SCOTTISH HOSPITALS INQUIRY

Hearings Commencing
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C O N T E N T S

Pages

Landale, Mr Peter (Sworn)

Examined by Mr Duncan 1-59

14:00

THE CHAIR: Good afternoon. Mr Landale?

MR DUNCAN: He is, I believe, ready to start his evidence, my Lord.

THE CHAIR: Right. Thank you, Mr Duncan.

Good afternoon, Mr Landale.

A Hello.

THE CHAIR: As you appreciate, you will be shortly questioned by Mr Duncan. I don't know how long the evidence will take. Should you at any point want to take a break, just tell us, and we can take a break.

First, can I ask you to take the oath please?

Mr PETER LANDALE

(Sworn)

Examined by MR DUNCAN

THE CHAIR: Thank you, Mr Landale. Mr Duncan?

MR DUNCAN: Thank you, my Lord. Good afternoon, Mr Landale. Can I begin with some formal questions, please, and have you confirm that you are, indeed, Peter Landale and that you live with your wife and your [redacted] Is that right?

A That's correct.

Q And you are a company

director? Is that correct?

A That's correct.

Q It is, in fact, your [redacted] [redacted] who you have principally come along today to speak to us about. Is that correct?

A That's absolutely right.

Q I think you've provided a detailed statement in relation to that matter, and you are content that that statement forms part of your evidence to the Scottish Hospitals Inquiry. Is that correct?

A I am absolutely happy, yes.

Q And can I just clarify that you have a copy of your statement beside you just now?

A I do.

Q I don't know whether we will want to look at it at any point. If you wish to do so, please just do so.

Now, can I just begin by asking you some questions about your [redacted]? I think we can see from your statement that [redacted] is an adult. Is that right?

A [redacted] is. [redacted] [redacted]

Q Yes, and would it be fair to say he is a very tall [redacted]?

A Correct. [redacted] [redacted] has put on weight since [redacted] was in hospital, so [redacted] is a very big [redacted].

Q Yes, and I think when was a small had a brain tumour. Is that right?

A That's right. had a , which is a complicated condition.

Q And although recovered from that, that has left with a significant number of challenges. Is that right?

A So , which is actually quite debilitating, so is incredibly good at using mobile telephone and trying to remember information through mobile telephone, but it is pretty debilitating in hospitals because clearly can't remember what's happening and how -- what has happened and what has been told is happening, and then on top of that if gets backed into a corner, in aggressive behaviour, so can become quite aggressive. is a big .

Q Yes, and just thinking of two of the points that you've mentioned there, which may be of some importance in relation to some of what you are going to speak about, and what you've just indicated about perhaps becoming aggressive when backed into a corner, does that suggest that requires quite careful management when is on a hospital ward?

A Yes. I think hospitals are quite intimidating environments, or can be, and particularly if you have no short-term memory you can find that things are happening which you don't really understand why they're happening, what reason, and so it is quite important with just to -- we spent a lot of time in life in hospitals, so we are quite experienced at it, but it's quite important that is in a settled environment. Let's put it that way.

Q Yes, so keeping things calm is quite important?

A Yes. Absolutely.

Q And that would, in turn, mean that keeping things predictable insofar as that's possible in a hospital environment, that would also be quite important. Is that right?

A Yes. So we have in the past and during this period used things like whiteboards at the end of bed in order to tel what's happening and what's about to happen, so -- but keeping it much as possible to routine is fairly important.

Q Thank you.

Now, just in relation, still, to some of the health and the medical issues that your faces, and that may be relevant to today's discussion, are we right in understanding that also has does? Is that right?

A Correct, so if you don't have enough you will end up being very unwell through that process, so it's quite important that that is managed correctly.

Q Yes, and just to mention one final thing for my purposes at least just now, I think has issues -- . Is that right?

A Correct. So

Q It is obvious from everything you've said so far that medical care will have been a regular feature of your [redacted] life to date. Is that right?

A Yes. It's been a constant. We've had areas where it has been less, but it has been a constant theme.

Q I think we can see from your statement that [redacted] received care, neurological care at least, in the Southern General Hospital in Glasgow. Is that right?

A Correct. So [redacted] neurological care was in the Southern General and his [redacted] was in Yorkhill, so there was a split site situation, but [redacted] was looked after in both hospitals.

Q And on becoming an adult did each aspect of [redacted] care change at that stage, the location of it I mean?

A The location, we moved to Edinburgh because [redacted] [redacted] which was a fantastic part of [redacted] life, and the blind school had taught [redacted] about [redacted] and [redacted] had started to set up independent life here, so we moved his care when [redacted] came out of paediatrics from Southern General and Yorkhill to the Western General where [redacted] was looked after for his [redacted] in DCN, and then in the [redacted] [redacted] in the Western General for [redacted].

Q Yes, and I think your evidence today is going to focus principally on the department of clinical neurosciences at the Western General. Is that right?

A Correct. That is correct.

Q Now, just picking up on something that you alluded to in that answer, did there come a point where your [redacted] was able to live, at least on a semi-independent basis, from you and your wife?

A I think over the period, I mean, a huge number of people have worked incredibly hard to give him his independence, and [redacted] was really first-class at that. We have aspired, I suppose, to try and make sure [redacted] has had an independent life as possible, and [redacted] has a flat in [redacted] and then we've rented a flat beside it with two carers in. The philosophy there was the carers -- the less the carers did, the better the job they were doing, so we were trying to get to a place whereby they did as little as possible for [redacted], and [redacted] has a data input job for four hours a day which, because [redacted] has no short-term

memory, is very good at because never gets bored, which data entry is actually quite boring for most people, never tires of it, so is good at that, so the answer is had created an independent life of own before this sort of episode which was good. Very good.

Q Thank you.

Now let's move, then, to look at the care that has received in the DCN over recent years, and I'm going to begin with the period between 2015 and 2018. Let's just set the scene.

Whereabouts within the DCN did attend?

A So was looked after in the acute services part of DCN which was in Ward 31 largely, which was on the top floor initially, and then it moved off the top floor because I think there were problems on the top floor latterly with water, I believe, but I believe did move down from the top floor.

Q Yes, and you may already have answered this question, what sort of ward is it Ward -- or was Ward 31?

A It is an acute services ward.

Q And did your attend as an out patient or as an in patient or as both from time to time?

