



## SCOTTISH HOSPITALS INQUIRY

**Hearings Commencing  
20 September 2021**

Day 6  
Monday 27 September  
Morning Session

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**10:00**

**THE CHAIR:** Good morning everyone. Before I invite counsel to lead his first witness, could I just remind everyone listening of what I said last Monday. The inquiry is anxious to protect the privacy of particularly children involved in the inquiry and with a view to do that as the court participants will have seen, we have redacted names and certain information, so can I ask again that anyone listening to the evidence also respects the privacy of these children, particularly by not mentioning names which, as we've seen last week, inevitably emerge in the course of testimony, so if that could be done, I would be grateful. Now, with that by way of introduction, Mr Duncan.

**MR DUNCAN:** Thank you my Lord. The first witness this morning is Annemarie Kirkpatrick.

**THE CHAIR:** Thank you. As you understand you are going to be asked questions by counsel to the inquiry, Mr Duncan. It may be, and I don't know, we might take most of the morning for that evidence. Much depends on how it goes. I would normally take a coffee break about 11.30 or so, again, taking my cue from Mr Duncan but if, at any stage, you need to take a break, just tell me. You don't need to explain, just

tell me we need to take a break, catch my eye, and we've got Ms Black here who will also help with that. So feel free at any time just to take a break if you want a break?

**A** Yes.

**THE CHAIR:** Now, I think you are prepared to take the oath?

**A** Yes.

**Ms Annemarie Kirkpatrick**

**(Sworn)**

**Examined by Mr Duncan**

**THE CHAIR:** Thank you very much Mrs Kirkpatrick. Mr Duncan.

**MR DUNCAN:** Thank you my Lord. Good morning again, Mrs Kirkpatrick.

**A** Morning.

**Q** Can I just begin with some formal questions and first of all have you confirm that you are Annemarie Kirkpatrick and that you live with your husband and daughter near [REDACTED]. Is that right?

**A** Yes.

**Q** Thank you. You are currently working. Could you us what your line of work is?

**A** I'm a social worker and I'm also a student.

**Q** What are you studying?

**A** Masters in social work.

**Q** And I think we can understand from your statement, Mrs Kirkpatrick, that your daughter is presently 17. She got leukaemia when she was nine, I think, and you have provided a detailed statement about your experience of the treatment for that condition, first of all I think at Yorkhill Hospital, and then at the Royal Hospital for Children and the Queen Elizabeth University Hospital in Glasgow. Is that right?

**A** Yes.

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

**A** Yes.

**Q** But you've agreed to come along and answer some more questions about some aspects of your experience. Is that right?

**A** Yes.

**Q** I think you've got a copy of your statement beside you. If I just reassure you that you are not here to be tested on dates or anything of that nature, and I will walk you through the timeline. If you do want to go to your statement at any point, just say so, and can I just reiterate what Lord Brodie has said, if you want to have a break for any reason at all, please just say.

Let's start with some background, Mrs Kirkpatrick, and if I want to go to your statement at any point I will tell you that I'm doing that. There's one wee bit that I will put up on the screen. We will start off with some background. We think in the inquiry that in order to understand how the issues with the hospital affected patients and their families, first of all we need to understand a wee bit about the patients. We need to know a wee bit about them. So I was wondering if you could maybe just tell us a wee bit about your daughter.

**A** Yes. So, Stevie-Jo is very much a bubbly child, well, teenager. She loves football, she loves music. She loves spending time with her friends. She's doing very well in school, considering everything that's happened, and she wants to be a nurse when she leaves school.

**Q** Is there any particular area of nursing that she's thinking about?

**A** Yes. Paediatric cancer nurse.

**Q** Right, and when you say she's keen on football, just watching it?

**A** No, she loves playing football as well. Well, she did previous to her illness, but she's hopefully starting to get back into playing

football.

**Q** Good. Let's move on then to think about her journey beginning, I think, in 2014. February 2014, I think she was diagnosed with acute lymphoblastic leukaemia, is that right?

**A** Yes.

**Q** And she was nine years old then?

**A** Eight.

**Q** Am I right in understanding that she received treatment at Yorkhill Hospital for just over a year? Would that be right?

**A** Yes.

**Q** And did she have inpatient care there?

**A** Yes. So she started her treatment in Yorkhill, so we were in hospital for three months in the initial phase, and then she went on to consolidation and we got home from then, and then we done monthly appointments up at Yorkhill for bloods, and ...

**Q** Thank you, and I think that's very helpful because one thing that we've learned in the past week with treatment for leukaemia is that there are separate stages. Is that right?

**A** Yes.

**Q** And I think your

recollection is that at some point in 2015 services were transferred over to the new hospital. Is that right?

**A** Yes.

**Q** And am I right in understanding that your daughter went on to outpatient services there? Is that correct?

**A** Yes. We attended monthly.

**Q** Yes, and I think eventually she was discharged from that round about July 2016? Is that right?

**A** Yes.

**Q** Now, during that process I think you describe how Stevie-Jo had to attend something that you refer to as, "Clinic", at the new hospital?

**A** Yes.

**Q** What was that?

**A** So that was when she would go monthly, and she would get her bloods checked. She would be checked over by doctors there and she would get a monthly dose of steroids and some chemotherapy that she took at home so she would take chemotherapy daily in tablet form and she would get vincristine once a month.

**Q** And do we see from your statement, Mrs Kirkpatrick, that you had, even at that stage, you had some

concerns about the set up for attending clinic? Is that right?

**A** Yes. One of the things we noticed going from the old Yorkhill to the new hospital was that the kids from the Schiehallion ward, so kids who are very vulnerable with their immune systems were sitting in the atrium, which is like the reception area of the main hospital in The Children's Hospital. People were coming through there who would have colds, who would have bugs. It was also other children from other clinics were all mixed in together, so the kids were at quite a high risk of catching infections or illnesses from other people passing through, whereas at the old Yorkhill they had their own separate clinic and it was in a room like -- they had their own waiting area so it was just the kids from the Schiehallion ward who waited in that area.

**Q** Thank you, and at this stage of things when Stevie-Jo was at home, was she still going to school?

**A** Yes.

**Q** Now, I think we can understand from your statement that from the treatment that Stevie-Jo had already had, there had been some damage to her liver. Is that right?

**A** Yes.

**Q** And do we also

understand from your statement that at this stage she was also on antibiotics? Is that right?

**A** Yes.

**Q** And you describe in your statement how, following these visits to clinic, there was a strange pattern emerged.

**A** Yes.

**Q** What was that?

**A** So every time we were up in clinic at Glasgow at the Queen Elizabeth, within a day or two days after being there, Stevie-Jo would always be -- it might be to Dumfries and Galloway Royal Infirmary, she always had some high temperature and some infection so she would have to stay in for 48 hours on IV antibiotics, and then she would be discharged.

**Q** And did anybody say anything about that at the time?

**A** No. The pattern -- Stevie-Jo's doctors in Dumfries had started at the end picking up why she was always coming in two weeks after she had been at Glasgow, but we weren't sure at that stage if it was just because of the amount of chemotherapy that she had had, if her immune system was just really low, and she was just picking up normal bugs like what kids can do when their immune systems are low.

**Q** Yes. Okay. Well, let's move on, then, in the story and move up towards July 2017. I think I understand from your statement that eventually the regular attendance at hospital came at the DGRI. Is that right?

**A** Yes.

**Q** And eventually, during that, around -- during the process of those checkups I think there was a stage where I think Stevie-Jo's consultant wasn't very happy with the way that she was presenting. Is that right?

**A** Yes. Stevie-Jo's blood results had never really recovered. Usually when the kids with cancers in their immune systems, once the chemotherapy stops, usually their white bloods and their red bloods and platelets begin to return back to a normal stage. Stevie-Jo's had never returned. They always stayed really low. So her consultant at Dumfries had decided that she wanted to investigate it a bit further to see what was going on, so she had looked at the film of the blood and had found abnormal cells within the blood and Stevie-Jo was then diagnosed as relapsing her leukaemia.

**Q** Yes, and I think we can see on 3 July in fact she was

transferred to the Royal Hospital for Children. Is that right?

**A** Yes.

**Q** And she was 13 at this point?

**A** Yes.

**Q** How were you feeling at this point when you got this news?

**A** Obviously anyone who is given that news, it's devastating, especially after Stevie-Jo had already been through treatment, but to be honest I don't think we were really too surprised because we kind of thought there was something with her bloods never recovering, so at that stage it was just, "Let's go again and get through the treatment again".

**Q** Okay, and I think Stevie-Jo was admitted to Ward 2A in The Children's Hospital. Is that right?

**A** Yes.

**Q** I think there was some concerns about her liver, but there was a decision to go in with quite intense chemotherapy at the start. Is that right?

**A** Yes. So Stevie-Jo's chemotherapy treatment got altered a bit more than because usually there's a set path that the treatment plan is, so Professor Gibson, who is Stevie-Jo's consultant -- who has been throughout -- she had decided to just alter some

things, so steroids were a big thing that she wanted to take out so that that didn't have an impact on Stevie-Jo's liver and the vincristine she wanted to reduce out of it as well.

**Q** And do we understand from your statement that remission was actually achieved quite quickly? Is that right?

**A** Yes. So when we first went up, when Stevie-Jo relapsed we were told that the hope was to get her back into remission within the first month, the first round of chemotherapy. If not, then we may have to look at stem cell transplant or an alternative but luckily Stevie-Jo went into remission straight away within the four weeks.

**Q** Yes, and having got her into remission, is it then just a question of going through these different stages of treatment after that?

**A** Yes.

**Q** And do I understand from your statement that in the case of a girl it would be projected that that would last for about two-and-a-half years?

**A** Yes.

**Q** I think we can see from your statement that Stevie-Jo would go on from this point to stay in Ward 2A for six to eight months or something of that order. Is that right?

**A** Yes.

**Q** And who stayed with her during that period?

**A** Myself.

**Q** Now, I think shortly after her admission she was fitted with something that we've come to refer to as a "Hickman line", and that you refer to in your statement. Now, this is a point where I would like you to look at your statement?

**A** Yes.

**Q** And I'm going to ask Mrs Verrechia, who is assisting us today, to put up a section of your statement on the screen -- page 9 of Bundle 4. It's paragraph 30 of your statement. It will come up on the screen. If we go back a page, Mrs Verrechia. Thank you. Mrs Kirkpatrick, could I just ask you to read out paragraph 30 if that's okay?

**A** Yes:

"Stevie-Jo's line went in through a vein in her neck and sat on her chest. It was on the right side of her chest, and it was attached on to the skin. It had two tubes that hang out of it with clips on it, one for blood and one for treatment. The clips on the tubes are to stop the blood coming out or anything going in. The medical staff have to open the clips when they're taking blood or

putting anything in. There was one tube going into her neck, and then it had a little box like a little square clip, and then it had two tubes coming out of that: a red one and a white one. The red one was for taking blood, and the white one was to administer treatment. The separate tubes were so they didn't contaminate the blood or the treatment lines. The clips were actually in the middle of actual tubes like little pegs, they gripped the tube to stop anything coming out for the blood line and sealed it off. When medical staff were taking blood or putting anything in they had to open that first then connect to the tube onto the line. On the end of both the tubes there was a connector which the blood bottles could be connected to".

**Q** Thank you very much.

We can put that to one side. I think you go on later in your statement to say that at some stage there were caps added to the Hickman line. Is that right?

