



## Scottish Hospitals Inquiry

Hearings Commencing  
20 September 2021

Day 13  
Thursday 7 October  
Afternoon Session

## CONTENTS

	Pages
<u>Crighton, Ms Senga, (Sworn)</u>	
Examined by Mr Duncan	1-61

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**14:00**

**THE CHAIR:** Good afternoon, Ms Crighton. Can you see me and hear me?

**A** Yes.

**THE CHAIR:** Right, excellent. As you know, I'm shortly going to invite Mr Duncan to ask you some questions. If at any time you want to take a break, just say so and we can take that break. I think you're prepared to take the oath, is that correct?

**A** Yes, uh-huh.

**THE CHAIR:** Can I ask you to raise your right hand and repeat these words after me?

**CRIGHTON, Mrs SENGA**

**(Sworn)**

**Examined by MR DUNCAN**

**THE CHAIR:** Thank you, Ms Crighton. Mr Duncan.

**MR DUNCAN:** Thank you, my Lord. Good afternoon, Ms Crighton.

**A** Good afternoon.

**Q** Can I begin just with some formal questions and, first of all, have you confirm that you are Senga Crighton and that you live in [REDACTED] with the younger of your two sons, is that right?

**A** Yes.

**Q** And your younger son, I

think, is presently 16 years old.

**A** Correct, uh-huh.

**Q** And I think we know from your statement that he was diagnosed with cancer of the brain when he was 12 and that he spent some time in the Royal Hospital for Children in Glasgow and also the Queen Elizabeth University Hospital, and I think that was between March and November 2018. Would that be about right?

**A** Yes, uh-huh.

**Q** And, as I've just indicated, you've provided us with a detailed statement and I think you're happy that that forms part of your evidence to the Scottish Hospitals Inquiry, is that right?

**A** Yes.

**Q** Now, can I just check that you have a copy of your statement nearby?

**A** Yes, I have.

**Q** That's great. Now, if at any point you want to have a look at it to help you refresh your memory or clarify anything, just say so. Let's begin then. I wonder if you could maybe just start by telling us a bit about your son and what he was like before he became unwell.

**A** [REDACTED] was a young boy who was always up to mischief. We ended up getting a diagnosis of

autism at the age of 10. He then got himself into mixed martial arts, anything to keep him busy. He was always competitive and he's done really well at these things, and he was never not well, never. He always had that cheeky humour that kept everybody going. Hard work at times, but his cheeky humour helped. And then October-time 2017, he just became a different young man. Very quiet, not wanting to do anything, tired. He'd also started the academy at the same time, so we just thought it might be anxiety due to his autism, going to High School.

**MR DUNCAN:** Well, let's just start to go through that then. If you just pause a minute, I think Mr Love is just alerting me to something. My Lord, Mr Love has alerted us as to the fact that the livestream does not appear to have commenced.

**THE CHAIR:** (Inaudible) confirmation of that (inaudible). (After a pause) Thank you, Mr Love.

**MR DUNCAN:** (After a pause) Looks like it's working now, my Lord, according to Mr Love, at least.

**THE CHAIR:** Yes.

**MR DUNCAN:** Thank you, my Lord.

**THE CHAIR:** Thank you.

**MR DUNCAN:** Ms Crighton,

hopefully that is now, finally, all of our technical challenges behind us and we'll move on. You were starting to tell us about [REDACTED] becoming unwell, and I think you indicated it was late 2017 that that started to change.

**A** Yes.

**Q** Were you indicating that, at first, you thought it might be something to do with starting high school?

**A** Yes, we thought he was just anxious. Because he's on the autistic spectrum, we thought he was just anxious about a different environment.

**Q** Yes, and I think we can see in your statement that that didn't improve and I think he started to lose weight, is that right?

**A** Yep, sore head, lost weight, more days off than he went in, so-- Stopped kind of eating as much as well.

**Q** Yes. So if we move into the beginning of 2018, and if we just try and take your story really up until the point where he is admitted to the Royal Hospital for Children, I think we can see that you were backwards and forwards to the GP quite a bit to begin with.

**A** From October right through to the January, we were back

and forward, and he just kind of-- We were always looking for the obvious to start with, but they'd taken bloods and, eventually, he then decided he wasn't going to drink either and we were gonna have a referral to paediatrics by this point because he was really, really, painfully thin. And that night, when I decided to go to Crosshouse Hospital in Ayrshire, the University Hospital, he had stopped drinking as well. So I knew that without food, drink, he'd already so much weight, I had to do something about it, so I went up to A&E.

**MR DUNCAN:** Yes. Now, can I just pause there and just ask this question of everybody: is everybody able to hear Miss Crighton efficiently?