A As both, needed to come in and out, depending upon the need, and whether was an out patient or an in patient.

Q I wonder if you could describe Ward 31 to us.

A Well, it is a very -- it is a rectangular building, the DCN, and it is a long corridor, effectively, and down one side of the corridor are ward rooms and down the other side, the right-hand side, is ward rooms, down the left-hand side is a mixture of single bedrooms, the toilet facilities, the staff facilities and the kitchen, so that that is down the other side of the ward, so it's just a straight line with staircase at one end and a staircase at the other, is effectively how it is laid out.

Q So there's rooms on each side?

A There are rooms on each side down the corridor. Correct.

Q I had understood from your statement that you should imagine it as being five single rooms on one side or the other?

A On the left-hand side there would be five -- I think it was five, and then there were, I think, four wards with four beds in each one, and then there was a high dependency ward just next door to the nurses' station.

Q And there was also a

treatment room. Is that right?

A And there was a treatment room which was on the right-hand side, which was adjacent to the high dependency unit.

Q And do we see from your statement that the treatment room was quite a small space? Is that right?

A Yes. I mean, I think, like all these old buildings, you know, it wasn't a modern building. I think it has been recognised, and hence they were moving hospitals, it was an older building, and it had all of the facets an older building would have.

Q Yes. Was there a waiting room?

A There was -- there wasn't a waiting room as such, there was a family room, but it was used largely by people who were waiting to be seen, so in the main, when families went to visit their loved ones in the ward, and there were some very ill people in there, they used to have to sit around the staircase area waiting, so the staircase area was pretty congested most of the time, and then the waiting room, or the family room, would also have -- quite often would have patients waiting to go in but would have a mixture of other people waiting to see their loved ones, so there wasn't a waiting room as such, it was not defined.

Q Yes.

Now, when your ███ was staying as an in-patient on Ward 31, which part of it did ██ tend to stay in?

A So over time we had established that going into a ward with other people wasn't that conducive to ███ relaxing, and so ██ would -- normally when ██ went in ██ would go into the high dependency unit because that's the nature of the beast, so ██ would either just have had an operation or was awaiting an operation and was very ill, so ██ would be in the high dependency unit, and then ██ would come out of the high dependency unit and ██ would end up in a room on ██ own, would be the way in which that would work.

Q You've already touched on this, but I wonder if you could just give us an assessment or a description of the condition of the DCN generally at Ward 31 specifically.

A Well, I think -- I mean, it has to be fair to say that it really was very backward in modern parlance from what we would expect now, and certainly over the summer we have been into the Royal Infirmary, and, you know, they could be on two different planets, not two different countries, so they are completely chalk and cheese.

Nothing really fitted or worked, so even getting things like beds in and out of the single rooms would be a real struggle, you know, you would -- on numerous occasions I would lie on the floor in order to get the bed in when came back from an operation or whatever, so just nothing fitted in DCN.

The facilities themselves, the bathrooms, et cetera, were pretty rudimentary. They were not ensuite or anything like that. I mean -- and they were limited, as well.

Q Yes. I mean, at any given time, and very roughly, how many patients would be on Ward 31?

A It is hard to do this, but I would say there were between 20 and 30 patients on Ward 31 at any given time. It would be in that zone.

Q Yes, and just thinking about some of the facilities for those patients and for their family members, how many toilets were there on the ward?

A So I think there were four total, and I think there were three shower units.

Q Was there always easy and available access to a working toilet on the ward?

A So certainly, if we go back to 2015, I think in the main they worked. Certainly in the summer of

2019 and the autumn of 2019 there were definitely problems with access to the toilets, because there were water problems in the hospital, and there was an occasion over a weekend where who is large and it was August and likes to keep clean, we didn't have access to showers for Friday through until Monday, so the showers were completely blocked off and we had to give bed baths for that period, so that was uncomfortable, and the other patients on the ward were taking bed baths as well, so there was no other option for those three days.

Q And in relation to toilets, was there ever any issue with being able to access a working toilet?

A So, we mentioned the fact has and the way works is when you realise your fluid is passing through you too fast you take a desmopressin pill and you put it under your tongue and you only know that because you are either drinking too much or you are peeing too much so you wait until that moment, largely. You can take it pre-emptively, but tends -- has moments when takes it, but there are other times, particularly if is ill, that just waits until has to pass water and then

does it, and there were occasions, pretty regular, frankly, through 2019, 2020 when there were toilets not working, and I would, or my wife, would go down the corridor in order to see if it was -- they were available for ███ to get in, and quite often it wasn't the case, so you would then have to get ███ out of the bed and get ███ to use a bottle, and then let ███ pass water to the bottle, which was, quite frankly, pretty demoralising for ███, you know. It's not a great thing to have to do.

Q That's what I was going to ask you. Going back to something you said earlier about essentially managing or helping ███ manage ███ mood, would this sort of thing impact upon that?

A I think it degrades you. If you are not feeling very well anyway, you actually get degraded by that sort of thing, and I also think you begin to think it's your fault when it's clearly not your fault, but you begin to -- ███ gets quite concerned about ███ own ability to do things. ███ is always pushing, ███ to try and get things done and ███ finds that difficult, so the answer to your question is yes, I mean, it did not help settling ███ down.

Q Over the period 2015 to 2018, the issues that you saw on the ward and in the hospital which you described, "Nothing really fitted", and some of the other problems with the toilets and the showers, did you find that these things were, nevertheless, manageable?

A I think the answer is it always existed, so there was always issues on the ward, and we got used to it. I think the big thing that happened in 2019 that was different was the time available from members of staff, largely. Previously, I would ascertain that people had more time. In that period there was very little time to either see a Registrar or see a senior nurse or those sorts of people, so you ended up with just -- it was much more of a pressure cooker than it had been previously, so the facilities were effectively the same, but it was the time resolution that was more difficult to pull things together.

Q Thank you. I'm going to ask you a bit more about what you've just said about the time resolution issue, but just before I get to that, I would quite like to ask you this question: in terms of the condition of Ward 31 and, indeed, DCN generally, did you see any change in the period between 2015 to 2018? Maybe if I make the question more specific. In the run-up to the anticipated move did

you see any change in the sort of level of the condition of the building?

