

Scottish Hospitals Inquiry

Witness Statement of

Haley Winter

WITNESS DETAILS

1. My name is Haley Winter. I was born on [REDACTED]. I am [REDACTED] years old.
I am [REDACTED].
2. I am the mother of [REDACTED]. [REDACTED]'s date of birth is [REDACTED]. He is 11 years old.
3. I live with my three children, [REDACTED], [REDACTED] and [REDACTED] in [REDACTED].

OVERVIEW

4. My son is [REDACTED]. [REDACTED] was diagnosed with Acute Lymphoblastic Leukaemia (ALL) in October 2017 when he was 7 years old. [REDACTED] was treated in the Royal Hospital for Sick Children (RHSC) in Edinburgh and the Royal Hospital for Children (RHC) in Glasgow. He attended both hospitals as an in-patient and as an out-patient. [REDACTED] now attends the Royal Hospital for Children and Young People (RHCYP) in Edinburgh for check-ups. He attends six monthly check-ups.
5. With the help of my solicitor I have prepared and provided the Inquiry with a timeline showing the dates on which [REDACTED] attended hospital and the wards where he was treated. The timeline is attached to this statement at appendix

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1 (HW/01), the dates up to April 2018 are approximate and I confirm that it is accurate to the best of my recollection.

6. ■ spent time in wards 2A and 2B of the RHC which are known as the Schiehallion Unit. The Schiehallion Unit treats children with cancer. ■ was also an in-patient on ward 2 of the RHSC in Edinburgh. I stayed with ■ during his admissions to hospital as an in-patient and an out-patient. I can speak to the experience ■ and I had in these hospitals and on these wards.
7. Sometimes ■'s treatment was carried out by Ninewells Hospital in Dundee. It's our local hospital so if ■ had a temperature spike, it would be Ninewells we would go to. There were certain things that Ninewells could carry out, for example, they dealt with ■'s temperature spikes if he had them in between his chemotherapy sessions. There was also one time when he wasn't eating when he was in Edinburgh but was otherwise quite well and only had the TPN line in to feed him. On that occasion I asked if we could go to Ninewells to be closer to home. Other things such as his chemotherapy, bone marrow aspirations and his biopsies would have to be done in Edinburgh or Glasgow.
8. There is one event in particular I would like to mention. ■ contracted, what I now know, after I received ■'s Case Note Review (CNR), to be enterobacter cloacae, in April 2018 very shortly after being admitted to ward 2A of the RHC. There were issues with the water during ■'s time there which, in my view, impacted his experience. I will come on to talk more about this admission in more detail.

FAMILY BACKGROUND

9. I live with my three children in ■. ■ is the eldest at ■ years old, ■ is ■ years old and ■ is ■ years old.

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10. ■■■ is in primary■■■, he starts primary■■■ after this summer. He was in primary ■■■ when he was first admitted to hospital. ■■■ likes school and has loads of pals. He likes playing football, basketball, he does karate and likes gaming. Prior to ■■■'s diagnosis, his health was good but I had been saying for a few months before he was diagnosed that he had cancer. I don't know what it was, I just had a feeling. Everyone thought I was just being paranoid.

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

11. ■■■ was diagnosed with ALL in October 2017, when he was 7 years old. He went to school on Monday 23 October but he got sent home as he was feeling sick. He was alright on the Tuesday so he went back to school. My mum picked him up at lunchtime and she phoned me to say he was looking very peely-wally (pale), but I just left him as every time I'd taken him to the doctors before then they had just said it was a virus. When I took him home from my mum's, he was sick but after that he ate a McDonald's. He wasn't sick again after he ate that, so I knew it wasn't viral.
12. I put him to bed on the night of the 24 October 2017, but he looked awful, he looked like a corpse. I phoned NHS 24 and got an appointment within an hour. I went to out of hours at Ninewells Hospital in Dundee at 10:30 that night and saw a Dr Gemmel. Again he said it was just viral and I just thought, here we go again. I then said to Dr Gemmel that ■■■ looks like he's got cancer, so the Doctor started to look in ■■■'s eyelids, looked at the creases of his hands and then told me I had to take ■■■ for bloods the next morning back at Ninewells.
13. My sister came with ■■■ and me the next morning. They took ■■■'s bloods and then, I think it was Dr Shazia, took us into a room and said "Do you know

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your son is anaemic”? I said “Yes he’s got cancer”, I could see that something was seriously wrong.

