, is that right?

A Yes.

Q Can you tell us why you took the photographs?

A I don't know. I don't know, because I obviously there was something bad wrong. But I'm terrible for pictures. I like to take a lot of pictures. And my gran, she kept telling us "I'm going to write them a letter, I'm going to write them a letter. It's not right, It's not right." But, yes, I was just like, "It will be okay." But obviously my dad was like "just take pictures just in case anything." But you were just told, if you even mentioned that "No, that doesn't happen on my ward. No, that's not the case."

Q Yes.

A At the meeting, because, like, every time you opened your mouth if I said anything about the water or anything it was like there was a sticker put on your door; [REDACTED] was in source, so we weren't allowed out. Like it was just like you got a sticker on your door so, never left the room. So, you didn't open your mouth, really.

Q And I think, in your statement, at paragraph 51, if you have a look at that, you indicate to us that you also posted something on Facebook at this stage?

A Yes. At 51 did you say?

Q Yes, paragraph 51.

A Yes.

Q Now, I'm going to come on in a minute and ask you, obviously, some questions about [REDACTED] becoming unwell. Just to help us understand the timeline on this a little bit, by the time that you took those photographs and you posted those comments on Facebook, had [REDACTED] become unwell or was that before then?

A [REDACTED] had got a temperature. I put [REDACTED] in the shower. got a temperature, and that's why I obviously put that status on Facebook because he was obviously not well.

Q Yes.

A But they told me that

because it was a new chemo that it was all to do with just getting a temperature with starting a new chemo, until obviously I knew it was an infection in his line.

Q Yes, and I'll come onto that now. But before we do that, maybe let's just go back to the very start of what you just said there and, indeed, back to my questions about water.

During that second stay, was it still permitted to use the showers to wash [REDACTED]; is that right?

A Yes. Mm-hmm.

Q And have you just indicated that indeed you did, you recall giving him a shower on one occasion?

A Yes, I gave him a shower, yes.

Q And can you describe what happened after that?

A [REDACTED] got a temperature and become really unwell.

Q Yes, can you describe in what way he became unwell?

A Well, he started getting a temperature, and then he had, like-- it was like a fit, that's what I could only describe it as. But the nurses called it "rigoring", I think.

Q Rigoring?

A Yes, that's it. It's just

like he was fitting, but his temperature was obviously too high.

Q Yes.

A And he had his wee pal, and his wee pal visiting, and they were playing the computer, and he was all right, and the next minute he just would do this funny shaking, and I was like, "What's going on?" Obviously, never seen it before. So, they got the nurse and she'd come back in. She says, "If it happens again, he's going to need to get a cannula and we'll not be able to use his line." And it happened within minutes, and all these doctors and nurses come in, they gave him a cannula, and when they were flushing his cannula or flushing obviously all this water into his arm, they'd not put the cannula in right.

The arm become really swollen, but he was screaming, "It's hurting. It's burning. It's burning." But they wouldn't listen to him. And then, after five minutes, the arm was just going bigger and bigger and bigger, and it was obviously all the water in his muscle, but they'd not put the cannula in properly.

Q Yes.

A And that was when the first time he'd ever says to me, "Mum, I'm scared." (Witness upset)

Q (After a pause) Are you okay, Ms Winter? Do you want to keep going?

A Yes.

Q Do you want a break?

A I'm all right.

Q Okay. Well, maybe if we just pick up on some of the things that you just said. So, there's a temperature, there's this, as you describe it, having a fit, is that right?

A Yes.

Q And the nurses say this is something called rigoring. And I think you just indicated, and you indicate in your statement, that-- Was there a discussion that if it happened again, ■■■ would have to have a cannula, is that right?

A Yes. And his line would have to come out.

Q Yes.

A When it happened, he was all right, and ■■■ had went over for a shower and he come back, and this had all happened in 45/50 minutes. And he come back, and I was like, "He needs to get his line out." And he's like, "What's happened?" It just happened that fast.

Q Yes.

A But yes, the blame that that was on his chemo, obviously got there. I asked the doctor, that

Professor Gibson, and I says, "What infection was in his line?" And she blamed on the infection was whatever it was, and it could be caused by an (inaudible) gut. But I didn't understand that because your gut, and the line went into his veins. But I just believe her because she was the head doctor, and it was either her way or no way. She told you. It was your child, but she told you what was happening.

Q Well, I'm going to come on to that discussion in a minute, but yes. So, I think you've indicated that, I think, the nursing staff said if it happened again, the line will have to be removed. And it did happen again, is that right?

A Yes.

Q And as you've described, [REDACTED] got given a cannula and they put fluid of some kind into the cannula, and [REDACTED] was screaming in pain, is that right?