A I think -- so the building was in a dilapidated condition, is the best way of putting it. I think during -- I think -- I don't know this happened, this is me guessing, but during the period of the summer when we were there, there was a large amount of activity from painters and joiners and other people, so it felt like, once the hospital had not moved, that a paint job was decided to be put in place and so there were people around who were repairing the ward, which actually just created more of a bustle within the ward, which was already short staffed and whatever. That's how it felt.

I think I have answered your question, which is nothing -- the facilities hadn't changed from 2015, but I think there was budget released, or something. It felt like that.

Q Yes. So you certainly saw -- and I'm going to ask you some more questions about this -- you certainly saw maintenance activity of various kinds after the move was postponed. Is that right?

A Correct. Yes, and ███ -- you have to remember █ had five operations, █ had seven anaesthetics in that period. You are recovering from an operation, and then there's a

man drilling down the hallway, it's just not that conducive to getting better and relaxing, particularly if you are just getting off to sleep, or what have you, so it wasn't great.

Q Let's think about the period before the anticipated move in 2019, and again let's also think about the question of maintenance. Did you notice much, if any, maintenance of the building prior to that point?

A So we -- I'm just trying to remember the timelines. We had an operation, I think, in the end of 2018. I think █ was actually ill, but we had to go into hospital at the end of 2018, and then ███ was really very well at the beginning part of 2019 until April, and then he started to have █ headaches, so █ headaches kicked in in April 2019, and we went in on 5 July 2019, and, I mean, I would have said that nothing had happened at DCN for quite a long time. I mean, I would have said there wasn't that much improvement that had happened in there during that period. Certainly in 2018, I mean, it was pretty grotty, is the only way of describing it, and we were there -- I would have said all the way back. I mean, I have never really seen any improvements going on until the summer of 2019. I might be

wrong, because the recollection is not that -- you are not focused on whether people are improving it or not at that time.

Q If you saw no improvements in that period pre-July 2019 or whatever, did you see deterioration?

A I think of the physical assets -- certainly the bathrooms were awful by the time we left.

Q And sorry to interrupt, what I'm really getting at, is that something that got progressively worse?

A I would have said so, yes. I mean, I would have said that the facilities were -- things like the hinges on the doors, just as an example, again, I mean, I actually took WD40 into the ward in order to get the hinges so they worked so that when we opened the doors we didn't wake ███ up every time, so there was that sort of thing going on which was, you know, not brilliant.

Q Yes, and just thinking about something else that you said a moment ago which was about getting the bed into the room, are we to understand that this -- back to this, things just didn't fit? The beds were awkward or perhaps even too big to get into the bedrooms easily? Is that

what it was?

A Well, I don't think those rooms were designed for that width of bed, so that was absolutely the case, and then the other thing, ███ ███ █████ and you have to pull the extension of the bed out at the bottom, and, in fairness, this happened before 2019, I mean, this was just a fact of life, and we knew this, which was that the -- the mattress didn't fit, and there were no extension mattresses, so ██ feet would hangout the end of the bed so we would bring in a sofa in ██ flat, and the back cushion on the sofa fitted perfectly in that space, so we would bring that in with us in order that ██ then had a comfortable place to lie on.

Q And you mentioned earlier having to lie on the floor to try and get the bed into the room? Can you describe that to us a bit?

A So in order to get the bed into the room, the porters would bring the bed and you would try and get it so that the bed was perpendicular to the door so that you could bring it round to the door, but it needed a pull over to the left in order to get it in, and it was best to do it from under the bed than it was to do it from the side, and you could get it in doing that, but that was the sort -- that happened pretty well every time we had to move ██ bed

into the room, which happened a few times.

Q Yes, and just maybe to complete the picture of, you know, what the rooms looked like and what the level of facilities were like at this point, are we right in understanding from your statement that there were televisions in the rooms but they didn't always work? Is that right?

A So, I mean things like remote controls were pretty non-existent, so you were having to find -- either find remote controls or change the programme on the side of the television, and then not -- I can't remember all the time, but the televisions weren't great, I mean, they didn't work that well.

Q And do you also describe in your statement that the paint was peeling off the walls in some places? Is that right?

A Yes. I mean, I think -- it is an old building and as an old building it was dilapidated. It was not great. I mean, I don't know if we are coming to this, but, you know, there was a report, it's on the website, in 2007, it was seen as -- it was described as not a great building, and it needed upgrading, and we are now talking 2019, so that's a long time.

Q Going back to something else you said a moment ago, which was that, nevertheless, all of this, at least at this stage, prior to July 2019, was manageable, and I think what you were indicating was to some extent that was down to the consistency in the staff and, indeed, the numbers of staff who were available. Is that right?

A Yes. So it definitely -- again, I haven't got the payroll in front of me so I don't know, but it definitely felt that through 2015 through to 2018 there was a much more consistent feel to what was happening in there. In 2019, when we went in, there was undoubtedly way more temporary staff who were coming in, and that was difficult. It was a difficult period, I think, for everybody. I think it was a difficult period for the staff who were on the ward, and it was definitely a difficult period for patients because the staff -- and they have a job to do, but it's not the same job as a permanent member of staff.

Q In the period before July 2019 or April 2019 when your ███ did require in patient care, did you or your wife stay with ███ on the ward or would you go home and leave the nursing staff to look after ███?

A So there were occasions

in 2018 when we did stay in the ward. That did happen. In 2019 my wife left ███ for the first night and then we attempted to leave ███ for the second night and then we established very quickly that that wasn't going to work, and that we were going to end up with major problems if we decided to do that, so we ended up with my wife doing the days and I did the nights, effectively, so one of us was available for ███ all the time, because it was -- I mean, the senior nurse there, I haven't got more praise for her. She was genuinely amazing, absolutely extraordinary, but it was very, very difficult to manage because there was always different people coming in, and it was difficult to get the consistency, so it was much easier that we were just there, and there were issues of equipment and that sort of thing, so that was difficult.

Q Well let's now move into 2019 then and start to look at some of that. I think you've indicated that in about April 2019 there was a development in your ███ condition, ███ developed a headache. Is that right?

A That's right. Yes. ███ started to complain of a headache about lunchtime every day.

Q And was this quite a significant headache?