14. They then put [REDACTED] on a ward in Ninewells and started doing bloods again. A Dr Peebles came in and took us into a wee side room and told me and [REDACTED]’s dad, who had arrived by this time, that [REDACTED] had leukaemia and that he needed to go to the Glasgow hospital the next day. She explained about the treatment and was very positive that it would work.
15. Edinburgh was [REDACTED]’s catchment hospital. We were supposed to go to RHSC in Edinburgh in October 2017 but there were no beds so [REDACTED] was admitted to the RHC in Glasgow.

Admission to RHC ward 2A: 26 October – November 2017

16. We left the next day, which would be the 26 October 2017, to go to Glasgow because there were no beds in the Edinburgh hospital. [REDACTED] went by ambulance with his dad and I followed behind in the car, with my then partner [REDACTED]. My first impressions were that the hospital was really nice until I got out the car and it stank of shit.
17. We went in and [REDACTED] was admitted to Room 14 in ward 2A. I can’t remember the names of who we spoke to. The next day he had surgery to have his Hickman line inserted. [REDACTED] had surgery which was done under general anaesthetic. They made a cut in his neck and inserted a line in his neck through his chest that was connected to his heart. [REDACTED] started chemotherapy on the 27 or 28 October 2017. He had two or three further surgeries to get bone marrows taken and a lumbar puncture. He was doing quite well, I think they gave him steroids too.
18. I initially thought the ward was nice. The rooms were a lot bigger than the rooms in Dundee. You had your own bathroom with a shower too.

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19. When you walked into the room, there was a sink. ■■■'s bed was on the right hand side, and my bed was next to ■■■'s. It was a pull out bed. There was a wee unit too but one of the drawers was locked and used for medication. I think this was the bottom drawer.
20. There was a play room where ■■■ could go to colour in. They had games in there too but ■■■ would just take the games back to his room.
21. There was a cinema too that we went to. It was in another bit of the RHC.
22. There was a family room that parents could use. It was a wee rectangle room with a fridge, sink, water machine and a microwave. There was also a machine for boiling water. It looked more like a coffee machine than a kettle.
23. The ward also had a teenage bit which I think was used for patients who were 13 years and up.
24. ■■■ went home after 2 weeks on around about Friday 17 November 2017, with the plan being that he would receive treatment in Ninewells as an out-patient. He had to get a bone marrow aspiration on day 15 and on day 29 after chemo started. He got his first bone marrow aspiration that morning and we were discharged afterwards.

EXPERIENCE AT RHSC: November 2017 – April 2018

25. We went to clinic in Ninewells on Monday 20 November 2017, to get routine blood tests and to have ■■■'s line flushed, we were there a few times a week at that time. ■■■ then had surgery in the RHSC in Edinburgh on 24 November 2017 for second bone marrow aspiration, chemotherapy in his spine and a biopsy. ■■■'s catchment hospital was Edinburgh which is why

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we were told to take him there. I wasn't happy about this, I wanted him to go to the new hospital in Glasgow, on the surface I thought it was better equipped. He was an inpatient in ward 2 in RHSC. From then until the 15 December 2017, we were just waiting for results. I had to chase these up and eventually I was told that the chemotherapy had failed. His bone marrow still had a high percentage of cancer still present.