**A** Yes.

**Q** Was that something that had been a feature of Hickman lines that Stevie-Jo had when she was at Yorkhill?

**A** No.

**Q** Did you have any discussion with any of the nursing staff about this?

**A** Yes. When we arrived at clinic and the nurses were putting the green caps on we asked why they were putting the green caps on and what they were for because obviously we had never seen them before, and they had said because a lot of the kids had been getting infections in their lines -- so these little caps had a sterile end on it, so it was like disinfectant blood kind of thing, cloth on it -- that was to keep their lines clean, so every time someone went into the line these had to be replaced and new ones put on.

**Q** I think we can see from your statement, Mrs Kirkpatrick, that you indicate that, in fact, the nurses had said to you that there had been some sort of concern from the infection control team about whether the lines were being kept clean. Is that right?

**A** Yes.

**Q** And can you say whether the discussion that you had around line infections, was that also something that you had experienced at Yorkhill or was that different?

**A** Never. When we were at the old Yorkhill we had never heard of

a line infection, we had never heard of any of the children, and we had a really close relationship with a lot of the parents and the children within the ward in the old Yorkhill, and we had never once heard of any of the children having a line infection.

**Q** Do you recall whether during, if you think about just initially this initial period of Stevie-Jo's inpatient care, do you recall members of the infection control team being on the ward?

**A** Yes. We seen infection control quite often on the ward. It was one of the things that we had picked up on quite a lot and we kind of questioned, and one of the things -- things were really different compared to the old Yorkhill. The kids used to have posters up on their walls, they used to have pictures in, like, the playroom, they would draw pictures, they would all be hung up in the playroom, they would be along -- there would be a long string, they could draw on their windows, the children weren't allowed to do any of that in the new hospital.

**Q** Thank you. Now, I want to go on, in fact, and now think about your description of Ward 2A, and you set out that at paragraph 38 -- we don't need to look at it -- a comparison of

how it looked compared to Yorkhill which is very helpful. I want to ask you about some positive aspects of Ward 2A that you identify. Now, I think we know that Stevie-Jo was in the Teenage Cancer Trust unit. Is that right?

**A** Yes.

**Q** And I detect from your statement that you have positive things to say about that unit. Is that fair?

**A** Yes.

**Q** There was -- I think there was a common room, is that right?

**A** Yes.

**Q** And you mention also there was a coordinator who, you know, organised things for the kids. Is that right?

**A** Yes.

**Q** And these were all good things?

**A** Yes.

**Q** What activities did Stevie-Jo and the other teenagers get from that unit?

**A** So within that unit they had a pool table, they had full Sky TV, they had cinema, chairs, they had a jukebox, they had a coffee machine, fridges. Ronan, who was the Teenage Cancer Coordinator, he would have people coming in to make pyjamas, they would do guitar lessons. They

would have loads of people. I'm trying to think of all the different things that they had now. People coming in just doing chats with them to make them -- Obviously teenage years is quite hard for someone going through treatment, so Ronan would invite people who had already been through treatment who had come out the other end, come in and speak with the kids, he would have pizzas delivered -- anything that they wanted, really, he would --

**Q** Very roughly, how many teenagers would there be in that unit from time to time?

**A** Five or six.

**Q** And what span of ages?

**A** From 13 to I think it is 25 that the Teenage Cancer Trust --

**Q** Right. I mean, if it's not obvious, Mrs Kirkpatrick, I'm sure it's obvious to you, but I wonder if you could share it with us, what benefits do these facilities offer to teenagers who are going through cancer treatment?

**A** A lot. For the teenagers we found a lot of them, when they first came in and when they were first diagnosed, a lot of them would just stay in their room. They would shut off from everyone, really struggling to come to terms with what was going on, how to deal with it, so Ronan would go -- well, Ronan and Stevie-Jo -- would

go in and encourage the kids to come out of their room, to go into the TCT area and just help them with their anxiety, with just taking their mind off it, just for half an hour, just to be like normal teenagers, just spend time with each other. I think it's quite hard -- teenagers can speak with their parents but if you are not going through that situation, you can't really understand. You can try and understand, so I think for the teenagers it was really important for them to have someone to meet with and they could discuss their concerns and see that things would be okay, and they could get through it.

**Q** Yes. Thank you. I was struck by what you said at the very start of that answer when you said, "We found", teenagers would stay in their rooms. Was there a sense of community that you felt part of?

**A** Yes. So the parents within that -- because you were in such a small unit, it's the same in the ward, all the parents usually meet in the kitchen area and the parents' room, so you are needing people to lean on when you are in a situation like that. A lot of people -- I know for myself, my husband was still at home working so I was up in Glasgow on my own with Stevie-Jo, so having that time just with parents just to have five minutes out of

the room and lean on someone else who's going through the same experience. Obviously your family are there to help but they don't know if they're not going through the same experience.

**Q** I mean without going, you know, too far into it, there must be times where a parent goes through a particularly tough time?

**A** Yes.

**Q** And was the parents' room something that was an outlet for that?

**A** Yes. When you first go in and you feel like the world is ending, pretty much, when you are facing something like that with your child, and everything is uncertain, so just to sit and be able to open up to people who know what it's like, who know they're going through the same experience who can fully understand, and sometimes when kids first started treatment it's very intense.

So Stevie-Jo was on morphine, ketamine, chemotherapy, she had loads, so I couldn't leave the room. She was in a lot of pain, so just to have that five minutes where the nurse could come and say, "Just go and grab a coffee", you could go into that room and quite often there would be another parent in that room that you could just

offload, and just have five minutes of normal chat, or just sit on your own and have a coffee out of the room. It was really vital.

**Q** How does it feel as a parent to watch your child going through cancer treatment?

**A** Horrendous. I don't think you could actually put into words what it's like. You feel helpless, there's nothing you can do, you would hope that you could take it away, but you can't.

**Q** And the parents' room, I'm getting from what you are saying and what others said last week, that sometimes you might be the supporter in there, sometimes you might be the person being supported?

**A** Yes.

**Q** And another thing I think I see emerging from your statement, you talk about the relationship with the nurses on the ward. Is that right?

**A** Yes.

**Q** Stevie-Jo in particular had a good relationship with quite a number of them. Is that right? Why was that?

**A** Yes. Stevie-Jo pretty much grew up in the hospital, so a lot of the nurses from the old Yorkhill came over to work in the Schiehallion, or they had changed over to the pain

nurses or something, so Stevie-Jo had known these nurses for a lot of time, so they became like family to Stevie-Jo, friends and family, so she had a really good --

**Q** Thank you. Now, you also have some less positive things to say about Ward 2A, and I want to look at those now. One of the things you say is that it could be quite noisy if you were near the nurses' station. Is that right?

**A** Yes.

**Q** You then say a number of things about the room that Stevie-Jo was in. Now, you very helpfully describe the ward to us, and I think we've seen pictures of it, and we know it's like a running track, and I think what you are describing is that the Teenage Cancer Trust room that Stevie-Jo was in was on the inside track. Is that right?

**A** Yes.

**Q** And so as a result, it looked out onto the atrium. Is that right?

**A** Yes.

**Q** And I think you say that there were some consequences as a result of that. What were those?

**A** So the noise was one of the things. The cleaner would go up on a big cleaning machine at, like, 2/3

in the morning, pulling chairs about, so you couldn't get any sleep. The lights never went off so inside the atrium there was really bright lights. There was blinds on the windows, but they never closed over properly, or they would be broken, and because they were fixed inside the window you couldn't actually fix them or get them fixed, so yes, we could never get any sleep because of the noise. Stevie-Jo had been in, like I said at the beginning, for near on eight months. We hadn't actually seen any daylight, natural daylight. It was just all from the lights. Yes.

**Q** And when you speak about the noise coming from the atrium, I think in your statement you also indicate that there was an out of hours service there. Is that right?

**A** Yes. So that was the doctors' out of hour surgery, so at nights you would have people coming in drunk. It was adults as well as children, so you would have people coming in, they would be drunk, on drugs, they would be shouting, they would be screaming. There would be kids who were obviously not well and crying, and just wandering about the hospital, just late -- all night.

**Q** I think you indicate that there was also a problem with the TV

in the room.

**A** Yes. Stevie-Jo's TV never worked.

**Q** At all?

**A** No. It would -- the nurses would quite often get the engineers to come and have a look at it and things like that, so we ended up just buying Stevie-Jo an iPad so that she could have something to watch.

**Q** Something else that you mention in your statement at paragraph 127 of Mrs Kirkpatrick's statement is something to do with the amount of power points or plug points?

**A** Yes.

**Q** Was that in the room?

**A** Yes.

**Q** What was the issue with that?

**A** So when Stevie-Jo was really not well and she had -- when she first started her treatment and she needed a lot of -- so she would have bloods, she would have fluids, she would have her chemotherapy, she would have morphine, ketamine, other pain relief going in, her platelets would be running, and food, when she had a feeding tube, and there wasn't enough plugs in the room so we were having to plug some in and then through the night we were having to get up and swap them over because the batteries

on, like, the fluid machines, the batteries never had enough charge in them, so as soon as you plugged them out the alarms would be going off. So to try and keep all Stevie-Jo's medication that she needed going, we were having to switch the plugs over every half an hour, and then if she needed the toilet, because they were all on the one side of the room, so if Stevie-Jo needed the toilet throughout the night I was having to try and carry her, unplug all the plugs, and move her from the bed to the toilet, which was at the other end of the room, and quickly get her, and then back, so that the machines didn't stop because they didn't have enough charge to wheel over.

**Q** Another thing that you mention in relation to the room is the heating --

**A** Yes.

**Q** -- or the temperature. What was the issue there?

**A** Well, the temperature was always too hot in the room, so we questioned quite a few times, because Stevie-Jo would spike temperatures, so -- and once the kids spiked temperatures they need to go on IV antibiotics for 48 hours. The heat was so intense in the rooms but you couldn't turn it down so there was like

central heating, and it had like a dial but you could never -- the central heating, you could never regulate it, and then at nights it would go freezing cold, so it was -- yes.

**Q** And without jumping ahead too much in the story, we do know, of course, that Stevie-Jo eventually ended up on Ward 6A. Can you say whether the issue you've just described was present there as well?

**A** Yes.

**Q** It was? And in the context of a child who is suffering a temperature spike, was that a particular issue?

**A** Yes.

**Q** Again, if it's not obvious, can you describe that to us?

**A** Yes. Every time we were in the hospital Stevie-Jo would have a temperature, so she would have to go on antibiotics, or every time we left the hospital or we were at day care, she was always getting temperatures.

**Q** And if you are in a room that's too hot it's just going to make it less comfortable?

**A** Yes.

**Q** Now, just thinking about the issues that you've just described and thinking back to Stevie-Jo's time as an inpatient in Yorkhill, what comparison would you draw?

**A** Completely different experience. When Stevie-Jo was in the old Yorkhill she would get illnesses, she would have the flu or she would -- I think she got shingles when she was in the old Yorkhill when we were at home. Very rarely she would have a temperature. At the new hospital she constantly had a temperature.

**Q** Thank you. Now, I want to move on a little to talk about something else, but I still want to try and keep the evidence to just looking at the initial phase of treatment so the period on Ward 2A. In your statement you indicate that you began to develop an awareness of an issue to do with safety of the water --

**A** Yes.

**Q** -- just to help introduce this for those who want the references, paragraph 168 onwards in Mrs Kirkpatrick's statement she speaks about this. So let's just try and think about how this issue emerged for you, and as I say, if we think about the early stages on Ward 2A. If you want to just describe how you began to become aware of an issue to do with the water?