A It was a significant headache in that it happened every day. It wasn't huge -- ███ was still able to function as an independent life up in ███ but ███ did complain of a headache every day, and so -- and we used to have it that ███ would come to us in ███ for the weekends and ███ would come home -- one of us would pick ███ up on a Friday and then on a Sunday ███ would go back up to ███ on a train on ███ own and the headache got to a point that it is the afternoon when this happened, so the headache got to a point whereby we had to bring ███ up on a Sunday in the car, but ███ was still able to function independently through the summer of 2019, but ███ was getting a headache every day.

Q There came a point where you decided that ███ needed to go back to Ward 31. Is that right?

A Yes. So we did, yes. Actually it was very difficult from ... let's call it May ... to get hold of anyone, and we were -- it wasn't a life threatening headache, and we've done those. This was a low pressure headache that was impacting ███ life, so it wasn't something we were absolutely screaming to make happen, but we needed to get somebody to

look at it and assess ███.

Q Yes, and I think we will come on to, in due course, you know, there were some investigations later in 2019 and, indeed, there were further medical procedures. Is that right?

A Yes. So once we got into the hospital for ███ to be seen, we weren't seen by a consultant, we were seen by a Registrar neurosurgeon who was very good, and it was agreed -- and I think it was the meeting on 5 July that it was agreed that we would then go into having what's called intercranial pressure monitoring, and ███ would come into the hospital in order to assess ███ further, so I can't be completely accurate as to 5 July, but we were in there on 5 July, so -- and it was later that month that we had that intercranial pressure testing and monitoring.

Q Now, I think it was known, or it was anticipated by 5 July that there would be a move to the new hospital, and what I'm wondering is, from April 2019 through to early July 2019, did you notice any changes in the way that your ███ was looked after when you went back to Ward 31 over that period?

A From April to July?

Q Yes. In advance of the anticipated move, I mean.

A Not -- I mean, we were -- if we went into the hospital, it would have been very briefly in that period, so the answer is we wouldn't have observed anything in that period, I don't think.

Q Do you recall seeing any signs that the move was about to happen?

A No. On 5 July, definitely. The hospital was sort of -- what's it called when -- "Demob happy", kind of mode, and we were saying goodbye to people who we had worked with -- cleaners and what have you -- over four or five years, so there was definitely a move afoot on 5 July, and there were people who weren't going to be moving to the new hospital, so there was definitely a goodbye going on that day. Correct.

Q If I maybe just take a step back and ask you maybe two questions at once, if I can do it this way, for how long had you been aware that there was going to be a move and how was it that you became aware that there was going to be a move?

A Outside the ward for many years, I can't remember when it started, I'm going to say 2017, but it could have been 2016, there was a -- one of those exhibition stand type presentations, and on the presentation

it said -- and there was a big display of what the new facility was going to look like and how it was going to be, and on the top of it was -- sort of saying, "We are moving", and that existed, and then as the move got put out, a pen would come out and just cross out and go, "2018, 2019", so it was pretty obvious that the move was happening because there was this, you know, presentation, exhibition presentation outside of the ward, but I think it became -- it did. It became a bit of a joke. I mean, people were putting stuff on the board that was sort of amusing/black humour on it about when would the hospital move.

I think in 2019 -- I would have said in late 2018 we knew the move was planned for the summer of 2019, and it became much more definite that it was going to happen.

Q Yes. I think you also indicate that another source of information for you prior to then had been the DCN website. Is that right?

A Yes. So, yes, the DCN website, I mean, genuinely, I think this is absolutely appalling, but it had advertised that the hospital would move in 2015, and that remained in place until July 2020, so there was an absolute statement on that website, which was congratulating themselves

and saying how they would be opening the hospital in 2015, which any organisation doing that I think has got to look at itself pretty carefully.

Q If we go back, then, to 5 July and the anticipated move is four days away, and as you described it a moment ago, everybody is demob happy. Is that right?

A Yes. I mean, I think they were happy to be moving, but anxious and goodbyes, and all that sort of stuff. Yeah.

Q When, and indeed how, was it you heard that the move wasn't taking place, or hadn't taken place?

A We heard on the news that night, so when we got home that night to [redacted] we heard on the news that the cabinet secretary had decided that the hospital wasn't fit for purpose and therefore they wouldn't be moving.

Q On the day that you had been to the hospital?

A On the day that we had been ...

Q Were you given any other information at that point from any other source?

A No. I can't remember exactly how it happened, but we then - - we were booked in through Mr

Hughes to go at the end of July for ███ intercranial pressure testing, and I think we knew through the news that the move wouldn't be happening, and I think we confirmed it by ringing into the ward in order to establish where the intercranial pressure testing would take place, and it was clearly going to take place in DCN.

Q And are we right in understanding from your statement that thereafter, if we maybe just project ahead a bit, you got further updates about when the anticipated move might happen?

A No. I mean, we had never heard anything from anybody apart from finding out the information ourselves, so nobody has ever communicated with us at any stage where and when the hospital would be.

Q So how did you get information yourselves?

A We would ring into the ward and then ask where the appointment might be.

Q And in these discussions, was there any ever discussion about when the actual move to the new hospital would take place?

A Again, I'm trying to sort of work out in my head, but I think it started off by being -- it would be later that summer, but I can't really recall that. That might be just my memory, and then it became quite quickly established that it would be in 2020, and then I think the cabinet secretary said it would be spring 2020 which is a very good way of saying, "Summer", spring turns into summer, so I think quite quickly the cabinet secretary did say, "Spring 2020", and we sort of realised that we would be in DCN for the period of ███ illness, however long that was going to take.

Q Now, if we move back, then, to July 2019, something that you've already indicated to us, is that your ███ was admitted, I think at the end of July 2019, and was that to have ███ intercranial pressure monitored? Is that right?

A Correct, and an MRI scan which was probably worth -- I'm not sure I put it -- probably worth dwelling on a tiny bit. This is the sort of thing that went wrong all the time, which was ███ was due to have a cannula put in in order that you could get a dye in so that you could then look at the intercranial pressure testing with the dye in, and it is almost impossible to get blood out of ███ because all ███ veins have collapsed over time. ███ just a very difficult person, and when we arrived to have

the MRI scan, we were unaware, until that point, that they were wanting to put the dye in, and of course there was absolutely no chance of getting the cannula into ███ in order to get the dye into ███, so we just missed that opportunity of putting the dye, so they did the MRI scan without putting the dye into ███.