26. ■■■ was then admitted to the RHSC ward 2 for further chemotherapy on 18 December 2017. He remained there until 5 January 2018.
27. Throughout January 2018 he was in and out of Ninewells ward 29, which was the children's ward, for temperature spikes, where he would be admitted for 48 hours or sometimes a week. Sometime during that month we were told the chemo had failed again. ■■■ was readmitted to RHSC ward 2 at the end of January for further chemotherapy. He remained there until 17 February 2018.
28. On 17 February 2018 ■■■ was transferred to Ninewells. His chemotherapy was finished and the only thing that was keeping him at Edinburgh was that was getting TPN to feed him and I requested that this be done at Dundee, for us to be closer to home. I had 2 other children and no one could come and see us. We went home that time after one night. Ultimately this chemotherapy also failed.
29. During March 2018 ■■■ attended both Ninewells and RHSC and at some point this month a discussion took place with Dr Matt in RHSC about specialist treatment that ■■■ needed. The doctors were discussing what to do next. I was told loads of stuff at this point. At one point doctors were talking about him going to Italy or Washington for treatment.

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30. In March 2018, I was told [REDACTED] needed a treatment called blinatumomab, which is antibody therapy. This was a different type of chemo. If he had CD 19 and CD 22 in his blood or bone marrow, blinatumomab was used to treat it. It's a more dangerous chemotherapy so [REDACTED] had to go to Glasgow for this treatment as they had more experience in it.
31. I was told this could only take place at the RHC in Glasgow or the RHSC in Edinburgh, but they said the RHC had more experience in administering this treatment so they wanted [REDACTED] to go there.
32. During April 2018 [REDACTED] attended Ninewells and ward 2B RHC for various day care appointments. He was admitted to Ninewells on 13 April 2018 for a few days for a temperature spike.

SEQUENCE OF EVENTS WARD 2A RHC: 23 April 2018 to 25 May 2018

33. On 23 April 2018 we were given an appointment for [REDACTED] to attend ward 2B at the RHC on 26 April 2018, prior to being admitted to ward 2A to receive the specialist treatment called blinatumomab.

Experience: April 2018 - May 2018

34. [REDACTED] was admitted to a different room, room 1 on ward 2A, this time. His friend was coming in to visit him and they would play with the computer there.
35. Again we arrived at the hospital and it stank of shit. I could smell it in the car park and the hospital building. It was right next to the sewage works.
36. We were not allowed to use the water and there were filters on all of the taps. We were given bottled water to drink.

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37. ■ had a Hickman line and he arrived at the hospital with it already in. On 28 April 2018, ■ had a shower and within hours he started rigoring. He developed a temperature and became unwell. He was also having seizures and shaking. The nurses thought this was to do with the chemotherapy. He had a couple of episodes of this and the nurse, Nicola, said that if he had another seizure he would have to get a cannula in.
38. He stopped fitting and the staff told me that if it happened again then they would have to remove his line. About 45 minutes later he began to fit again. My partner at the time was with me, he had gone to get a shower and all this happened when he was gone; it was so quick.
39. ■ had his central line removed on 2 May 2018 and a new one inserted on 5 May 2018 due to the infection he had picked up. His line was infected.
40. He was so scared, it was the first time he really told me how scared he was. I was lying on his bed next to him and he was frightened. They were pumping and flushing his lines and giving him medications via a cannula.
41. He was fine when we arrived and he had been well up to that point, he had been good in the 6 months up to this point. We had not experienced anything like this. This admission was really bad.
42. I told the staff that I knew it was the water. It was contaminated. I spoke to the staff on the ward and they told me that it was not the water. I knew about the sewage works nearby and thought it might be connected to that.
43. ■ finished his treatment in Glasgow and he went back to Edinburgh and continued his treatment there. He never returned to ward 2A after this episode.

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44. [REDACTED] was discharged on 25 May 2018.