**A** I think when we first noticed it was that the dishwasher in the TCT, we weren't allowed to use the

dishwasher, it had been turned off and there was a sign on it saying, "Not in use. Please don't use", so we never thought anything of it. We just thought that there was a problem with the dishwasher and it needed to be fixed so, then when we had been in and we had been discussing it -- and we had quite a good relationship with the TCT coordinator -- we had said, "Oh, when's the dishwasher going to be getting fixed?" because obviously if your child's not well you don't want to be spending too much time washing dishes, and he had said, "Oh, actually, we don't know if it's going to be getting fixed. It's infection control who has come, and they have put a sign on it to say not use it," and we said, "Is it not broken", and he said, "No, no, it's absolutely fine, if you were to turn it on it would wash your dishes but we've been told we were not allowed to use it", and that was when we first started noticing. And then they started putting filters on the taps, the taps within the rooms.

**Q** At the beginning I think I understand from your statement that you were allowed to use the water, is that right?

**A** Yes.

**Q** And to begin with, did that include using it for drinking water,

doing teeth, washing dishes, or was that not permitted at the start?

**A** Not at the start, so -- well, at the beginning you could use the water for everything. There wasn't an issue, and then when issues started coming in, there started being -- the sinks in the rooms, you weren't allowed to drink the water or the kids weren't allowed to brush their teeth with it, but they could still have a shower.

**Q** Yes. So it was a kind of developing thing?

**A** Yes. It kind of -- well, all of a sudden it just went -- where the dishwasher was off and then all of a sudden we were told we weren't allowed to brush our teeth or drink the water.

**Q** And had you been using it for brushing teeth before that?

**A** Yes.

**Q** Again, without jumping too far ahead, we do know that not just Ward 6A, but Stevie-Jo ended up on other wards?

**A** Yes.

**Q** Were there warnings about the water on those other wards?

**A** No. So, when Stevie-Jo went into one of the wards -- 3, I'm not sure what one it was. Obviously in Schiehallion we had been told that she

wasn't allowed to drink the water or brush her teeth and we were given bottled water at that time. When we went on to 3A that wasn't advice that was given to 3A, so they were saying, "Oh no, it's fine, you can just drink the water and you can brush your teeth", and obviously we had fears and we said, "No, we need bottled water, we are not wanting to take the risk."

**Q** Was it only Schiehallion kids who were on Ward 3A?

**A** No. There was other kids.

**Q** And did you have a discussion with the nurses about Schiehallion kids and the water?

**A** They said that they were never told that the Schiehallion kids weren't allowed to drink the water.

**Q** So was it you who advised them that that was the position?

**A** Yes. I had just said that I wasn't letting Stevie-Jo drink the tap water because obviously Schiehallion had been telling us that she wasn't allowed to take the risk.

**Q** When you say Schiehallion had been telling you this, who was telling you this?

**A** The nurses.

**Q** Was there any official statement or anything of that nature?

**A** No. We got given a piece of paper from one of the nurses that just said, "Don't drink the water or brush your teeth with the water".

**Q** Okay. Now let's try and move through the phases of treatment, then, and I will take us forward to March 2018, and I think at that stage Stevie-Jo moved on to a new phase of treatment and I think she was moved into something called CLIC Sargent? Is that right?

**A** Yes.

**Q** What is that?

**A** So CLIC Sargent is a home from home. It's like a shared accommodation, so you have your own room, it is a shared living space and kitchen, and it's just off the hospital grounds.

**Q** And it sounds like it is quite a large building, is that right?

**A** Yes.

**Q** And quite a number of families could stay in it, is that right?

**A** Yes.

**Q** But you would have your own dedicated space?

**A** Yes.

**Q** And am I right in understanding that it's only for Schiehallion families?

**A** Yes.

**Q** And why was it that you

were being moved there rather than sent back to Dumfries?

**A** Because Stevie-Jo's -- Professor Gibson wanted to keep Stevie-Jo up in Glasgow. She wasn't keen on sending Stevie-Jo back home because she kept getting infections and she was concerned about her immune system. Yes, and she was getting, like -- she thought it was too far to travel back and forth.

**Q** Yes. So she wanted her near the hospital, is that right?

**A** Yes.

**Q** Anyway, I think this continued until about May 2018?

**A** Yes.

**Q** And then Stevie-Jo was discharged home. Is that right?

**A** Yes.

**Q** I want to, then, move on to think about the next stage, and if we just think about maybe from round about June to round about August/September 2018, and as I say, Mrs Kirkpatrick, you don't need to worry about the dates. I just want to get your impressions of things.

**A** Yes.

**Q** Am I right in thinking that, just trying to think about the stages of treatment, would I be right in thinking that Stevie-Jo would be on maintenance by now?

**A** Yes.

**Q** And what particular chemotherapy would she be having for that?

**A** So on maintenance she would have been having her daily chemotherapy through tablet form and then going up monthly for vincristine.

**Q** And was that done by cannula?

**A** Vincristine and -- yes.

**Q** I think so we can see from your statement that at some point over this period you recall Stevie-Jo getting headaches and there were quite a lot of trips up and down to the hospital with temperature spikes. Is that right?

**A** Yes.

**Q** And then, are we right in understanding that as far as you can recall it was round about this time that Stevie-Jo had an issue with her breathing? Is that right?

**A** Yes.

**Q** And her oxygen levels were not good, and she needed some sort of surgery? Is that right?

**A** Yes.

**Q** Do you want to tell us a wee bit about that?

**A** Yes. So we had been up with Stevie-Jo and we were just up for a routine -- I can't remember what she

was up for. I think she had had a temperature spike, so we were in for 48 hours, and while we were in all of a sudden Stevie-Jo couldn't breathe. She was really struggling with her oxygen, so the nurses had put her on the machine to check her oxygen and her oxygen was down to, like, 18 per cent I think, so --

**Q** 18?

**A** Yes. So they put Stevie-Jo straight on to oxygen and she was on that oxygen for around two weeks. So they sent Stevie-Jo down to get her chest x-rayed to see what was going on, and in the x-ray -- it had seemed to have been not -- it went up to around 20/21 when she was standing, but when she was lying down it would drop really low.

So once they sent Stevie-Jo down to get an x-ray of her chest, there was like a white liquid that was showing up in the bottom of her lungs, so they had said when she was lying down it was like a sponge and soaking it in, so that was why it was making it worse but they couldn't find out what the liquid was on her lungs, so they had made the decision to take her down to surgery and try and suction out the fluid so that they could test it and see what was going on, but they never found anything when they tested

the liquid. They said that it wasn't anything concerning that was showing up on it, so she continued to have oxygen and her oxygen levels never recovered so Stevie-Jo quite often needed to go back into hospital, whether it was at DGRI or Glasgow, just to get oxygen, which was completely out of -- we didn't understand why, and now, even now she still has issues with her chest and --

**Q** And has there ever been an explanation for what that was all about?

**A** No.

**Q** Now, you talk about -- I'm sorry, one further question. Was it Ward 1C that she was in at that point?

**A** For the surgery?

**Q** Yes?

**A** I think that's the surgery, yes.

**Q** Now, you speak about this admission round about paragraph 60 of your statement, and you also talk about other issues that emerged at that time. In fact, in particular you say that there had been a number of line infections around about this time, is that right?

**A** Yes.

**Q** Do you want to tell us a bit more about that?

**A** Yes. So when we were in the TCT unit a lot of the kids were being taken down to surgery and getting their lines out. A lot of -- round about this time everyone seemed to be getting a line infection. Stevie-Jo was lucky enough at that time, she had never had a line infection, and what we had noticed different from Stevie-Jo to the other kids was Stevie-Jo wouldn't let the nurses clean her line all the time.

So when we were going up to the new hospital, every time we went in the nurses wanted to clean the line, they wanted to put new plasters on it and Stevie-Jo would never -- she just didn't let them, so hers would be taped up. She is just stuck in her own ways. And it seemed to have been every time the kids were coming in and they were in for a day or two and then they were getting taken down to surgery and they would have to get their lines removed and it was just constant, these line infections that's everyone was getting. It was really bizarre.

**Q** And just trying to -- and I emphasise the dates are not that important here, just to try and understand when you recall that happening, was that when Stevie-Jo was an inpatient or TCT or when she was actually on Ward 1C?

**A** No, when she was in TCT.

**Q** Yes. Again, just thinking back to your experiences in Yorkhill, is that something that you had seen there?

**A** Never.

**Q** So when you said that Stevie-Jo herself had never had an infection in Yorkhill, had you seen others having them?

**A** No.

**Q** Another thing that you say in paragraph 60 is that you talk about the water being turned off at one stage by the infection control people. Is that right?

**A** Yes.

**Q** Why was that?

**A** So we were told that the infection control had come in and they were getting someone in to put a bleach down the system, so all the water had been turned off, the toilet -- you weren't allowed to flush a toilet -- the nurses had portacabins outside that they had to go outside and use the toilet because all the water was switched off for them to put a bleach down.

**Q** And how did the nurses feel about that?

**A** They weren't happy because their concern was, obviously,

nurses are short staffed as it is. If anything happened in the ward and the nurses were outside and couldn't get back in time -- also at nights they didn't feel safe going outside on their own to go to the toilet and back in -- or how clean was a portaloos as well, compared to --

**Q** Yes, and I think you also say at paragraph 60, you talk about -- you've probably mentioned this already today -- that it wasn't possible to wash dishes at this point. Is that right? And that the drains were being investigated?

**A** Yes.

**Q** And there was something about water needing cleaning agents? Is that right?

**A** Yes.

**Q** Why was all of that information coming from?

**A** Just people on the ward, so the nurses, just as they were passing by, were saying, "Oh, the water is going to be turned off tonight". Everything came through the nurses. There was never formal -- anyone coming in, discussing.

**Q** Yes, and I think you also mentioned something about the maintenance staff coming on and doing something to do with the taps in the sinks and the drains. Is that right?

**A** Yes. That was --

**Q** Well, have a look at your statement at paragraph 62. Just take a moment to read it if you want to refresh your memory or clarify what you've said there.

**A** Oh yes. So that was when they were coming in and putting the bleach down the drains, so you couldn't use the -- any of the water in the drains, so that was like in a sink in the rooms for the nurses and things to wash their hands.

**Q** Yes. I mean, I notice what you say in paragraph 62 about what the nurses told you. Do you see that? Halfway down, you say: "The nurses told us that they were cleaning out the drains". You see that?

**A** Yes, and that the water wasn't right.

**Q** There this been quite a lot of issues with the water on the ward, is that right?

**A** Yes.

**Q** And you describe the nurses as being "open" and "honest" with you?

**A** Yes. The nurses were always open and honest because they were concerned because they were getting her -- a lot of the nurse has been accused of not cleaning the central lines in the children right, so

they were quite upset, they have got a hard enough job without being accused of not doing their job right.

Some of these nurses obviously have dealt with central lines for years, and I remember a lot of them being really upset when they were talking to us about the water, and they were really concerned, because they knew there was something wrong with the water, but they weren't being told what it was, so they felt like they were fighting something that they didn't know that they were fighting against.

**Q** And just -- if you just have a look at what you say at the end of paragraph 62, Mrs Kirkpatrick, you say -- have you got that in front of you?

**A** Yes.

**Q** You say:

"They said that a lot of the kids had been getting really ill from the water and the hospital was trying to figure out what it is".

Do you recall having that conversation?