A Yes.

Q And the line was eventually removed, is that right?

A Yes.

Q Now, [REDACTED] would need to go under general anaesthetic for that, would that be right?

A Yes.

Q Yes. And he would then have to have a further general

anaesthetic to have an operation to give him a replacement Hickman line, is that right?

A Yes.

Q I mean, if you'll forgive me, Ms Winter, when you're watching all of this happening, and [REDACTED]'s telling you how scared he is, how did you feel at this stage?

A He was dying. Yes, scary. He ended up on all these machines. His heartrate was down to 49. It was flashing red, and this was, I think, before the line was taken out. He was on all these machines. And I did, I said it was down to the water. Yes. They just told us I was going off my head: "It doesn't happen on her ward."

Q And everything that you've just described, you're indicating to us that that happened, did you say, about 45 minutes after he'd had a shower?

A No. [REDACTED] had went away and left. I'd put him in the shower when we got there.

Q Oh, I see.

A He'd obviously had a temperature for a couple of times, and then he started this rigoring, or whatever. And yes, that's when his line had to come out. Or I think we maybe left it in, I can't even

remember. But as soon as he done that rigoring, line come out straight away. That was within, yes, an hour.

Q And he went on to antibiotics at that time, is that right?

A Yes. I think he was on antibiotics, obviously, because he had a temperature. So, they just put them on antibiotics when he gets a temperature anyway just in case of infection.

Q Yes. And I think you've already indicated that presumably he'd recovered enough to go through the procedure of having a new line in by 5 May, is that right? And I think the antibiotics, you've already said, stopped on 9 May, is that right?

A Yes.

Q I want to now move to the discussions that you had at the time about this incident. If we just try and go through those chronologically. What explanation, if any, was there at the time for this incident?

A None. He obviously got this infection, they just blamed it on chemo. And then obviously, when he got the results back from his line infection, that Professor Gibson told me that it was caused by an infection in his gut. Or it's an infection that can be caused in the gut or something like that. So, she put the blame down to

that. And I told her that the water was infected, and she said: "No, that doesn't happen on my ward."

Q So to begin with, are you indicating to us that the understanding, or at least the explanation from the ward staff, was it was to do with his chemo, is that right?

A Yes, basically. Yes.

Q And then, did that move to an explanation that it was a line infection, is that right?

A Mm-hmm.

Q Yes. And can you recall whether you had - if we put Professor Gibson to one side for the minute, and I'll come back to her - discussion with the nursing staff or the other doctors there and then about what the cause of the line infection might be?

A No. They were hopeless at telling you anything. They didn't really tell you much of what's going on. You asked them questions and they tried to avoid answering them, or it was all, "No, that doesn't happen."

Q Can you recall whether you - as I say, putting Professor Gibson to one side - discussed with any of the staff on the ward what you thought might be the cause of the line infection?

A Yeah. I told them. And

then, when I did say something, there was a meeting put in place and I had to go to a meeting. There was one of the children's mum and dad. They were just new to the hospital, just weeks. And we went in a room with I think it was Health Board or Infection Control, maybe. Something like that. A woman. I went into a meeting with her and I told her and, I says, "I know the water's contaminated with shit." And she was like, "Oh." And that was it. That's all. I'd said the room had not been cleaned and stuff like that. And then that was that. I never really heard-- There was nothing ever said anything else about the meeting. It was pointless, but I think they just did it, obviously, because I was saying stuff.

Q Were you the only parent at this meeting?

A No. There was another Mum and a Dad.

Q Sorry to interrupt, but was that, if you can recall, a mum and dad of the same child? Or of two----

A No, mum and dad of the same child.

Q And in terms of who was there from the hospital side, you've indicated somebody from the Health Board, you also mentioned Infection Control, and you mentioned a woman.

A They're in Infection Control or Health Board. It was only one woman that was in the meeting with us three. It was either, not sure, like a Health Board or Infection Control woman.

Q And what's your recollection of why the other two parents were at the meeting?

A Well, I had had says to them about the water, "There's a meeting going on, do you want to come in?" So, they had to obviously come in as well. I think there wasn't offers maybe, I don't know, to any other mums or that, but it was only just us that went in.

Q And can you recall what was said by the person from the hospital?

A Not really. No. It wasn't even a long meeting; it was maybe five minutes. Just me basically telling her what I thought was the matter with the hospital. And that was it. There was nothing else.

Q And what you said was that you considered that the water was contaminated, is that right?

A Mm-hmm.

Q And what was the response, as far as you can recall?

A "Well, that can't happen."

Q And you have a clear recollection of that?