WATER: EVENTS INVOLVING WATER SYSTEMS

Water incidents in RHC: 2018

45. The first time we were in the RHC we just used the water as normal. We didn't have any problems.
46. The second time we were in I took pictures on 27 April 2018 of the filters on the taps in Room 1, the room we were in. The filters were on the taps in the sink in the room, the sink in the bathroom and the shower. This room was right behind the nurses' station. I have provided the Inquiry with a photo of this. This is at appendix 2 (**HW/02**).
47. The main bathroom on ward 2A was closed too. It had a big bath in it that you could use but there was a sign over the door saying it was out of use.
48. Staff were giving out bottled water and there were signs telling you not to drink the water. They took away the water coolers too.
49. I have provided the Inquiry with other photographs that I took in ward 2A. There is a photograph of a sign on one of the sinks, this is at appendix 3 (**HW/03**). There is a photograph of a sign on one of the water coolers, this is at appendix 4 (**HW/04**).

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Water: Communication

50. My dad asked the boys who were in changing the filters in ■■■'s room why they were doing the work but I can't remember what they said. I asked too but they just said it was for extra protection as it's a cancer ward. These filters hadn't been there the first time we were in. They didn't tell us not to use the water to wash at that time. They just said it was for extra protection with it being a cancer ward.

51. I also posted on Facebook on 27 April 2018,

"Ok so why the fuck would you put a sick kid into a hospital where the water is contaminated. Not even allowed a bath. Looks like I will be losing the plot cos if any one of them gets an infection I swear to God I'll sue the fuckers"

52. No one told me there was anything wrong with the water, but I had a meeting with infection control the second time we were in, when I was in ward 2A, room 1. I don't remember the date, but it was me and another mum and dad. I told the woman, I don't know her name, that the water was contaminated. She asked me why I thought that and I told her the whole place stank of shit. I think the meeting had already been set up, I can't remember but one of the doctors or nurses told me it was happening. It was a quick meeting. She wrote what I said down and she said she would look into it. I never heard anything else about it.

53. I spoke to Professor Gibson but all she said was "That doesn't happen on my ward", when I complained about the water. This might have been the day before the meeting but I'm not sure.

HEALTHCARE ASSOCIATED INFECTIONS

HAIs: events and physical impact

54. On 2 May 2018, ■ still wasn't any better; he still had a temperature. He was really unwell, his heart rate dropped and I thought he was going to die. I think it was a nurse that told me that his line needed to be removed, so they took him down to surgery and removed it. He continued with antibiotics, I think tazocin and vancomycin. He got another line fitted in surgery on 5 May 2018 and they stopped the antibiotics on 9 May 2018. He was discharged on 25 May 2018 and follow up care from then was at the RHSC.
55. ■'s line was fitted with a wee green cap. This was to keep it clear of infection. We had a bag of the caps to use if we were at the RHSC or in Dundee, we had some spare if doctors had to access his line for any reason.

HAIs: communication

56. The nurses and the doctors didn't really tell us anything about any infections, they just put him spiking a temperature or rigoring down to the new chemotherapy ■ was on. The only infection we knew anything about was when he had to get the line removed. Even on 2 May 2018, when they removed his line, we were still only told it was a line infection. All the nurses said was that they had identified a line infection and it had to go to the labs so they could do tests on it and grow it over 48 hours to identify what it was.
57. Professor Gibson came and spoke to us when he got his line infection and she just said it was an infection you can grow in your gut.
58. ■ was put on caspofungin. This was after he had his line infection and it was to stop any other infections. It was Professor Gibson that I spoke to and that's all she told me.

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OTHER ISSUES RELATING TO THE HOSPITAL

59. I do remember that right from the first time we went to the hospital, it stank of shit. I remember driving into the car park for the first time thinking the building looked lovely and then getting out of the car and the smell of shit was disgusting.