**A** Yes.

**Q** Who was it told you that?

**A** One of the nurses.

**Q** And sorry, I should be clear, I'm not asking you to name any names at any point in your evidence.

**A** Yes.

**Q** And you say, "We weren't allowed to wash in the showers at that point." Is that right?

**A** We were allowed, the adults were allowed to wash, but the children weren't.

**Q** And again, just to try and understand this overall timeline, you are really talking then about the kind of early period, 2017, on Ward 2A. Is that right?

**A** Yes.

**Q** Now, you say that at some point, and I think you mentioned this at paragraph 63 in fact, you mention that there had been fans in the rooms?

**A** Yes.

**Q** But that those were removed?

**A** Yes.

**Q** Again, if it's not obvious, why was it a good thing to have a fan in your room?

**A** Because obviously with the heat and the children, when they had a temperature, it would help to cool them back down so it would help to bring their temperature back down just when they weren't feeling --

**Q** Was this just something that happened suddenly or was it gradually?

**A** Just overnight. So, all of

the rooms has the Dyson bladeless ones. In the old Yorkhill the kids had the normal old fans in their rooms, sometimes two and three. A charity had kindly donated the Dyson bladeless ones to the ward, so most of the rooms had one of those in it which was fantastic. One day infection control had just come in and taken them all out of the rooms and they had said that they felt like it was blowing about dust and it wasn't good for the kids so they were removed.

**Q** Now, move on a little in the story, let's go back to 2018 and through the summer of 2018 and into September 2018. We've had evidence already that we know that the Schiehallion Unit in The Children's Hospital was closed and was moved over to Ward 6A in the adult hospital. How did you discover that?

**A** We went up one day. So we were due up at clinic, so we went up to clinic and the ward was closed and there was workmen, so we were a bit shocked and didn't know what was happening or where we were to go, so we had to go down to reception and ask what had happened to the Schiehallion.

**Q** When you say, "Clinic", whereabouts are you indicating?

**A** 2B. So, it was 2A and

2B.

**Q** You were due to go to the outpatient clinic at 2B?

**A** Yes.

**Q** So are you describing arriving at the Children's Hospital and you actually went up two floors into the Schiehallion Unit? Is that right?

**A** Yes.

**Q** What did you discover when you got there?

**A** The workmen. And we said, "Oh, where's everyone went from the ward?" and he said, "The children have all been moved."

**Q** Were there any doctors or nurses there?

**A** No.

**Q** Any patients there?

**A** No.

**Q** Who was there?

**A** Workmen.

**Q** One? Two? A handful? A large number?

**A** There was a load. I think there was about maybe five or six workmen that we could see just as we arrived.

**Q** Were you, in effect, on what looked like a building site now?

**A** Yes.

**Q** And had there been any indication or warning of that?

**A** None at all.

**Q** How did you feel about that?

**A** Really quite concerned because we didn't know where we were to go, what we were to do. Stevie-Jo was due up for chemotherapy so we didn't know if she was going to be getting her chemotherapy. Obviously we were always concerned about having to walk all the way through the hospital with the other kids and adults anyway, and then found out that we had to go all the way to the adults hospital and getting into lifts with people who were drunk, who were on drugs, who were just coughing everywhere, and you were having to try and navigate that with a child whose immune system is -

**Q** Was Stevie-Jo able to walk at this stage, or was she in a wheelchair at any point?

**A** Stevie-Jo was in a wheelchair at this point. She had a lot of problems with her joints. Her joints were crumbling through the steroids.

**Q** And you indicating that you've got a recollection of being in lifts with people who were on drugs or were drunk?

**A** Yes.

**Q** How did you feel about that?

**A** Terrified. Stevie-Jo, we didn't ever get in the lift, she would say, "Mum, I will just walk up the steps", and obviously if her knees were crumbling, she couldn't, but she was -- again, she would rather walk up the steps than have to get into a lift with people that she was scared of.

**Q** Okay. Let's move on a little in the story, towards the end of 2018, and I want to think in particular about the events that you describe in November and December of that year. And again, if I might, I will just walk you through my understanding and then I'm going to ask you about one or two parts, but I think the references in the statement probably begin round about paragraph 68.

So I think we can see that Stevie-Jo had had an issue with headaches, and in fact you've already told us about that today. Is that right?

**A** Yes.

**Q** And am I right in understanding that that eventually led to an admission to DGRI, a scan, and they found a mass on the brain. Is that right?

**A** Yes.

**Q** And I think we can see that there's then a trip by ambulance to the Queen Elizabeth hospital, and an admission to the Paediatric Intensive

Care Unit for about two to three days.  
Is that right?

**A** Yes.

**Q** And then an admission from there to Ward 3A, and is that in The Children's Hospital? That's the neuro unit?

**A** Yes.

**Q** And I think we can see that Stevie-Jo stayed there for about three weeks and was discharged. Is that right?

**A** Yes.

**Q** The headaches continued, and there's a return to the Queen Elizabeth hospital, on this occasion to Ward 6A, and I think an examination by a number of doctors, and I think the theory at that point was it was something to do with the reduction of the steroids. Is that right?

**A** Yes.

**Q** That's paragraph 78. We then move on just a little from there. Christmas Eve. Am I right in understanding that she really wasn't well?

**A** Yes.

**Q** Do you want to take us from there?

**A** Yes. So we had obviously previously been in to the Queen Elizabeth. It wasn't ever discovered what was wrong with

Stevie-Jo, so it was thought that because the doctors, the neuro doctors, had given her a really high dose of steroids, so Stevie-Jo started improving from the steroids, so it was believed that the issue was an autoimmune disease that was at the back of the brain, so she stayed in for those periods, and we got back home.

And then on Christmas Eve Stevie-Jo, I could only describe her appearance as if she had had a stroke. Her face was squint and her eyes, she couldn't open her eyes, she was crying, she said, "Mum, I really need to go to hospital, there's something seriously wrong", so we went back to DGRI and they did another scan and they found that the mass on the back of her head was larger than originally, so we got ambulated back up to Queen Elizabeth.

Professor Gibson had wanted to do a lumbar puncture on Stevie-Jo before any -- I think previously they had been antibiotics straight away so it had masked so they couldn't actually find out what was wrong, so this time she wanted to do the lumbar puncture before any antibiotics or any treatment was given, so that was on Christmas Eve, Stevie-Jo started deteriorating on Christmas Eve, and on Christmas morning Professor Gibson had made

the decision to take Stevie-Jo to ICU again. Stevie-Jo's swallow had gone, so there was a concern about her breathing would collapse, so they were going to take her down and put her on to a ventilator in ICU.

So the ICU doctors came up to 6A, so it took a while for them to get up to 6A, and then they had made a plan, if Stevie-Jo had crashed, they were really concerned because it was so far from the adult's hospital to the Children's Hospital to the ICU unit -- which was really scary -- so the doctors were standing with the nurses, making up a plan that if Stevie-Jo's breathing stopped or if anything happened in an emergency where they would have to run to, so the plan would be that it would have to be in the corridor or one of the rooms at the side so try and take her out of the public view.

So we got to the lifts, the lifts didn't work, the key for the doctors from ICU, their passes wouldn't bring the lifts, so we had to go round to the public lifts but there was too many people coming up and down on the lifts. So they had then made the decision that there was a back way that they could go round the hospital and take her from the adults' down to the children's, but we still had to go

through, like, the atrium so everyone who was down in reception could see, so it was -- could see you getting moved across with all the kit that they had.

So we got to ICU and then they decided to do a lumbar puncture on Stevie-Jo and we were told to prepare ourselves for not taking Stevie-Jo home because they didn't know what it was or how to treat it and obviously things were progressing really fast with Stevie-Jo, so we stayed in the ICU and then on 27 December the doctors had phoned to say they found that it is listeria meningitis.

So Stevie-Jo had been on loads of antibiotics but she hadn't been on the one that treats listeria meningitis, so once they started her on the proper medication for that, Stevie-Jo started improving within two days, so on New Year's Eve we got transferred back into 6A where Stevie-Jo stayed for a bit.

**Q** Yes. Thank you. Now, if you don't mind, I'm going to take you through some of that again.

**A** Yes.

**Q** It was a very helpful answer. I want to look at one or two aspects of it. Maybe if we just go back to Christmas morning. Stevie-Jo is deteriorating. How were you feeling at

that point?

**A** (Inaudible)

**Q** And Professor Gibson said, "It's time to go to intensive care".

**A** Yes.

**Q** That must be concerning of itself to hear that?

**A** Yes.

**Q** And did you indicate that they were worried that her airways were going to collapse?

**A** Yes. Professor Gibson told us that.

**Q** Now, Paediatric Intensive Care is on the first floor of the Children's Hospital. Is that right?

**A** Yes.

**Q** You are on the sixth floor of the adult hospital. Is that right?

**A** Yes.

**Q** A different hospital, and five floors up, yes? Now, the Paediatric Intensive Care team eventually arrive. Is that right?

**A** Yes.

**Q** Did you indicate that it actually took quite a while even for that to happen?

**A** Yes. They apologised for how long the delay was.

**Q** Now, how many people is in a Paediatric Intensive Care team, roughly?

**A** When they came up for

Stevie-Jo, there was two doctors, two nurses, a porter, one that had the resuscitation bag, one had blood and one had oxygen and one had a machine for her heart rate and her statistics.

**Q** Okay. So, I mean, in your statement I think at paragraph 137 you indicate six to eight people, something like that.

**A** Yes.

**Q** And you also indicate, as you just did there, that they arrived with quite a lot of kit. And whose job is it to take you from 6A to the Paediatric Intensive Care Unit? Is it just that team's job or does your existing care team also go?

**A** The nurses will usually come along until you are settled.

**Q** Okay. So, the process of transferring a patient in Stevie-Jo's deteriorating condition involves six to eight people from the crash team, two nurses and the patient's mum.

**A** And my husband.

**Q** And your husband. Was there a discussion? You just indicated to us that there was a discussion about how they were going to get there? How did you feel about the very fact that that discussion was taking place?

**A** Terrified.

**Q** How did they seem?

**A** Concerned.

**Q** And can you just explain to us, it sounds like, if you will forgive me, Plan A was to take the lift, but there was an issue with the lift? What was that?

**A** So the lifts that should be dedicated just for transporting patients, the ICU team's card for it to come -- they have like a little card for it to come quicker -- wouldn't work.

**Q** And the other lift couldn't be used because?

**A** Because it was public. Too many members of the public in them.

**Q** Yes, and these lifts would stop at whatever floor somebody called for. Is that right?

**A** Yes.

**Q** So the solution is that Stevie-Jo has to be taken, effectively, through the public area, and how does that work? Do you go downstairs, or ...

**A** No. There's like an area up the top so it's in the adult's hospital, so you've got like where the food tables and things are for staff, and then you can see there's like a wooden balcony sort of thing that goes round, but it's only to a certain height, so you can see over the wooden balcony.

**Q** And once through that

area does that take you into the Children's Hospital?

**A** No. You have to go out a back way and then round and then down and then through into the children's.

**Q** Okay, and the going down bit that you just indicated, how do you do that bit?

**A** So they took us through other lifts, where there's like a link between the two, so we went in, like, the Children's Hospital and then down in the lift into the Children's Hospital --

**Q** Is that a designated lift for Schiehallion patients?

**A** Yes. No. Not for Schiehallion, sorry, it's for the hospital, for the Children's Hospital.

**Q** Okay. So let's just take us back, though, to the decision to use that route. They're going to take you through the public route, through the adult hospital to get to that link into the Children's Hospital. Is that right?