A Yes.

Q And you then mentioned another of your recollections is meeting Professor Gibson, is that right?

A Mm-hmm. That was in [REDACTED]'s room I spoke to her.

Q And can you recall whether that was before or after the meeting that you've just described? Or are you not clear?

A I'm not sure.

Q Can you tell us about the meeting, then, or the discussion with Professor Gibson?

A That was just in [REDACTED]'s room, we had the meeting. She'd obviously come in, I think she was maybe doing morning round, or whatever. And she said about the infection that was caused by a gut, whatever. And I told her, "No, I think it's to do with the water. The water's contaminated." And she said, "No, definitely not in my ward. This doesn't happen." Nothing ever happened on her ward wrong.

Q And can you recall whether you had any discussions with her, or indeed, with anybody else about [REDACTED] being put on antibiotics?

A Not sure.

Q Right.

A They would just do.

They would just tell you, do what they obviously had to do, tell you they were giving him antibiotics for his temperature or-- Well, they wouldn't tell you. Obviously, if he just had a temperature, they were giving him antibiotics for that, but not why it was caused.

Q Now, still, on the subject of [REDACTED]'s infection, I think we can see from your statement that [REDACTED]'s case was considered by the Independent Case Note Review, is that right?

A Yes.

Q And did you receive a copy of the individual report in relation to [REDACTED], is that right?

A Yes.

Q And have you considered that? Have you read it?

A Yes, but I didn't really understand it. It wasn't until I spoke to Stephanie that she'd told us that Microbiology had told them to take

[REDACTED]'s line out way before that they did try to take out. I don't really understand that. I'm not good at reading stuff. When it come about, I didn't really understand it until----

Q And when you mentioned Stephanie, is that Ms Spencer, who is sitting next to you just

now?

A Yes.

Q And if we look at your statement, please. If we go to paragraph 74, that's the section in which you discussed the Case Note Review. And are we right in understanding from what you've just said that it was really discussing things with Ms Spencer that led you to understand really what it was the review was saying about all of that, is that right?

A Yes.

Q And you have summarised that there, is that correct?

A Yes.

Q Thank you. Now, I want to move towards the conclusion of this bit of your evidence in relation to Glasgow, and I want to just have you start to tell us a bit about the impact of what you went through and what went through. Let's just start with

■. What was the impact on him of the line infection?

A It wasn't good. He obviously was scared. He hated it. It was a big, scary thing for him.

Q And on you? Impact on you?

A Yes, bad. I obviously says, when I say a lot of stuff-- It's like you say like that, I said that the water

was contaminated, and obviously everybody says I'm going off my head. So, I actually really thought that, "Maybe I am going off my head." That's what it made you feel like. Yes. Just made you feel----

Q Do you want to take a moment, Ms Winter? Would you like a wee break?

A (After a pause) Yes.

THE CHAIR: Might we sit again about five past four.

(Short break)

THE CHAIR: Happy to carry on, Ms Winter?

A Yes. Sorry about that.

THE CHAIR: That's absolutely fine. As I say, whenever you want a break, feel free to just say so. Now, Mr Duncan.

MR DUNCAN: Thank you, my Lord. Ms Winter, I've only got another a couple of questions to ask you about Glasgow. I think we can see from your statement that you watched the BBC Disclosure programme. Are we right in understanding that you contacted the Health Board after that?

A I contacted the Health Board before that about stuff, but I think it was just trying to get ■'s notes and stuff back. And then

obviously, I've seen that, I contacted them again, and then I contacted one of the girls that had done the programme. And said, "If I knew that was happening, I would've said something about it on the BBC." And that's when I knew, from then, that there was something the matter. Obviously, there was all this going on and I wasn't just the only mum that thought I was going off my head.

Q And the second thing I was going to ask you about, you've just touched on. That's [REDACTED]'s notes. Did you try to get [REDACTED]'s medical notes from his time in Glasgow?

A Yes. I tried to get them from Glasgow, and I tried to get them from Edinburgh. I tried to get them from every hospital that he was in. Was basically told from Edinburgh doctors that they can give me notes, but they could hold back notes. So, if they didn't want to hand out a specific set of notes or whatever, like they didn't need to do it.

Q And did you eventually get [REDACTED]'s notes?

A I got notes for [REDACTED]. And I'm sure there was stuff missing from the notes or like there was stuff not put into there. Stuff that had happened that weren't put into these notes. (Inaudible) note down.

Q Thank you. Now, let's move on, then, to think about your experiences in the Sick Kids in Edinburgh. What was your impression overall of Sick Kids Hospital in Edinburgh?