CLEANLINESS

60. The first time we were in, in October/November 2017, it was fine but the second time, in April/May 2018, it wasn't. When [REDACTED] really wasn't feeling well, he liked the room dark, so they just didn't come in to clean the room for four days or even empty the bins in the room, they just left you. I told the nurses, the room still needed cleaned, but I ended up doing it myself.
61. Also when we went into ward 2A room 1, on 26 April 2018, there was blood on the floor at the side of the bed, it wasn't ours. I just ended up cleaning it myself. It was alright after that, but it could have been cleaner. They came in the room in the morning, to sweep and wash the floor, clean the bathroom and give the tops a wee wipe. Later on they came in and emptied the bins again.
62. One of the nurses was leaving ward 2A, presumably to work elsewhere, and the other nurses filled up syringes and squirted all sorts of medicine, yogurt and stuff like that over her. It went all over the floor and up the walls. I didn't think that was right. They'd put plastic sheets and that up but still I didn't think that was right in a cancer ward.

OVERALL EMOTIONAL IMPACT ON [REDACTED] AND HIS FAMILY

Overall impact on [REDACTED].

63. [REDACTED] was young and he just gets on with it. He did say a couple of times that they were killing him and that he was going to die, but generally he just thought they were just trying to make him better.

Overall impact on witness

64. It had an emotional effect on me, it was really bad. The doctors and nurses didn't listen and they made me think I was going off my head, they really didn't know why the chemotherapy wasn't working and then I felt nobody was listening to me about the water. They really didn't know what was going on with him so I just found it really hard. I did go to the doctors but they just wanted to put me on tablets and I didn't want that.

Overall impact on family members

65. It was really hard on [REDACTED] and [REDACTED]. When I was in the hospital with [REDACTED], [REDACTED] stayed with my dad and [REDACTED] stayed with his dad and his granny. They were split up but [REDACTED] had to come first, he was the priority.

COMMUNICATION: GENERAL RHC

66. When [REDACTED]'s chemotherapy wasn't working, the communication with [REDACTED]'s doctor in the RHSC was really atrocious. I had to phone them for results. Sometimes I would have to phone both Glasgow and Edinburgh hospitals to track down [REDACTED]'s results.

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67. I really didn't know what [REDACTED] was being treated with most of the time, both in RHC and RHSC. No one explained it to you unless you asked. If you asked they would tell you but the staff sometimes made you feel stupid for asking questions.
68. The nurses and the doctors didn't really tell us anything about any infections, they just put it down to the new chemotherapy he was on. The only one we really knew about was when he had to get the line removed. Even then, we were only told it was a line infection and not the name of it or how he got it.
69. I didn't like Dr Gibson. She told you things and never asked you questions. I couldn't tell her anything, she was thought she was in charge of me and wouldn't listen when I tried to tell her about particular things that were going on for [REDACTED]. She spoke down to me. She thinks she knows everything. She was saying not to give [REDACTED] McDonald's food, she was just being a doctor with that but she was quite stern.
70. I only heard about the problems at the hospital when I saw the Disclosure programme on BBC Scotland. It was then that one of the mums got in touch and asked me to join a WhatsApp group. There's quite a few parents on it but some people don't want to speak up. I was gutted when I saw it and I got in touch with one of the other mums and said I wish I'd had the opportunity to speak as I could have told them their water was full of shit. I did feel vindicated though that I wasn't crazy.

COMPLAINTS

71. I raised a complaint with the doctors and nurses, I can't remember who, about my room not being cleaned. It was then that I was told someone from infection control was holding a meeting and I could attend. This meeting was not helpful, they mainly said that everything was fine and that the water couldn't be contaminated. This was the meeting that I went to just after

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█ had his line infection. After that meeting finished I never heard anything about it again.

72. My step mum wanted to write in and complain but I said just to leave it. I did phone a solicitor but I never really got anywhere, it was just too much at the time.