Now, I'm sure the neurosurgeons say it was fine, but they did want the dye put in ███, and we couldn't put the dye in ███, and ██ finds that sort of thing quite disconcerting. All of a sudden something they're asking ███ to do ██ can't do, so ██ finds that quite troublesome.

Q Am I right in understanding that ██ was also admitted later in 2019, again for monitoring of ██ intercranial pressure?

A Yes, so that was the same period, so ██ had MRI scan on the same day and then ██ would have had intercranial pressure testing at the end of that day, which resulted in 24 hours in the hospital.

Q In your statement you indicate that you had some concerns about the monitoring equipment itself?

A So to put it into a tiny bit of context, we've actually just done the same process with the Royal Infirmary, and the machine in the Royal Infirmary now is a completely different machine from the machine we were using in DCN, and the one in DCM required us to take notes at given moments, what the pressure was, and we would write those down on a piece of paper, and there was a junior nurse assigned to do that, but the junior nurse was pulled off and then because my wife and I were with ███ 24 hours, we were then the ones who would take the notes down on the piece of paper, so we would then write on the piece of paper, I think it was every half an hour, what the pressure was, so that they could then monitor how that read out, and then, on a later occasion -- I do not think on that occasion, on a later occasion -- a registrar wanted to understand the screen further, so he asked our permission if he could use his private mobile telephone in order to take a picture of the screen so that he could then look at the screen on his mobile telephone.

So, effectively, that monitor was not working and they couldn't export data from it, so the data was just on the monitor, and hence we were writing the notes off the monitor. When you go to the new hospital, and I think I now understand what the neurosurgeon was trying to do, there is a gap in the frequency of when the

pressure is taken on the screen, and from that gap they can see if the brain is functioning the way they think it would, so hence I think that's why he took the picture, because he wanted to see the gap in the frequency and understand it further, but you couldn't download that information.

Q The equipment that you are referring to just now I think is different from the equipment that would be involved in the MRI scan. Is that right?

A Yes. The MRI is a different thing. This is just an intercranial pressure test.

Q Indeed. Are you indicating to us that the equipment that's now available in the new hospital is a more modern piece of equipment?

A I would say it was completely different. Completely modern. Absolutely.

Q And you wouldn't require to have somebody handwriting the notes, or taking photographs of what's on the screen. Is that right?

A No. That's right. That's correct.

Q Now, subsequent to, I think the first monitoring procedure in July, are we right in understanding that your ██ was admitted for a medical procedure?

A So we established through that intercranial pressure testing that ██ had low pressure. That's what was thought that ██ had, so we -- a decision was made to replace ██ shunt. So the valve that is ██ shunt, which is at the back of ██ head, the plan was to replace that with a new -- exact the same model as the old one, but put a new model in.

Q And how soon after that procedure was ██ discharged, can you recall?

A ██ was discharged the next day. It was decided that we would try and get ██ home the next day, so ██ came out of hospital the next day.

Q Was there any particular reason for that?

A I mean, I think we -- Sarah did spend that night at home, and then they came in the next morning and ██ was reasonably well. ██ had been quite aggressive in the recovery room, which is not unusual, but we have found a form of anaesthetics which means that ██ doesn't become aggressive. I think on this occasion -- again, I think this time thing is quite relevant in that I just -- and having gone to the new hospital again -- I just think no one had very much time to consider stuff, so looking

back at his old notes and things is quite important, and I think the anaesthetist on that occasion probably didn't, so when ■ came round ■ was reasonably aggressive and I think the decision was made, "Let's get ■ home as quickly as we can", when I say, "Home", to ■ flat in ■ so that if we needed to bring ■ in we could bring ■ in.

Q I will ask you two questions about what you've just said. When you talk again about this time element, are you indicating that the staff seemed stretched?

A Yes, I am.

Q And what would you consider the reason for that to have been at the time?

A Well, I just don't think there were as many of them as there should have been. I think the hospital move had -- the fact that the hospital didn't move I think impacted on the number of staff that were available. Registrars were working incredibly hard during that period. If you were having a conversation with a registrar about ■ their bleeper or their phone would be going permanently and quite often they would be quite distracted and have to move away so there was definitely, to my mind, a large amount of pressure during that period.

Q And did you indicate earlier that a feature, also, of care at this time was that some of the staff were not people who were familiar to your ■?

A Certainly nursing staff, absolutely. There were a lot of nursing staff who were not -- there were -- I think there were the odd registrar who we had never seen before, but in the main it was mainly the nursing staff who were different.

Q And the things that you've just said, were these considerations in getting your ■ home as quickly as possible?

A I think the first occasion -- I cannot say that's the case, I think the fact that ■ had not had a great time in the recovery room and then, I think, the next day the decision was made, "Let's try and get ■ home as quickly as we can".

Q I mean, just sort of stepping back a bit and thinking about the situation that you saw in the ward in the summer of 2019, how would you describe it?

A I think stretched is probably fair. I think the senior nurse was incredibly good and competent at managing what I think was a very, very difficult situation, and I think she

managed it incredibly well, and it wouldn't be unusual to see a queue of six people waiting to see the senior nurse, and they would just be down the corridor, and she worked absolutely tirelessly to keep that operation on the road, and she had two or three amazing lieutenants who were exemplary at making that happen, but it wasn't a natural flow. It wasn't what people should be going through. It was much more stretched than that.

Q So this was a noticeable difference from what had been before?

A This was 100 per cent noticeable from the 2018/17/16 experience.

Q Let's think about some other of the impacts and differences that you mention in your statement in the period after July 2019. Let's start with equipment. You've already given us some evidence just now on that. Apart from the piece of equipment that you've already told us about, did you have concerns more generally about the availability of equipment over this period?