**A** Yes.

**Q** And so, again, we can envisage this large team of clinicians and a very ill child and worried parents, and that's being taken through an area where there's members of the public. Is that right?

**A** Yes.

**Q** And are you indicating to

us that there was a discussion about what to do if Stevie-Jo crashed?

**A** Yes.

**Q** Yes? How did you feel about that?

**A** Terrified. Even the fact of -- we knew that she was going to ICU but the fact of hearing a team discuss what they're going to do if your daughter crashes, it's absolutely terrifying. But the fact that they didn't know where they were going to have to be doing this was even worse because --

**Q** By, "doing this", you mean resuscitating?

**A** Yes.

**Q** I think in your statement you say there was literally a discussion about not wanting to be resuscitating a patient in a public area, is that right?

**A** Yes.

**Q** I doubt -- well, you've already indicated to us that this was a terrifying experience. Is that right?

**A** Yes.

**Q** Stepping back from it a bit, in your statement you indicate that there was also a concern at some stage expressed about the risk arising from the distance between Ward 6A and the PICU team. Is that right?

**A** Yes.

**Q** And it is at paragraph

136 that you rather indicate that the PICU team themselves had made a comment about how far away they were. Is that right?

**A** Yes.

**Q** Would that be in the context of her crashing on the ward?

**A** Yes. So what they had said in that was that they were really concerned how, if they couldn't get the lifts and obviously they couldn't use the public lifts because they stop at every floor, how they could run from the Children's Hospital over to the adult's hospital and up six flights of stairs with all the kit that they need to carry, by the time they got to the top of there, they would struggle to be able to resuscitate a child.

**Q** As far as you can recall how long did it take the crash team to get to you?

**A** A good half an hour, 45 minutes, roughly. That might have felt longer to us, but I would say round about that.

**Q** Yes. I would imagine every second felt very long to you. Now, let's move a little further forward then. I think you've indicated to us that eventually Stevie-Jo got out of PICU and was discharged to Ward 6A and I think you indicated to us that on 27 December you were given a diagnosis

of listeria meningitis. Is that right?

**A** Yes.

**Q** And treatment with antibiotics immediately -- or began to improve the situation, is that right?

**A** Yes.

**Q** Now I think, looking at your statement, Mrs Kirkpatrick, it looks as if Stevie-Jo remained on Ward 6A for about four weeks. Would that be about right?

**A** Yes.

**Q** Now, I think, am I right in understanding there was an issue with her line about this stage?

**A** Yes. It is a little bit muddled. Just, obviously, with everything that was going on, but Stevie-Jo had to go and get her line removed. I can't remember if it -- I think she had already previously had her line out but then because she was going to get so much antibiotics in ICU they had put another line in; I'm not really 100 per cent sure, and then there was an issue. She had, like, an infection round about the area where she had had the line put in, and it had just -- the skin had blown up and it was green so she got taken back.

**Q** I will come on to that. I think that might come a wee bit later. I think we can see, according to your statement, January 2019, she is

moved onto ward 6A -- it's paragraph 87 of your statement -- moved on to Ward 6A. I think you indicate that there was a -- yes, if you want to have a look at it by all means. Paragraph 87.

**A** Oh yes.

**Q** You remember now?

**A** Yes.

**Q** She had a new central line fitted so she could receive her antibiotics which is what you've just said?

**A** Yes.

**Q** It was a replacement because the other one had split, so we should understand that some time over December 2018, January 2019 old line goes out, new line goes in. Is that right?

**A** Yes.

**Q** I think you also indicate that round about this time that she had -- there was some sort of episode where she was coughing up blood? Is that right?

**A** Yes. So as soon as she came back from surgery with the line, we got the phone call to the ward to say that Stevie-Jo was fine. That was her, she was out of surgery, so myself and the nurse went to collect her. Once we got there they had said, "Oh, we need to keep Stevie-Jo a little bit

longer, she has actually started needing some oxygen", so I was a bit concerned about that because she had never really -- she was fine throughout any surgery, so that took about another hour, we waited on her, and then we got her back up to the ward.

As we were taking Stevie-Jo back up to the ward, she kept coughing and there was really big blood clots coming up, so when I got to the ward I had said to the nurse, "Can someone come and have a look at Stevie-Jo? She's coughing up really big blood clots", so the nurse and the doctor came, and they said, "It could just be from the tube going down in surgery, it's maybe just caught a little bit, it should be fine." So that was fine, and then that carried on for about two weeks, Stevie-Jo continued to cough up really large blood clots, so we started getting a little bit concerned and had asked, "Did something go wrong at surgery", because Stevie-Jo has been to surgery umpteen times and never had an issue.

So Professor Gibson had went away and had a look at her records but there was nothing at all to indicate that anything had happened in surgery, so after -- I can't remember if it was a week or two weeks, the blood clots lessened and then eventually stopped.

**Q** Thank you, and I think maybe another important thing to notice from your statement about this period of time that you've just been speaking about is, am I right in understanding that, really, from November and December and into January Stevie-Jo's treatment had effectively been stopped?

**A** Yes.

**Q** And is that while Professor Gibson and her colleagues figured out what the plan was going to be?

**A** Yes. Well, because Stevie-Jo was recovering from the meningitis, they didn't want to give her her chemotherapy which she should have been receiving, so that was put on hold. And then Professor Gibson had decided to give her high doses of vinc daily just to hold her to prevent her from relapse, and then the plan was for her to start her chemotherapy again once she had started recovering a little bit more from the meningitis.

**Q** Okay. Thank you. Now, this is probably a convenient point to think about Stevie-Jo's experiences on Ward 6A. We know she's in Ward 6A for about a month over this period, and again, would you be staying with her during that period?

**A** Yes.

**Q** Now, there are particular issues that you raise about Ward 6A, but before we get to those I wonder if it would be worth just having you think about other aspects to do with the distance from the Children's Hospital. Am I right in understanding from your statement that not all of the Schiehallion care services transferred into 6A?

**A** No.

**Q** What, in particular, didn't travel?

**A** So surgery didn't travel, the pain doctors didn't move over, the neuro doctors, and infection disease doctors stayed.

**Q** What about the pain nurses?

**A** Yes. The pain nurses didn't move.

**Q** I mean, is access to a pain nurse something that a patient might need quite quickly?

**A** Yes.

**Q** Okay. Now, I want you to help us understand what Ward 6A looked like and what it felt like. Paragraph 90, I think you describe it as being quite basic.

**A** Yes.

**Q** What do you mean by that?

**A** It just -- as you went, it

was just a straight corridor, it did go round but it just had a really strange feeling. It didn't have a kitchen area, it didn't have a parent area, it didn't have a playroom. It didn't have any facilities whatsoever.

**Q** Just thinking about the kitchen area, I mean, you've obviously already told us quite a bit about the importance of that, which is -- it sounds as if it was a lot more important than just getting a cup of tea. Is that right?

**A** Yes.

**Q** I mean, what you say in your statement at paragraph 155, you make the comment that when your child is really ill you could be in their room for days, is that right?

**A** Yes.

**Q** And is the parents' room something that becomes really quite important in that sort of context?

**A** Yes. You need somewhere that you can just go and have five minutes on your own just -- it's really intense when you are stuck in the room with a child that's on lots of different medication.

**Q** Yes, and, I mean, you indicate that for you on 6A the only alternative was to leave the ward. Is that right?

**A** Yes.

**Q** Is that something you were prepared to do?

**A** No.

**Q** Again, it may be obvious, but why?

**A** Because I was -- obviously when your child's really not well the last thing you want to do is be leaving them for a period of time.

**Q** I think in your statement at paragraph 95 you indicate there was some sort of discussion about trying to get a parents' room?

**A** Yes. So I had -- one day when I had been out and I was coming back up the stairs, and just before you enter into 6A there's a room just off it and it's a really nice big room and it's got a table, and I had asked the nurses, I said, "Could that not be moved, like, transferred into a playroom or a parents' room", for the parents, just give to give the kids a playroom and they had said no, because doctors use it for meetings, so it wasn't possible to use it.

**Q** Yes, and you've just touched on the next thing I was going to ask you about, which were the facilities for children first of all and then I will ask you about teenagers, but facilities for children were what?

**A** They had a tiny little plastic table and chair in the corridor

that had some colouring sheets and some crayons.

**Q** And for teenagers?

**A** Nothing.

**Q** You've probably already answered this, but -- or it may already be obvious. I take it Stevie-Jo had used the teenagers' room on 2A quite a lot?

**A** Yes.

**Q** What was the impact on her of not having access to that sort of thing now?

**A** Stevie-Jo began really suffering with anxiety and panic attacks, really shut off. She went from being a really bubbly girl who was never in her room -- she was always getting other teenagers out of their room and making sure that they would go into the teenage area -- to not wanting to leave her room just sitting on her bed just really upset all the time.

**Q** How did that make you feel?

**A** Really sad, just to see Stevie-Jo changing from the bubbly young girl that she was to just really being depressed and upset.

**Q** You also describe in your statement that at some point on Ward 6A you started to see portable air filters arriving. Is that right?

**A** Yes.

**Q** I think you refer to them as HEPA filters. Is that right?

**A** Yes.

**Q** What did you understand their purpose to be?

**A** She had just said that they were -- We were off the ward for something. I think maybe Stevie-Jo had been for an x-ray or something. We came back, and all of a sudden there were these HEPA filter unless each of the rooms, so I had asked the nurses, I said, "What are those?" because they were really noisy, and she said, "Oh, we couldn't know, infection control has come and brought them in. They think it's just to clear the air a bit", because it's like the adult's hospital and they just wanted to make sure that the air was clear.

**Q** Did they -- were they initially put into the corridors or were they put into the bedrooms or are you not able to recall?

**A** I'm sure, actually, it was the corridors that they first came into and then they kept getting turned up and then they started bringing them into the rooms.

**Q** And, sorry, the explanation that you got, was what from nursing staff, did you say?

**A** Yes.

**Q** In your statement you talk about the air filters at paragraphs 98 and 174, and you talk about -- looks as if around about this time you became aware of an issue with something to do called cryptococcus.

**A** Yes.

**Q** Now if I ask you first of all: how did you become aware of that issue; and then, secondly, what was the issue?

**A** The cryptococcus we had become aware of on the news. It had been -- it was the BBC news that had been on. No one actually knew what cryptococcus was, so we had asked, and then -- sorry, that's not -- Professor Gibson and the head microbiologist had been coming into the rooms at 9 o'clock at night and looking at the showers, so I had asked, "Why are you coming at 9 o'clock to look at showers?", and they said, "Oh, we've noticed some mould" in, like a wet room. So that's been coming away and there's been mould getting into the back of it, and it just started escalating there. And then it was in the news about the cryptococcus, so everyone started getting a bit concerned.

Some of the kids were getting moved out 6A to 4A in the adults' hospital, so that was the children who

had transplants, whose immune systems were lower than even kids with leukaemia and things. They had been getting transferred out, and then I had asked for a meeting with Professor Gibson and the microbiologist.

**Q** Yes. Thank you. Right. I will take you through some of the detail of that. So again, thinking about just round about the time where these filters started appearing, you got an explanation from the nurses, but there was no real explanation of, really, why it was. Is that right?

**A** Yes.

**Q** And I think you've indicated that you had some awareness from the media about an issue to do with something called cryptococcus, is that right?