OVERSIGHT BOARD / CASE NOTE REVIEW / REPRESENTATIVE GROUPS

73. I've never heard of the Oversight Board or of Professor White.
74. The first I heard about the Case Note Review (CNR) was when I got a letter about it but I didn't really know what it was about. I then got █'s report, which I still don't really understand. I was told by my solicitor, that in the CNR, it stated that microbiology had recommended doctors take █'s central line out in late April 2018 but the doctors decided to keep it in so he could get his blinatumomab. His line didn't actually get removed until 2 May 2018. The CNR confirmed that █ had a gram negative infection called enterobacter cloacae which was the infection that no one knew the name of in April/May 2018 and it was linked to the environment.
75. █ was really ill with the line infection he had in April 2018 and I thought he was going to die. If the CNR and this Inquiry stops other kids dying or another child going through what █ went through, then it's worthwhile.
76. I was a member of the Facebook page for parents, the Schiehallion one. I didn't look at it much, it was just for mums and dads to ask questions or if you needed help. I maybe asked if anyone else had failed chemo, but I never really paid much attention to it. I was also on the Edinburgh family one which is the Edinburgh equivalent of the Glasgow parents page set up by the hospital. I wasn't on any other one.

77. I don't think a lot of the Health Board. I spoke to someone, I think her name was Jennifer and I might have gotten an email from her. I phoned them after the Disclosure programme. I googled for a number. I don't know who she was. I wanted [REDACTED]'s medical notes – she said that [REDACTED]'s infection was nothing to do with the water.
78. I think the Health board knew there were problems at the hospital and the people at the hospital were trying to cover it up. That's why they were putting the filters on the taps.

CONCLUDING COMMENTS: RHC Glasgow

79. I'd rather drive to London every week than step foot back in that hospital, not after that TV show. It's disgusting. I hate it and I just don't understand why they could put sick people in that hospital. I don't understand why it's even open now, when you've lost people and all these people have been ill. Who even thinks it's right to build a hospital so close to a sewage plant?!

ROYAL HOSPITAL FOR SICK CHILDREN (RHSC), Edinburgh

Experience – issues impacting patient safety and care

80. [REDACTED] was mostly an in-patient, he was there before we went to Glasgow the second time, for about 4 weeks and he was an in-patient and an out-patient up until about a year and a half ago. The nurses there were really nice but it was freezing and I did have a couple of run-ins with some of the staff. One was over how cold the hospital was. I was told they couldn't do anything about it and the heating was on, but that it was an old building and the heating didn't work. Another incident took place when I had to argue that one of the nurses was giving [REDACTED] too much morphine and she didn't listen to me

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but when she checked with another nurse, it was proved I was right about the morphine.

81. ■■■'s room was tiny, I just got a Z bed and a wee wardrobe. You couldn't swing a cat in it. It was so cold, you could see your own breath in the room. It was winter the first time we were there and I had to sit with my outdoor coat on.
82. I had to buy ■■■ a quilt to use there because it was so cold. I complained but I was just told the heating was on and it was an old building.
83. The ward had a mouse in it, which the nurses called "Speedy". I had gone out for a cigarette and when I came back in they said Speedy was out, running around the floor. I took my phone out and then I saw him under the door so then I sat down and he was under the washing. I tried to video him but because I had disturbed him he ran away. When I went back to my room I ordered mousetraps to put under my bed.
84. It was horrible, really cold. I made complaints to the nurse but no one did anything. Communication wasn't good when you weren't an in-patient. You had to keep phoning them to find out what was happening

Amenities

85. ■■■ was well looked after but it was just the hospital was horrible. There was only a wee tiny playroom for ■■■.
86. We had to go out the door of the ward to go to the toilet, even in the middle of the night. There was nowhere to make food or anything. There was a kitchen but I didn't use it. I just lived off takeaways as I didn't have time to cook. There was PJ's loft but I didn't use that either. There were rooms up there and you could get a shower.

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87. CLIC was right across the road in Edinburgh and that was good. It was there up to about last year. That was handy. We stayed there every day when we were in, we slept there, showered and cooked there.