A So when you -- like any operation, but particularly with a brain operation, they want to do observation every four hours, and they might do observations more frequently if you are very ill, and those observations are important, but they also wake you up, so you want them to be done as quickly as possible, and during that period some very basic equipment was lacking. It was there, but it was definitely lacking, so thermometers, there seemed to be a distinct lack of thermometers on the ward, and quite often, when they came to do observations, and what we learned was to ask the nurse, "Have you got ..." and then run through with them that they had everything, so a thermometer was number one. "Do you have a thermometer with you so that you are ready to do the work", and the second thing that they didn't have many of was -- [redacted] is very large, [redacted] as I have already said, is a cuff to go on for blood pressure testing, and they only had one large cuff, and that would migrate between us and Ward 31 and Ward 32, depending upon what was going on, so you sometimes have to wait for a bit for the cuff to arrive so that you could then get [redacted] done, and the worst situation would be if a nurse came in to do the observations and would wake [redacted] up to do the observations then realise that they hadn't actually got the necessary equipment with them to do it, and then would have to go away and find it, and

invariably they would then get distracted and come back 45 minutes later and you would go back through the process again, and none of that is helpful to keeping ███ calm, because █ is getting disturbed the whole way through, so we were trying to monitor that situation reasonably closely.

Q And was this something that happened seldom or regularly or somewhere in between?

A This was regular. This was a pretty regular occurrence.

Q And I wonder if I could now mention something else that I think you indicate may have deteriorated in this period. Did you notice whether there was any additional difficulty in being able to access readily available toilet facilities?

A So -- yes. I mean, that period was poor. I mean, we would 100 per cent go and check that the toilets were available before we got ███ out of bed to take █ to the toilet and there were occasions when we had to go to the toilet in the room. Now, █ actually had quite a problem during that period because █ had got a stomach infection which I don't know if we are going to deal with, but █ got a stomach infection in the hospital and that ended up with constipation, so that was difficult as well, and █ was on a catheter during that period as well, and so clearly, when █ was on a catheter, █ didn't have to use the bathroom.

Q As you've mentioned the stomach infection, what, in particular, was it, that was difficult about that?

A We've never been told, and we have asked and no one has ever explained it to us, but █ had an operation on █ head on 30 July 2019, and two days later █ ended up with a stomach infection which ended up with industrial quantities of antibiotics having to put into ██ and █ was incredibly ill, and why █ got a stomach infection we don't know. I have asked the hospital for the results of the blood tests that were taken at the time, and the blood tests are inconclusive as to what the stomach infection was, but didn't get the stomach -- one of the things you really don't want to happen is you do not want the shunt to get infected. That is life threatening, and it has happened to ███ in the past, and got an infection in █ stomach, and we don't know why. One could wonder whether it was the water or not, and it is definitely something that has concerned me that it was the water. We ended up having to -- we were so -- or the medical staff

were concerned about the stomach infection, that the end of the shunt comes out in stomach into pancreas, and so the concern was, was stomach going to infect up the shunt back up to brain, so we then had a procedure to externalise the shunt, so the shunt then comes out of chest, really, and on to a test tube on the side of bed, and we externalised it in order to stop the infection from happening, but at no point, no one has ever explained where got that infection from, so we still don't know.

Q And is the position of the hospital, or the health board, that they just don't know?

A We just don't know. That is inconclusive.

Q Now, going back to the situation on the ward in the post July 29 period, and, again, thinking of other things that you noticed at the time, I think one you've already told us about, there was an issue, I think, accessing the showers for a period? Is that right?

A Correct. So there was three days in August when we couldn't give shower.

Q And the explanation for that was that there was bacteria in the water? Is that right?

A Correct. The water had a contamination which they were uncomfortable with, so they had blocked off the showers.

Q And if it is not obvious, what was the impact on your not being able to have a shower for three days?

A As I think I have mentioned, a large, , and sweats a lot and you have to look after skin, have to look after in order that feels fresh, so it just raises the temperature of the whole situation.

Q And just thinking about that period, and thinking, again, about the impact on your , what was the impact on generally, on the cancelled move and on the signs of -- that you saw of things being more stretched on the ward?

A So -- well, I think if is -- actually I do actually think is now terrified -- I think if we had to go back to DCN and Western General, I'm not sure, unless was unconscious, we would get there, and certainly my wife would find it difficult. It was pretty impactful, and what would happen is somebody would do something, I don't know, like suggest that they were going to take blood from without giving correct warning, but if there

had been a series of things that hadn't gone quite according to plan, it could be as small as the food for lunch not arriving in time, or whatever, so it all just gets bigger and bigger and bigger and ■ begins to get frustrated, and then somebody says something like, "I'm going to take blood from you now ■, without giving ■ any warning, what then happens is ■ says, "Well I'm leaving, I'm done with this, that's it", and ■ just decides ■ is going, and that's when you end up with a very, very dangerous situation indeed because ■ just decides ■ is going to get out of the hospital, and ■ did that on -- I can't remember how many occasions but call it four, it might have been five, it could have been three, but it was enough, and you end up with large numbers of people, up to 15 people trying to restrain ■ from going, and it then takes horrible, horrible psychotic drugs to bring ■ back down and put ■ back into bed, and there were times when security were called and all of that, and, I mean, I -- when security was called I largely got rid of them and said, "This is absolutely not happening", and moved them to the side, so both my wife and I are quite practised at it, but it's not a pleasant situation for the staff, it's not a pleasant situation for us, it's

not a pleasant situation for the other patients, and it's definitely not a pleasant situation for ■ so you avoid it as much as you can, but it was happening too often during that period, and it was difficult to manage.

Q Had it happened before that period?

A It had happened previously but not at the same frequency. We were seriously worried about it in that period.

Q And was it your impression that there was a particular reason why it was happening more regularly?

A I mean, I undoubtedly think that the ward was a tighter place. It was under pressure. It was a difficult place to be.

Q Now, I wonder if we can speak about something that you've touched on. You've spoken about the showers. I wonder if we can speak more generally about water.

Now, can you recall whether, before July 2019, there was ever any issue about using the water on the ward?

A I don't think that I have had an issue of not using water. I do recall, I think, in my head, that water has been regularly tested, so I think there was regular testing going on of

the water within that facility, and I imagine that was very prudent. I am aware of other patients who had become ill because of water in the hospital, and there was a significant amount of testing going on during that period in 2019, so there was a person who went round, I would almost say daily, but it was certainly two or three times a week, in order to test the water.

Q Can you have a look at paragraph 51 of your statement, Mr Landale?

A I think that's correct. So -- yes. I don't think we ever -- didn't have to not use the water, but that would be my recollection, so I think on that occasion, so in the ward in 2019 there were sinks in the little rooms that we had, and I think we were told that ███ should drink from the water that was given to ██ in a jug, so I think that was the case.