**A** Yes.

**Q** Can you remember whether the nurses had any particular concerns around about this time?

**A** Yes. The nurses were really concerned. They would come into our room and discuss with us and they were saying: "You really need to push to be finding out what's going on. We are not being told anything. We know that there's something serious going on in the hospital. We've had meetings but we've been given very

limited information and we've been told that this isn't -- they don't want it being escalated out and scaring any of the patients or the families".

**Q** And did the nurses indicate where they were getting their information from?

**A** So they had said that, like, the directors of the NHS had been having meetings with them and the doctors, but what they were told was very limited, and they didn't know what was going on either.

**Q** And when you indicate that the nurses were suggesting that you need to push it, what did you think they were indicating that you do?

**A** They told us to go to the media and try and get answers.

**Q** Can you remember whether the nurses were upset about all of this?

**A** Yes. A lot of the nurses were -- some of them were pregnant, so they had concerns about their own safety and their unborn child's safety. They were really tired, they were coming in, they were trying to do a job which is really stressful and really hard. They said that they know that they're fighting against something, they don't know what it is, they were getting the blame for stuff that obviously wasn't anything to do with them.

**Q** And just maybe to finish on questions about filters, I think in your statement you indicate that they were noisy, is that right?

**A** Yes.

**Q** And am I right in understanding that you perceived that children were experiencing sore throats?

**A** Yes.

**Q** What do you mean by that?

**A** Stevie-Jo and a lot of the nurses and the children were getting really dry noses and sore throats and getting coughs from the filters.

**Q** Now the next thing I want to ask you about which you just touched on as well was sort of meetings and discussions with Professor Gibson about these issues?

**A** Yes.

**Q** We can see from your statement that there are a number of discussions, and just trying to sort of take them in what looks like the order in which they happened, I think, first of all, there's the thing that you just mentioned, 9 o'clock at night, give or take, you see Professor Gibson and a microbiologist looking at the showers, is that right?

**A** Yes.

**Q** Is that in your room?

**A** Yes, and all the rooms. They were in all the rooms.

**Q** And you thought that was strange, and you asked for a meeting?

**A** Yes.

**Q** Do I understand from your statement that you did have a meeting? I think you say it was the next day, is that right?

**A** Yes.

**Q** And it was Professor Gibson and a microbiologist?

**A** Yes.

**Q** Was that a man or a woman?

**A** A woman.

**Q** And what was it that they said they were looking for in the showers?

**A** Mould.

**Q** And what did they say about the mould?

**A** They had just said that some of the kids whose immune systems were very, very low could be at a higher risk of the mould affecting them, but it wouldn't affect all the children, so that's why they were checking everyone's room.

**Q** Why did they say to you they thought there might be mould in the showers?

**A** Just because I had asked why they were round at 9

o'clock at night.

**Q** Did they give you any indication of why they thought there might be mould in the showers, though?

**A** Oh, because they said that the wet room stuff had come away and I think it was one of the cleaners or someone had noticed that there was mould in one of the showers, so they were checking them all.

**Q** Yes. I think in your statement you indicate that it looked like the surface in the wet room had started to lift. Is that right?

**A** Yes.

**Q** And your understanding was that they were looking for mould growing in that area, is that right?

**A** Yes.

**Q** And I think you indicate that they were talking about moving some of the patients?

**A** Yes.

**Q** And it was the transplant patients in particular, is that right?

**A** Yes.

**Q** And then you indicate that that then led you to ask Professor Gibson a question about Stevie-Jo. What was that?

**A** So I had asked, because Stevie-Jo was recovering from her meningitis, and she was still very ill, if

Stevie-Jo was safe in the hospital.

**Q** And what response did you get?

**A** The microbiologist told me that Stevie-Jo was as safe in that hospital as she was outside.

**Q** Did that satisfy you?

**A** No.

**Q** Why?

**A** Because she was being treated in a hospital, not in the middle of a street, so I would expect a hospital would be clean and sterile.

**Q** And you referred to that discussion at paragraph 101 of your statement and then in the next paragraph you indicate that you got a visit or a call from Professor Gibson the next day, is that right?

**A** Yes. So, Professor Gibson came into Stevie-Jo's room the next day and she said, when she was driving home that evening, she was thinking about the best way to keep Stevie-Jo safe. So the best plan that she could come up with was to send Stevie-Jo back down to Dumfries and Galloway Royal Infirmary to finish off her antibiotic treatment for the next eight weeks.

**Q** And why did you think she had taken that decision from what you understood?

**A** I think because Professor

Gibson is a really great consultant and she does really try and keep the kids as safe as she possibly could, so I think in her thought was if Stevie-Jo wasn't in the hospital then she wouldn't be able to contract any more infections.

**Q** So are we right in understanding from your statement that you then took Stevie-Jo to DGRI? Is that right?

**A** Yes.

**Q** Did they know you were coming?

**A** No.

**Q** Did they have a room for her?

**A** No.

**Q** What happened when you arrived?

**A** So we had made the decision, rather than waiting on an ambulance because it can take a few hours for ambulances to come, and Stevie-Jo was well enough -- it was just that she was getting her antibiotics -- so I had said I would drive, and in that way, we had our car at home and things as well so that was agreed.

So the hospital, Glasgow hospital, had said that they would call down to DGRI to tell them that Stevie-Jo was coming down and to make sure that everything was fine. So we

arrived at DGRI, I think it was around 7, 8 pm, and we got to the ward and the sister on the ward had said, "What are you doing here?" and we said, "Glasgow has transferred us back down to you for the next eight weeks." She said, "Well, we've never had a phonecall, we weren't aware that you were coming. We haven't got a room or anything ready for Stevie-Jo."

So she was really quite annoyed because her thought process was if anything had happened on the motorway from Glasgow to [REDACTED] no one would actually have known where we were or what had happened.

**Q** And was Stevie-Jo eventually admitted?

**A** Yes. DGRI sorted out a room for us.

**Q** And I think we can see that she stayed there until mid-February, something like that?

**A** Yes.

**MR DUNCAN:** Thank you, Mrs Kirkpatrick. My Lord, that might be an appropriate moment to have the mid-morning break.

**THE CHAIR:** As I said, Mrs Kirkpatrick, I think we will take a coffee break now. Now, I make it just about 11.30, so if we try and be back for ten to twelve?

**A** Yes.

**11:30**

(Short break)

**11:50**

**THE CHAIR:** Mr Duncan?

**MR DUNCAN:** Thank you, my Lord. Mrs Kirkpatrick, I think we had reached mid-February 2019 and Stevie-Jo was in the DGRI. I think she was eventually discharged, and what I was going to go on and ask you about now was events, I think, that begin probably around about that time, and in particular an issue that developed with Stevie-Jo's line. Am I right in understanding from your statement, I think it's paragraph 104, that, first of all, there was signs of -- was it redness around the line?

**A** Yes. So round about the area where the line is inserted it started going really red. Stevie-Jo had her line taken out.

**Q** I think it was -- you describe it as puffy?

**A** Yes.

**Q** And I think there was surgery to take the line out. Was that round about 27 February, something of that order?

**A** Yes.

**Q** And where did that surgery take place?

**A** Glasgow.

**Q** Yes, and what did they

discover when they carried out the surgery?

**A** So Stevie-Jo had her line taken out and it had, like, loads of pus in it, so they had done a biopsy of that and sent it away, but they had said nothing had come back on it at that time. So they had rinsed it all out and Stevie-Jo had stitches and things in it.

And then Stevie-Jo began getting a lump in her arm, and then -- so we took her up to DGRI, just obviously because she had had leukaemia and stuff, so we were a bit concerned about her having this lump so the doctor had a look at it and she said, "Oh, it looks like it could be a little bite that's gone infected", so she gave her some antibiotics. That carried on getting larger and larger to the point where it had burst open and it was bleeding, so we had been up seeing Professor Gibson that day, up at Glasgow hospital, so Professor Gibson had had a look at it and she said, "Oh, you need a biopsy on that straight away."

So we got sent over to the microbiologist over at old Yorkhill Hospital, so they had taken a biopsy of the lump, but once they opened it, she called for another couple of doctors to come in and have a look because it was -- inside it was like really stringy.

It was like the flesh was coming away, but it was yellow and really stringy. She had never seen anything like it before, so she had got the other doctor to come and have a look, and so they had decided to send it off, but they wanted to send it to a few different labs to test for different things because they really weren't sure what it was.

So once that -- oh, sorry, this started -- Stevie-Jo had a really large patch of red up on here, and it was like you could see like the flesh on it, but we just assumed that was her line healing, and then she got this on her arm. As we were waiting on the results coming back from that, Stevie-Jo started developing other lumps on her arms, her legs and particularly a really big one on her right thigh.

So a few weeks had passed, and then we got a phone call on the Saturday morning from Professor Gibson to say, "Don't panic, but we think that Stevie-Jo has got TB. We need you to come back up to Glasgow straight away and we need to discuss Stevie-Jo's treatment."

So we went back up to Glasgow again; we stayed there for a week. Professor Gibson was away to a conference somewhere, so we had to wait on her coming back, so we waited there for a week, and then Professor

Gibson, the infection disease doctor -- what was his name ... Conor Doherty, and the dermatologist, Dr (Inaudible) had come, and they said, "Actually we've just had results come back from ..." I think it was Dundee or Aberdeen labs, "... and Stevie-Jo has contracted mycobacterium chelonae. We've never dealt with it before. We don't know what it is. It is a rare infection, so we are going to have to discuss at, like, a meeting with other professionals to see the way forward to treat this".

**Q** Okay. I will just pause you there because there's quite a lot of detail with what's about to come and I want to go over some of the detail that you've just mentioned. That's really helpful.

Just so we understand, though, by the time that Professor Gibson is contacting you to say, "You need to come to Glasgow", and, "It's TB", what was the position regarding Stevie-Jo's treatment? Was she still having chemotherapy at that point?

**A** No. They had stopped her chemotherapy because they weren't sure what this infection was.

**Q** So how were you feeling at this point? Her chemo has stopped, told to come back to Glasgow, and you've been told that it's TB.

**A** Just petrified because we

had known that Stevie-Jo had already missed a lot of chemotherapy.

**Q** So you've explained to us that there's then a discussion and Connor Dockerty I think you said was involved in that?

**A** Yes.

**Q** And there was an explanation that it's this thing called mycobacterium chelonae?

**A** Yes.

**Q** And was this offered as the explanation for the line infection and also the lumps?

**A** Yes. So, it was a little bit later on after that, Professor Gibson and everyone had had a meeting and I think it was the microbiologist had traced back to see if this was contracted in the hospital.

**Q** Okay. Right.

**A** So it is a little bit --

**Q** Okay. I will come on to that then. Was there an indication even at this stage, at the point where they're telling you what it was, did they indicate to you whether it was a common infection or a rare one?

**A** They told us it was rare.

**Q** Now, let's then move forward to think about what the plan was and then we will move forward after that to think about what the explanation was.

So the plan -- you explain all of that beginning at paragraph 112 in your statement, and I think at first it would be fair to say that they weren't sure what to do. Is that right?

**A** Yes.

**Q** And is that because, according to the advice you got, there was literally one antibiotic that might be able to fight this?

**A** Yes.

**Q** But the side effects from the antibiotic were severe?

**A** Yes.

**Q** And was there also the danger that the infection itself would develop resistance, and that was the one chance?

**A** Yes.

**Q** So the alternative was come off chemo and let the body build-up its immune system again and then fight it?

**A** Yes.

**Q** And are we right in understanding that one of the advantages of that is that if the leukaemia did recur there would still be other options. Is that right?