Impact on ■■■'s care with the delayed move to RHCYP

88. One of ■■■'s treatments was delayed. I think that was the first time we were supposed to move in March 2019, maybe by a week or a couple of weeks but I can't remember. I don't think it made much difference though.

89. I do remember though that the second time we were due to move, I think that was July 2019, everything had been moved from the old hospital and it was really empty. We were all writing on the walls because we thought we were going.

90. The other impact was that CLIC moved after the hospital was supposed to close the second time. They had the new CLIC for us to stay in which was opposite the new hospital. This meant that when the new hospital didn't open we had a 20 minute drive in the morning to get to ■■■, more in rush hour traffic. That was a bit of a joke.

91. We weren't told about the delays directly. Nurses would maybe say to you if were in for an appointment that the move had been postponed again.

ROYAL HOSPITAL FOR CHILDREN AND YOUNG PERSONS, EDINBURGH
(RHCYP)

92. I have only been to the one appointment at the new hospital and we were in and out. It was nice, much prettier and cosy but I haven't had any experience of being an in-patient.

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

APPENDIX 1 – TIMELINE (HW/01)

- 25th /26th October 2017 – ■■■ is diagnosed with ALL at Ninewells Hospital Dundee. The original plan is to move him to Edinburgh Sick Kids however there is no room there so he is moved to the QEUH hospital and admitted to ward 2A, possibly room 17.
- 27th October 2017 – ■■■ has a Hickman line inserted. ■■■ started chemotherapy either on this day or the day after. He is admitted for two weeks.
- 13th November (approx.) – ■■■ is discharged, with the plan being that he would receive treatment in Ninewells after this.
- 24th November 2017 (approx.) – ■■■ has a biopsy at Edinburgh Sick Kids.
- 15th December 2017 – Haley is advised that the chemotherapy has failed.
- 18th December 2017 – 5th January 2018 – ■■■ is admitted to Edinburgh Sick Kids ward 2 for further chemotherapy
- January 2018 - ■■■ was regularly admitted to Ninewells Dundee for temperature spikes where he would be admitted for 48 hours or sometimes for up to a week.
- 30th January 2018 (approx.) – 17th February – ■■■ is admitted to Edinburgh Sick Kids ward 2 for chemotherapy.
- 17th February 2018 – He is transferred to Ninewells Dundee. This is because his chemotherapy was going well, ■■■ was getting TPN and Haley requested for them to be moved closer to home.

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- March 2018 – A discussion takes place about [REDACTED]'s treatment at Ninewells. [REDACTED] was due to get a specialist treatment. This treatment could only take place at Glasgow or Edinburgh. It was deemed that Glasgow had more experience in administering this treatment. He is attending Edinburgh and Ninewells during this month.
- April 2018 – Attends Ninewells for various daycare appointments and temperature spikes.
- 26th April 2018 – [REDACTED] attends Glasgow where he goes to ward 2B and is admitted to 2A to receive blinatumomab.
- 28th April 2018 – [REDACTED] has a shower and shortly after this he develops a fever and becomes unwell, he starts having seizures. Advice is given by microbiology to remove the line (date advice was given is unknown to Haley). The line is not removed to attempt to continue with the blinatumomab treatment. Antibiotics are started by IV.
- 2nd May 2018 - [REDACTED] remains unwell with a fever and his line is removed.
- 9th May 2018 – Antibiotics are stopped.
- 25th May 2018 – [REDACTED] is discharged from Glasgow and follow up care is organised to take place in Edinburgh.

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APPENDIX 2 – PHOTOGRAPH OF FILTER ON TAP (HW/02)



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APPENDIX 3 – PHOTOGRAPH OF SIGN ON SINK (HW/03)



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APPENDIX 4 – PHOTOGRAPH OF SIGN ON WATER COOLER (HW/04)



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