Q Thank you.

One thing I also mention in your statement is that you have a recollection of seeing rooms being taped off in 2019, I think. Is that right?

A So the shower facilities were taped off with yellow and black tape to say not to use them.

Q And are you indicating that there were notices up in relation to the use of water? Is that right?

A Yes. So I think -- they were certainly saying that the showers were out of use. If I'm honest, I can't really remember whether they said -- I don't remember -- they just said they weren't in use. I can't really remember if they said that they had bacteria or anything. I don't think they did do.

Q Okay. Thank you.

Now, something that you've touched on today, and we will move away from the subject of water, is work that you saw being done on the ward after the postponed move, maintenance work in particular, and I think you've already indicated that there were impacts upon your ██ in relation to that. I think you mentioned, you know, hearing a drill going on and that sort of thing. Do you want to tell us a bit more about the maintenance work that you saw being done?

A So one of the four-bedroom wards was closed down, and this did have an impact in that equipment was moved out of that room and was put in the waiting room and in the outside corridors and wherever, and then that room was then being redecorated, and I think there was also a move to sort of roll that on and keep redecorating as it went forward, so there was definitely a programme of

bringing the ward up a bit from where it was prior, so during that summer or autumn period there were a lot of maintenance men, buildings, painters, around.

Q And was this disruptive?

A Yes. 100 per cent. It was more disruptive than we had experienced in the past, so there were people in the ward getting the ward spruced up, and, you know, I think it was a genuine attempt to try and make things better than they were, so on the one hand I'm critical of it, but on the other hand I understand that they were trying to make things more comfortable for people.

Q And was one of the disruptions, I think you've just touched on it a moment ago, was that there was an impingement on the availability space on the ward? Is that right?

A Yes. So, I mean, compared to a modern facility where you go to a proper waiting room and there's an area and there's a -- you are pretty comfortable, certainly in the Royal Infirmary the other day that was the case, the waiting room was taken up with equipment like lifting equipment -- there was stuff -- there was a lot of kit everywhere during that period.

Q And do you remember in particular thinking about the waiting area? Do you remember any occasion where that impacted upon your ■?

A So during that period we used to try and get home, as I say, pretty quickly, and, as I say, ■ had one massive amount of antibiotics put into ■, and, secondly, these psychotic drugs that ■ was given did not help ■, and when we got ■ home on one particular occasion ■ really was not very well at all, and we -- I think it was the end of August, if I'm right in thinking, we actually ended up taking ■ to Dumfries hospital because ■ was all over the place, and then we got ■ home from Dumfries hospital because ■ had settled down, then we rang into the ward to say that we thought we ought to bring ■ up because ■ was getting dizzy, and when I say ■ was getting dizzy, ■ would lie on the -- we would try and take ■ for a walk and ■ would lie on the drive to try and stop spinning, so, I mean, ■ really wasn't well. We brought ■ up to the ward and we rang into the ward at 7.30 in the morning and we got there by 9.30, and we were put into the waiting room, and the waiting room, I think had a seat for ■ but Sarah and I hardly sat, ■ ended up on the floor. ■ was not well, and we were there for about

seven hours, so it was a very, very uncomfortable experience during that time, and it wasn't a waiting room, it was a space with a chair in it. It was not a good facility at all.

Q If we go back to the very beginning of your evidence when you described Ward 31, you said that even at that stage, 2015 to 2018, it wasn't -- it was sub-optimal, I think would be the way you described it. Are you saying to us that by this stage it was actually worse?

A Yes I am, yes. I mean, it was as if -- and this is the case, you know, they thought they were moving, so they had to move equipment around in order to get the whole thing back up and operating again.

Q Now let's move on, then, to just ask you about a couple of other things. If I was to ask you to encapsulate the level of communication with patients and families in relation to the move to the new hospital, how would you describe it?

A Non-existent.

Q Have you indicated that, in fact, to date it remains the position that you haven't received any communication about the move?

A No.

Q Now, did all of that, and

all of the experiences that you've described, lead you to complain to the health board initially about these matters?

A It probably doesn't seem like this, but we are not -- we are genuinely not complaining type of people, so we see that, you know, a ball ahead of us and we try and hit the ball wherever it lies on the fairway, depending upon what it is that we've got to tackle, so it's not something that I'm used to, and I'm actually that comfortable with. When it was clear -- it became clear to us that 2019 had not been a good experience, I did write to the chairman at the time, Brian Houston, and then subsequently a couple of other letters, largely out of frustration more than anything else, so we didn't follow -- it did occur to me but we didn't follow any formal complaints procedure, and to be honest, we found ourselves in a -- the same situations as the medical staff. I mean, I have absolutely no criticism of the medical staff whatsoever here. I think they were in an invidious position. I think it was incredibly difficult for them, and I think -- as it was for us, so running around complaining about different things and the fact that we were -- had too many temporary staff or whatever, wasn't really going to achieve very

much, and it wasn't until the hospitals inquiry came forward that I thought we maybe ought to try and make people aware of what was going on.

Q Thank you. Now, if we look at -- if we have you look at your statement and just identify the relevant passages for us, please, Mr Landale, I think we see at paragraph 80 you refer to the letter, Mr Houston, who was the then chair of NHS Lothian. Is that right?

A That's correct. Yes.

Q We don't have the correspondence in front of us and I don't expect you to have photographic recall of what it said, but just broadly, what was it you raised with him?

A I was really raising with him that we had been through a very painful process and was it really right that we were going to open in 2020, and was he confident and was his board confident that that was going to happen in the spring of 2020. Was that something that was going to occur, and he replied with a very nice letter to me and offered me a meeting with the deputy chief executive Mr Cromby.

Q So it would actually perhaps not be fair, despite the heading of complaints in this section of your statement, really what you were

looking to know is where the ball was going to be lying on the fairway next?

A Yes. I think by then we were very concerned about the facilities we were in and it was really not a good place to be.

Q And you indicated Mr Houston arranged a meeting with Mr Cromby, the deputy chief executive. Is that correct?

A Yes. That's right.

Q And you met with him. Is that right?

A I did. Yes.

Q Can you outline that discussion to us?