**A** Yes.

**Q** So just picking up on something you said a moment ago, do we understand that Professor Gibson had multidisciplinary conferences with

people and eventually it was the “stop the chemo” plan that was the one that they decided upon, is that right?

**A** Yes.

**Q** Okay. Were you given an indication as to how long it might take to get rid of the infection?

**A** Yes. So Conor Doherty said anything between two and five years.

**Q** And the plan to deal with it is just simply to take Stevie-Jo off chemo for as long as it takes? Is that it?

**A** Yes. She was taken off chemo and we had to go up to Glasgow regular to get new dressings put on, and then she got this special -- it was like a mesh that was going over it. It was to try and reduce the scarring, to try and prevent that.

**Q** So Stevie-Jo's chemo I think stopped eventually in was it round about May 2019?

**A** Yes.

**Q** So we are just over two years on from that and has the infection gone yet?

**A** No.

**Q** How do you feel about all of that?

**A** Really angry. I think one of the things that really stood out for me when we had the discussions was

being told that there was more chance of her fighting cancer again than another -- because what they had said was the infections that Stevie-Jo were getting were becoming more rare, so they had more chance of, if she relapsed for a third time, fighting the cancer than fighting another infection.

**Q** Now let's move on, then, to the explanation. You indicate -- paragraph 115 for those who want the statement reference -- you indicate that Professor Gibson called you back to Glasgow as a family, is that right?

**A** Yes.

**Q** So there was to be a conference with the whole family, is that right?

**A** Yes.

**Q** And you indicate that you met Professor Gibson and also a microbiologist, is that right?

**A** Yes.

**Q** And what, if any, explanation did they give you for the infection?

**A** Professor Gibson and the microbiologist had said that they were really sorry, that they had traced the infection from Stevie-Jo, and they had found it in the water and the theatres in the Children's Hospital.

**Q** Did they indicate to you when they thought that Stevie-Jo might

have been infected in that way?

**A** Yes. They said that they could trace it back for the incubation period, so how long this infection takes to grow, because it is a slow growing one, and they had traced it back to when Stevie-Jo had her line removed.

**Q** When she had --

**A** Her line removed.

**Q** How did you react on hearing all of that?

**A** My first thing that I asked was, "Is it treatable, is this going to be able to be treated", and at that point they didn't know, so they said, "We really don't know, we can't give you that answer", and then, obviously, I was really angry. Because throughout, once we found out about the water in the hospital, I had raised concerns multiple times about how could surgery on floor 1 and Ward 3 in the same hospital that I would have thought would have had the same water supply, how was it that those wards were -- their water supply was okay but Ward 2, what was in the middle, was infected. And I was told umpteen times that the water was safe within those, it was a different water supply, pipes that was going to Watter 2.

**Q** How long did the meeting last, as far as you can recall?

**A** Five/ten minutes.

**Q** Was it a difficult meeting?

**A** Yes.

**Q** How did your husband react?

**A** He was really angry because he had asked the same questions before as well, and we were told --

**Q** I think you indicate in your statement you had had concerns for a long time. Is that right?

**A** Yes.

**Q** How does it feel to be told that there might not be medication to fight off an infection that your child got from the hospital?

**A** Devastating. I think you just assume with infections that you just get an antibiotic and it's fine. Once you are facing something that's very rare and you are told that they don't actually know if they can fight this infection, and it's caused by a hospital that should be safe, that's there to protect and treat children who is going through really difficult -- like some of the sickest children in Scotland is going through that hospital, so to find out that the hospital's caused more pain and potentially could take your child's life, it's devastating.

**Q** As you've indicated, this was a family meeting. Stevie-Jo was

there as well?

**A** Yes.

**Q** How did she react on hearing all of this?

**A** Stevie-Jo was really upset. I think she couldn't believe it, probably. I'm not really sure 100 per cent on her feelings, but obviously I know from then it's had a massive impact on Stevie-Jo.

**Q** Now, it's probably helpful at this stage to bring in another aspect of your evidence. Stevie-Jo and her case came to be involved with something called, "The Independent Case Note Review", and we understand that to be a review that was carried out by three experts in relation to certain kinds of infections among patients and consideration of links between those infections and the hospital environment, is that right?

**A** Yes.

**Q** And helpfully in your statement you've given us an indication of what the review said generally and in particular about Stevie-Jo's case, and at paragraph 166, I will just read this if I might, you say:

"It concluded that the infection has had a severe impact on Stevie-Jo's life, and it is continuing to have a severe

impact on her life."

Is that right?

**A** Yes.

**Q** Now, moving on to another matter but a related matter you indicate that at some point -- and it doesn't matter particularly when -- but at some point you had discussions with Professor Gibson about the use of preventative medication, yes?

**A** Yes.

**Q** And I think you indicate that at some point you had discovered that Stevie-Jo was on something called "posaconazole" -- is that how you pronounce it?

**A** "Posaconazole".

**Q** Thank you. Had she been on that at Yorkhill?

**A** No.

**Q** Did you have a discussion with Professor Gibson about that medication in particular?

**A** Yes. I had asked why Stevie-Jo was on this medication when it hadn't been something that she had previously had, and Professor Gibson had told me that it was an antifungal medication and it was to prevent -- because there was so much construction work having to go on round about the hospital, with all the faults with the hospital, that they were concerned with the dust and things like

that and if any of the children got a fungal infection it would have a severe impact and a big danger to their lives.

**Q** Thank you. Now, in your statement you also mention a number of issues to do with the hospital, and I will just mention some of those, and you might help us with one or two of those. You mention -- it is at paragraph 122, and, indeed, all of these issues begin round about then for those who want the references -- you mentioned something about sewage in the atrium in 2018. Can you tell us a bit about that?

**A** Yes. So Stevie-Jo was going to the x-ray department and at the time it was in -- so there's a link between the Children's Hospital and the adult's hospital.

As we were walking through it was cornered off and sewage was coming up through the tiles so the tiles had burst and sewage was coming up through it, so there was workmen there trying to deal with it, so try to stop the sewage seeping up through the tiles.

**Q** Did you have any concerns about that?

**A** Yes.

**Q** What were those?

**A** It was sewage and there's sick kids and adults in that hospital, and the impact that that

would have on their health.

**Q** Yes. You also indicate that there was parts of the roof blew off at one stage?

**A** Yes, so that was the adults' hospital down in the atrium, a section -- so if you imagine walking in, it would be over on the left-hand far away corner, a section of the roof had blown off.

**Q** And an issue with windows?

**A** Yes. So, the windows round about the adults' hospital, there's, like, large -- and they're coloured windows, they were falling out. So they had to put a scaffolding with net round the opening of the hospital, the entrance, to protect the public from the windows falling in, because I think it had just missed someone.

**Q** Sorry, I didn't catch that there?

**A** One of the windows had just missed one of the members of the public when it had fallen out.

**Q** Right. An issue with cladding?

**A** Yes. So, the cladding round about the Children's Hospital was the same cladding that was used in the Grenfell fire.

**Q** And did that mean that

there was work required?

**A** Yes. So it had to be removed.

**Q** And were there any concerns about the work?

**A** I can't remember.

**Q** An issue with the front door is something you mentioned?

**A** Yes. So the design of the hospital, so it comes in, so it's designed like a star shape, so the wind catches at the main entrance, and it had a door that's like one of the ones that you push and it goes -- resolves round. One day the wind had caught that door and had shattered it, so they had to put up a screen behind the door to protect the wind from coming through and then obviously it had shattered, they have put a different door on.

**Q** You mentioned something also about dust?

**A** Yes.

**Q** What was that issue?

**A** So with the design with the Children's Hospital, I think it had been designed so that it was bright and minimalistic. However, the way that it's been designed, it's impossible to clean the tops of some of the things, so as you are walking along you can see masses of dust on top of some of the areas.

**Q** We've seen pictures of the hospital and, for example, we can see in the atrium area there's lots of features designed for children?

**A** Yes.

**Q** Is that the kind of thing you are talking about?

**A** Yes, and so they have, like, pods and things, just on the top of all those, it's really difficult to clean them.

**Q** You mentioned something in the same context, it's at paragraphs 131 and 132 of your statement, you make a comment about the cleaning in the hospital?

**A** Yes.

**Q** What was your impression of that?

**A** So in old Yorkhill the cleaners would be in the rooms three/four times a day really on top -- you couldn't have anything in your room lying about, so that they could come in and clean it because obviously the kids have got really low immune systems.

In the new hospital the cleaners came in once a day, and it was just a quick round about. They didn't move anything out, they just swept round about and then mopped it, but it was the same water that they used for every one of the rooms, so the whole

ward.

**Q** And you indicate in your statement that maybe there were fewer cleaners?

**A** There was one.

**Q** One cleaner. It sounds as if, Mrs Kirkpatrick, that you experienced and were aware of quite a large number of issues with the hospital. Would that be fair?

**A** Yes.

**Q** How would you assess the communication by the health board with you in relation to those matters?

**A** Non-existent.

**Q** What do you mean by that?

**A** We had no communication whatsoever.

**Q** Were there things that you felt you needed to know about --

**A** Yes.

**Q** -- and that you weren't told about?

**A** Yes.

**Q** What were those?

**A** As soon as there was an issue with the water and any of the children were at risk, I feel like the parents and the children should have been informed. I know that there was issues with the ventilation system. That should have been discussed and then we were promised, once we had

meetings and everything started coming out about all the issues, that the parents would be told about any issues that occurred before anything went to the press. That never happened. We were still finding everything out through the press.

**Q** You mentioned the ventilation system. I think at one stage in your statement you mention a discussion with a member of staff about the ventilation system. Is that correct?

**A** Yes.

**Q** Can you tell us a bit more about that?

**A** Yes. So we were told that they had found out that the ventilation system in the cancer ward in 2A and Schiehallion was running at - - I'm sure it was 50 per cent of the capacity that it should be for kids with leukaemia or cancer or low immune systems, and 70 per cent for the general public compared to the 100 per cent that it should have been.

**Q** Now, we also see from your statement that you had some contact with Jeane Freeman, who was the Health Secretary at the time. Is that right?

**A** Yes.

**Q** I think you wrote to her in 2019?

**A** Yes.

**Q** And you refer to that email in paragraph 180 of your statement. I think you would describe it yourself as quite a strong email. Is that right?

**A** Yes.

**Q** What did you say to her?

**A** I asked her what had happened in the hospital, how a hospital could be opened by a government knowing that there was faults with the hospital before it was opened. I asked who had put our children's lives at risk and I had said that someone needs to take responsibility and be held accountable for the lives that they have put at risk.

**Q** What, if any, response did you get to that?

**A** I got a letter back. It was a generic letter that most parents in the ward got, and it had said that she wasn't aware of the issues at the hospital, and that she was very sorry.

**Q** And are we right in understanding that eventually there was a meeting in September 2019 --

**A** Yes.

**Q** -- with her, and as far as you can recall who was at that meeting?

**A** So there was Jeane Freeman, there was the Chief Nurse

for Scotland, and there was a man, I think he was taking notes for Jeane Freeman. I'm not 100 per cent sure.