A First went there and obviously, it was just not long after [REDACTED] had been to Glasgow. In Glasgow Hospital, it was obviously pretty, it was new. We went to Edinburgh, and it was an old building. We were there, obviously, in December, you were able to see your own breath. It was freezing. It was just dead old-looking. Not warm enough. Not good.

Q And did you stay with [REDACTED] in his room?

A Yes. We would have turns about. I would stay one night; [REDACTED] would stay the next. Then I would just stay at CLIC.

Q Yes. And was there a bed for parents in the patient rooms?

A Yes, there was a bed bed.

Q And you would alternate with [REDACTED], and you would have turnabout there, and the other, you or [REDACTED], would stay in the CLIC Sargent building nearby, is that right?

A Yes.

Q Was there also

something called PJ's Loft?

A Yes, that was up the stairs.

Q Did you use that at all?

A I only used it once. Never slept in it because I was always at CLIC.

Q Something else that you mention in your statement is you have a recollection of seeing a mouse?

A Yes. Speedy, that was his name.

Q Who gave him that name?

A Must have been the nurses on the ward.

Q And what facilities were there for making food on the ward, Ms Winter?

A Well, we couldn't make-- There was a kitchen, but if you needed toast or that for ■■■■, you would need to get the nurses to do that. We weren't allowed in the kitchen. If we had to make food, I had to go over to CLIC and make food and bring it over for him, or go out and get food from a takeaway.

Q Can you remember if there was a toilet on the ward? **A** Toilet for parents to use, I mean.

A No. You had to go out the ward, take a left, go through a set of doors, take a right, and your

parents' toilets were there.

Q Now, do you indicate in your statement that you were aware of delays to the transfer to the new hospital, is that right?

A Yes.

Q Now, can you tell us a bit about that, please?

A Yes. Well, we were obviously meant to be moving, and it obviously got delayed. Wasn't really sure why, and then, I think somebody had said there was maybe a problem. Then they got delayed again. I think they got delayed a few times. We weren't really told why there was a delay.

Q Can you recall whether the delays had any impact either on you or on ■■■■?

A Well, ■■■■ was meant to be going for bone marrow or an appointment. He was maybe going in for chemo, and it had to be delayed, because he was going in around the time that they were meant to be moving. And then, they obviously didn't move, so had to just go to the old hospital.

Q And do you recall a time where it looked as if actually everybody on the wards, including the staff, had been ready to move, and they'd made preparations to move?

A Oh, yes. Everything was moved off the ward. It was only, basically, their beds and machines were left. Yes. All the outside and everything had been graffitied on because it was obviously moving.

Q When you say it had been graffitied on, people had written messages on the walls, is that right?

A Yes.

Q But on this occasion, the move didn't happen, is that right?

A Yes.

Q And did all the stuff come back to the hospital, as far as you can recall?

A I'm not sure. Not sure.

Q And are we right in understanding from your statement that there was also a point where the CLIC facility nearby the Sick Kids was closed?

A Yes. That had moved to the new hospital because they had built a new CLIC house near the hospital. So, they couldn't obviously run two CLIC houses, so they had to move to the new hospital and that CLIC house was closed. So, it was about a 20-minute drive. Especially in the morning if it was busy and you had to drive to CLIC. So, that was hard. Especially if he's hungry and you had to feed him, you couldn't just nip over

to CLIC, you had to drive all the way to the other CLIC.

Q How would you describe the communication with patients and the parents of children in relation to the delays around the move?

A Not great. I was just basically told that they weren't moving and that was it.

Q And are we right in understanding that you have visited the new hospital, is that right?

A Yes. Just the once.

Q Yes. And what's your impression of the new hospital?

A It was pretty. It was nice. It's a new building. But I always just worry that it's the same as Glasgow.

Q Thank you. Now, Ms Winter, I have no further questions for you. We'll have your concluding remarks in your statement. I just wondered whether there was anything further you wanted to say today before you conclude your evidence.

A (No audible reply)

Q Thank you very much.

A Thank you.

Q My Lord, those are all the questions for Ms Winter.

THE CHAIR: Thank you very much, Ms Winter. Thank you for coming and giving your evidence in

person this afternoon, but also for giving your written statement. As Mr Duncan explained at the beginning, they both form part of your evidence to the Inquiry and will be considered together with everything else. But thank you, and you're now free to go.

A Thank you. Thank you very much.

(The witness withdrew)

THE CHAIR: Now we have a witness tomorrow morning, is that right, Mr Duncan?

ME DUNCAN: Indeed, my Lord.

THE CHAIR: Well, we shall adjourn until 10 o'clock tomorrow. Thank you.

(End of Afternoon Session)