A Yes. On the one hand, what I wanted was reassurance that it was going to open in 2020. At the time we were still had -- well, we still do today have ███ with a headache, so I was concerned that the level of -- in my opinion, culture within DCN has been diminished by non-move, and I think that Edinburgh neurosurgery is one of the proudest facilities in Scotland if not in the United Kingdom. It should be an absolute beaming light of what's going on, and I think that the non-move over a period of time has diminished that, and I was trying to get that over to Jim Cromby that I felt there was a wider problem within that department, and he was, on the one

hand, very -- he went out of his way to say how distressed he was that the move hadn't taken place, and, on the other hand, he was very full of the work that was going on in order to get the new facility open, and I don't think that middle ground piece was something that he was with at all. It didn't resonate with him, in my opinion, but that may be different.

Q I think, do we see eventually that you wrote a letter to Ms Roberton who was, at that time, the interim chair of NHS Lothian in May 2020? Is that right?

A Yes. So, I mean, that was probably a knee jerk reaction, if I'm honest, but what started to come out in the press was how brilliantly NHS Lothian, or how brilliantly IHSL and NHS Lothian were going because they were going to deliver this hospital ahead of time, so there was articles starting to appear, and actually there was a PR statement on NHS Lothian's website which indicated that they had done an amazing job at getting the new hospital ready, and that it would be open in -- well, effectively, early summer 2020, and that absolutely was red rag with a bull to me because here we were, effectively -- well, nearly eight years later than the original opening was promised, and we were congratulating ourselves that things were going brilliantly, and on the website, despite the fact that I had told Mr Cromby in February, and on the website it was still stating that we were opening a hospital in 2015, so there was definitely a lack of grip in that organisation going on, and I was keen to point that out to the new interim chairman.

Q And the response that you received, were you content with that?

A She wrote a nice letter back and I decided to drop it, if I'm honest. I thought that they had to get on and -- they had -- they didn't need people like me firing off more and more letters of Mr Angry, and I felt it was -- I think I sent an email back to her secretary saying, "Good luck". I can it probably said in the email, "It would be nice if you could change your website", but that was sort of where it sat. It was that kind of exchange.

Q I want to move, now, Mr Landale, towards the conclusion of your evidence, and I want to have you think about impacts. You've already given us some evidence about this, and, first of all, I would like to maybe just have you capture your thoughts on the impacts that the delay in the move to the new hospital has had upon your

[REDACTED]?

A So there is no doubt that in July 2019 my [REDACTED] was better than [REDACTED] is today, so we've put [REDACTED] through this period and [REDACTED] came out of the period substantially worse than when [REDACTED] went in. Now, that's not -- that can happen in any health situation, and I get that, so whenever you go in to do operations and things, you accept that things can go downhill, but I think in 2019 my gut tells me that the attention that [REDACTED] should have got in that period was not given, and the reason it wasn't given was the hospital didn't move, so the senior neurosurgeon did not review the decision that was made in order to give [REDACTED] an operation in 2019. [REDACTED] did get an infection in [REDACTED] stomach in 2019. Nobody has explained that, why [REDACTED] got that, nobody knows but it has to have come from something somewhere, and we were in a hospital at the time, so it would -- [REDACTED] got an infection. We then ended up with five operations, seven anaesthetics, a really, really dreadful period which was just inexcusable in 2019 in Britain to expect people to go through. It was not a period that you would ever want to put people through, and to have a situation whereby with five days to go the cabinet secretary pulls the hospital from moving and the

website says that the hospital is moving in 2015, and there is a piece of -- there is a report on the website that says that the hospital in 2008 needs £14 million spent on it, and that was not spent, to my knowledge, on that hospital in order to bring it up to modern standards, so they have then made a decision to build this new hospital, is absolutely disgraceful, and you then have executives who are not accountable for this really appalling state of affairs, who then retire and they have absolutely no come back on them, you've got contractors who have, from what I can see, have got no come back on them, and the taxpayer has had to bail them out, and then you've got senior politicians who have moved on, so the level of accountability is really not there in terms of the facilities that were provided during that summer, so I'm afraid I think the impact was big, and I think we were very unlucky that we were in the middle of it.

Q I was going to ask you additionally about the impact upon you and on your wife, and indeed on the rest of your family.

A So my wife has had, since April 2019, has had seven days now without my [REDACTED], so we've pretty well been in full-time care. I have had

more time than that, but she has pretty well been in full-time care since then. If we didn't have a fantastic marriage, the resources that we have, and we are very, very fortunate we do have good resources, I think my [redacted] would be being looked after by the state currently, and I think it would be costing a vast amount of money for [redacted] to be looked after, and [redacted] would not be in a great position, and so it has had an impact on my wife, as it has had an impact on myself, and [redacted] [redacted], both of whom are abroad, we haven't been able -- the pandemic clearly hasn't helped, but we haven't been able to visit them in their lives abroad since this whole episode started, and whether we will be able to do that, we will see, but at the moment what we've got to try and do is get [redacted] better from where [redacted] is today, which is a long road, and see how we can go from there.

Q Thank you. Now, Mr Landale, I don't have any further questions for you but I wondered if you had anything additional that you would like to add before you conclude your evidence.

A Well, I'm very, very grateful to Lord Brodie and his team for putting this together, and I very much look forward to the investigation,

and I have written in capital letters across here which I do think is important, is that there has to be accountability for projects like this, and accountability is absolutely fundamental if we are going to deliver successful -- a successful healthcare service, so I feel there hasn't been accountability taken here, and I hope very much that accountability will come out of this process.

MR DUNCAN: Thank you, Mr Landale.

My Lord, there are no further questions.

THE CHAIR: Thank you, Mr Duncan. Thank you, Mr Landale. Thank you for coming and giving your evidence in person, but thank you also for giving the written statement, because it is two aspects of it all, and it will be part of the evidence that the inquiry will consider and I have been following closely what you had to say. Thank you very much.

A Thank you very much.

THE CHAIR: Thank you very much. You are now free to go.

(The witness withdrew)

Now, Mr Duncan, as I understand it, that's our evidence for today. We have a witness scheduled for 10

o'clock tomorrow morning and a witness who was originally not scheduled for tomorrow who we hope to hear from remotely at 12 o'clock?

MR DUNCAN: Indeed, my Lord.

THE CHAIR: Right. Well, good afternoon and we will sit again at 10 o'clock tomorrow morning when I will see you again. Thank you.

(End of Afternoon Session)