**Q** And were there a number of families there as well?

**A** Yes. I think there was about five or six families and some of the children from the ward as well.

**Q** Who was there from your family?

**A** Myself, Stephen and Stevie-Jo.

**Q** And how did the meeting proceed? Did people just, you know, air their concerns with Jeane Freeman?

**A** Yes. She came across as if she was very surprised, that she didn't know any of the situation that had been going on at the hospital. She seemed very shocked when we were telling her what had happened with the situation, about the infections, about the facilities, about everything. Both herself, her and the Chief Nurse both seemed genuinely surprised and she had said that she was going to do everything in her power to try and get answers, but --

**Q** I'm sorry, I interrupted you?

**A** -- it felt like that she was -- and I know when I discussed with a few of the parents, that it felt like she

was just trying to fob us off and just finish the meeting.

**Q** Did you think it was a useful meeting?

**A** No.

**Q** Just also thinking about the issues, broadly, to do with communication, one thing that you mention in the statement is -- a number of points you mention, you know, what you had learned from the media. I mean, did you find it useful to be learning about the issues with the hospital from the media, rather than from the health board?

**A** No.

**Q** You also mention somebody called Professor Cuddihy as having some role, I think, in terms of sharing information with parents, is that right?

**A** Yes.

**Q** So did he become involved in dealing with some of the review processes that were going on?

**A** Yes.

**Q** And then explaining to the parents?

**A** Yes.

**Q** And did you find that a useful thing?

**A** Yes. We found it was very useful breaking down a lot of terminology, so things weren't getting

confused, and had a full understanding of everything that was going on.

**Q** Thank you. I want to move on, now, Mrs Kirkpatrick, towards the end of your evidence, and I'm going to have you think first of all about impacts. First of all, I'm going to ask you a bit about impacts upon Stevie-Jo. Am I right in understanding that there are physical impacts from some of the experiences, for example, scarring from the infection? Is that right?

**A** Yes. Yes.

**Q** Beyond physical impacts, have there been impacts on Stevie-Jo?

**A** Yes.

**Q** Is that something that you can tell us about?

**A** Yes. So since then Stevie-Jo has been having to go and see a psychologist. She has suffered really bad with anxiety, panic attacks, self-harming. She's just not the same girl that she was before.

Stevie-Jo used to love going to the hospital, she grew up in hospital, it was -- when she was going up to Glasgow it was like going seeing family, friends, meeting up with people that she had a really good connection with. I will not get Stevie-Jo near Glasgow hospital at all.

Every time, before COVID, if any of the doctors wanted her up, she was crying, she was petrified, she refused to go, she didn't want any treatment. She said if she relapsed, she wasn't going, she wasn't getting treatment, she wasn't going back near that hospital to catch something that was going to kill her.

**Q** Is Stevie-Jo frightened of the hospital?

**A** Yes.

**Q** What about her education? Has that been affected?

**A** Yes. So, Stevie-Jo has never had a full year in education since primary 4, so she should have started High School just before she relapsed, so she would have missed maybe six months through treatment, but she should have been able to go back to school once her intense chemotherapy had started.

Due to Stevie-Jo's infections and all the other complications that she's had through the hospital, Stevie-Jo has still never done a full year in school, so I think in total since primary 4 until she is in S5 now, she's had three months of education.

**Q** She took her Nat 5's last year though, is that right?

**A** Yes.

**Q** And it sounds like she

did quite well?

**A** Yes. She got As and Bs.

**Q** What about impacts on your husband?

**A** Stephen has had quite a lot of impact as well, especially because, as a family, we've had to live separate lives for quite a while. So obviously I have been up in Glasgow with Stevie-Jo, Stephen has been at home, so he's had pressures but different pressures. So he's had a lot of time to keep his job going, trying to pay mortgages, pay bills, while travelling up and down to Glasgow to visit us as much as possible. Mentally he struggled quite a lot, feels like him and Stevie-Jo has missed out quite a lot on their relationship.

**Q** And finally, then, I want to ask about impacts on you. Is that something that you can tell us about?

**A** Yes. So since having -- been going through all this, I now suffer with PTSD, anxiety and panic disorder.

**Q** If you don't want to go there, just say, Mrs Kirkpatrick, but are there any particular aspects that you think about in that context?

**A** Yes. Just, well, with -- and, sorry, in what context?

**Q** The PTSD, do you think - do you link those back to anything in

particular?

**A** Yes. So, I get flashbacks all the time of Stevie-Jo when she had the listeria meningitis and the impact of it. We still don't know what the future holds for Stevie-Jo.

**Q** What's the impact on you going through all of this just now?

**A** A lot. It's been bringing back quite a lot. Both myself and Stevie-Jo lately have been really struggling with anxiety and panic, just obviously we've had quite a lot of going back over everything that's happened.

**Q** Thank you. Now, I'm going to go on and I'm going to have you just give us some final reflections on things. I want to just get from you some reflections that will help the inquiry with its further work, and it might help the other core participants to think about what the issues might be in that further work, and I want to have you tell us how you feel about the issues with the hospital that you've experienced, and I wondered if it might help if I listed the issues that you've told us about today and in your statement.

Let's start with -- just imagine at arriving at the hospital. Let's start with the building, before you are even in the place, let's start with the building.

Number one, sewage in the atrium, yes? Number two, parts of the roof blowing off, yes?

**A** Yes.

**Q** Number three, an issue with windows falling out?

**A** Yes.

**Q** Nearly hitting a patient, yes?

**A** Yes.

**Q** Number four, cladding that needs to be removed, yes? Number five, problem with the front door that smashes because of the wind, is that right?

**A** Yes.

**Q** Number six, in the building there's dust that's not cleaned, is that right?

**A** Yes.

**Q** Okay. Let's imagine it is the summer of 2018. You go upstairs to the Schiehallion Unit. You are admitted to the Teenage Cancer Trust unit. You are a young girl having chemotherapy and you are feeling pretty rough. You want a room that will give you some peace and quiet, some comfort, some rest and maybe a bit of entertainment to take your mind off it. Is that fair?

**A** Yes.

**Q** Okay. Number seven, what you get instead is a room with

blinds that don't work, and it looks on to a bright, noisy space. Is that right?

**A** Yes.

**Q** Number eight, a room which is either too hot or too cold, yes? And there's nothing you can do to control that, yes? Number nine, a room where the TV doesn't even work, yes?

**A** Yes.

**Q** And number ten, a room where there's not enough plugs to plug in the equipment that you need to treat you for the disease you've got. Is that right?

**A** Yes.

**Q** Well let's move on, then, and think about issues and experiences that you might have come across when you left your room, or maybe when the nurses came into your room to speak to you, okay? Number eleven, you would learn that there was a concern about water. Is that right? In fact, you would be told not to use it, yes?

**A** Yes.

**Q** Number twelve, the fan that would be a comfort to you in your hot room is taken away from you, yes?

**A** Yes.

**Q** I think that's number twelve. Number thirteen, you learn that there was some concern about

line infections and water. Is that right?

**A** Yes.

**Q** And number fourteen, you can see with your own eyes that there's a heightened concern about line infections. Is that right?

**A** Yes.

**Q** Lines are being cleaned a lot, there are infections, and you've seen none of that in Yorkhill. Is that right?

**A** Yes.

**Q** Now let's move to September 2018. You have a child who is ill, undergoing treatment and you live quite a long way from the hospital, yes?

**A** Yes.

**Q** You are required to go to the hospital, and you discover when you get there that the ward is now closed and is, in fact, a building site. Is that right?

**A** Yes.

**Q** And you are sent to the adult hospital, yes?

**A** Yes.

**Q** Number fifteen, Stevie-Jo and the other teenagers and children are now in a ward that is not set up for children or for the parents of children. Is that right?

**A** Yes.

**Q** And you are far away

from medical services that you may need, yes?

**A** Yes.

**Q** And may need urgently?

**A** Yes.

**Q** Now then, again, let's think about other experiences that you would have had and things that you would have heard. Number sixteen, you see, and you hear of more concerns about safety?

**A** Yes.

**Q** You hear about something called cryptococcus, yes? Something to do with pigeons, is that right?

**A** Yes.

**Q** You see filters being put into rooms?

**A** Yes.

**Q** The filters themselves make people feel unwell, is that right?

**A** Yes.

**Q** You've got members of staff upset and telling you to go to the media, is that right?

**A** Yes.

**Q** You have a senior clinician coming into rooms looking for mould in showers, yes?

**A** Yes.

**Q** You find yourself asking that clinician if it's safe to stay in the hospital, yes?

**A** Yes.

**Q** And a day after that discussion the senior clinician says, "Maybe you should take your daughter to your local hospital", yes?

**A** Yes.

**Q** Now, even if we just stopped there, forgot about other parts of your story, what do you think about the list of sixteen?

**A** Horrendous.

**Q** Would you say that this was the highest standards of healthcare?

**A** Absolutely not.

**Q** Would you describe your list -- my list of sixteen, your list of sixteen -- would you describe it as being consistent with a state-of-the-art hospital accommodation?

**A** No.

**Q** I move to number seventeen, and in my notes, I have written, "Stevie-Jo Kirkpatrick". You took Stevie-Jo to The Children's Hospital to have the chemotherapy she needed to ward off her illness, is that right?

**A** Yes.

**Q** Instead, your understanding is that the hospital gave her an infection that means she cannot have that chemotherapy. Is that right?

**A** Yes.

**Q** How do you feel about that?

**A** Devastated. Angry. I actually can't put it into words how I feel about that.

**Q** In your statement, Mrs Kirkpatrick, you make some concluding remarks, and I think they begin at paragraph 193. You might want to have a wee look at them. We don't need them up on the screen. I was going to ask you, Mrs Kirkpatrick, as I have with each of the other witnesses we've heard from, whether they wished to say anything more, and I don't have any more questions, but I wondered whether you might want to read to us what you've said at paragraphs 193 and 194?

**A** Yes. Of course. So: "I do not want Stevie-Jo being treated in that hospital, whatsoever ..."

**Q** Mrs Kirkpatrick, I'm very sorry, can I just stop you there? Can you take it quite slowly, please? Thank you.

**A** Okay:

"I do not want Stevie-Jo being treated in that hospital, whatsoever. Prior to the experience in the RHC and the QEUH, we had never had concerns before. Our medical team is still amazing, but we

certainly wouldn't want Stevie-Jo being in that hospital again.

We've asked that if it is possible for Stevie-Jo just to go to DGRI for anything that she needs, rather than going to the hospital in Glasgow. I don't feel safe in the hospital, and I know for a fact that Stevie-Jo certainly doesn't feel safe. It is not just the infections, I don't even feel the actual building is safe. I don't feel that the structure of the building is safe. Taking that together with the infections, the water, and the actions of the Health Board; I actually don't feel safe. I don't feel that the Health Board has got the kids' best interests, or their care is at the centre of it.

In terms of the Health Board, I am angry and disgusted that they've actually just covered up so much. They knew what the situation was at the hospital and they did not tell parents how much risk the kids were exposed to. I feel like they're still just trying to cover up and save themselves".

**Q** Thank you Mrs Kirkpatrick. When we think back to the issues that we've just been speaking about, you think those observations

are fair observations?

**A** Yes.

**Q** Mrs Kirkpatrick, is there anything else that you want to say before you conclude your evidence?

**A** No.

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

**THE CHAIR:** Thank you very much, Mr Duncan. Thank you, Mrs Kirkpatrick. As Mr Duncan has said, that's your evidence, and maybe you are staying this afternoon, but thank you again.

**A** Thank you.

**THE CHAIR:** (Inaudible) afternoon, I take it that remains your plan?

**MR DUNCAN:** I would think so, my Lord.

**THE CHAIR:** Well, we will sit again at 2 o'clock.

**12:37**

(Luncheon adjournment)