**THE CHAIR:** For me, she's a bit faint.

**MR DUNCAN:** Is there anything-- I don't know if there's anything you can do at your end, whether you can sit nearer to the laptop or anything like that. I wonder if, at our end, the AV room can put the volume up.

**FEMALE SPEAKER:** How's that?

**A** Is that better?

**MR DUNCAN:** I think so.

**THE CHAIR:** Yes.

**A** Is that better?

**THE CHAIR:** Yes.

**MR DUNCAN:** Thank you, Ms Crighton. I knew as soon as I said that that was hopefully our technical challenges behind us that it wouldn't be, but there we are. I won't say it again.

So I think we got as far as a referral to Crosshouse initially.

**A** Yes, they were going to send us to Crosshouse Hospital because we were in Ayrshire to start with, yes.

**Q** Yes. And do we see from your statement that you were pushing to get more tests done, is that right?

**A** Yes. When we were in there, they put them on a drug for a week, so he did perk up and he ate a banana and toast in the full week. Then on the Thursday - we went in the Saturday - they wanted to send him home, and they thought he had something called parathyroid. There was high calcium in the blood. And I said, "No, I'm not taking my son home until you give me a definite answer as to what's wrong with him. I can't leave here because it took me all my time to get ██████ to actually go to the hospital." So that day, they did scans and I was called back that night. They had found a mass in ██████'s brain and they were sending us to Glasgow.

**Q** Yes. And, just to help in terms of the timeline on all of this, I think we can see from your statement that we're now into February, is that right?

**A** Yes, yes.

**Q** And was Kevin transferred to Glasgow from Crosshouse?

**A** Yes, yes.

**Q** And I think we see from your statement that you recall that he went to the children's hospital and he was put into the Clinical Decision Unit, is that right?

**A** Yes, that's correct.

**Q** And I think we can see that at that point you met one of the neurologists, and there was then a referral to do a MRI scan, is that right?

**A** Yes, uh-huh.

**Q** And can you recall what the outcome of that was?

**A** The outcome of that was they had found something in his brain. I'd asked them to be upfront and honest and not sugarcoat it, just tell me what I was dealing with. And Dr Campbell had told me that she had seen this type of mass before. She couldn't be 100 per cent at this point until she went to operate, but she thought it was a glioblastoma which had spread into his spine, his spinal

fluids, because there were five tumours there.

**Q** Yes. And are we right in understanding that they started him immediately on chemotherapy?

**A** Yes.

**Q** And [REDACTED] underwent surgery shortly after that, is that right?

**A** Yes, the 2nd of March, [REDACTED] went through an operation to remove the biggest tumour.

**Q** And how long did that operation last?

**A** I think, if I remember right, it was about seven and a half hours.

**Q** And where did he go after that?

**A** He went into intensive care for a couple of days.

**Q** And then after intensive care, where did he go?

**A** He went up-- I think after that was-- I'll have to check. Was it 3? Sorry, aye, it was 3.

**Q** Yes, I think, according to your statement, on the 5th of March, he went to Ward 3A in the children's hospital, is that right?

**A** Yes. Correct, uh-huh.

**Q** And, just to pick up on one point of detail in terms of the timeline, I think we can see from your statement that [REDACTED] was fitted

with a Hickman line on the 8th of March. Would that be about right?

**A** Yes, uh-huh.

**Q** And that was still while he was in 3A, would that be right?

**A** Yes, he was still in 3A.

**Q** How was [REDACTED] after his operation?

**A** The first two days, the first day, he was kind of shouting out and that. He was a wee bit all over the place. He was scared. But after that, [REDACTED] then became unresponsive and kind of lay there, to be honest. At that point, we didn't know what was wrong, and I didn't find out till later on, till I actually did my own investigations on it, but we kind of did our best. He couldn't talk, he couldn't swallow, couldn't sit up, kind of lay there. So I came round to finding out that it can happen-- I think, it's about 25 per cent of kids, I'm not 100 per cent on that, but they can end up with posterior fossa syndrome, and that's due to tumour removal which left him with the left side paralysis.

**Q** Yes. So you were starting to see signs of that, even at this point?

**A** Yes, yes.

**Q** Okay. Now, what I want to do is to pause your evidence on the history of treatment, and we'll just stay in Ward 3A for a bit. What I would like

to do is just get your impression of Ward 3A. How did it appear to you?

**A** At first, I was just kind of-- It was quite a lonely place. We were just kind of left there. Quite dark. The rooms were quite dark, and I didn't realise that at that point it wasn't a ward that dealt with kids with cancer. I just thought this was the ward he should be in, you know, and we were just-- I just felt lonely up there and kind of left to get on with it. I mean, I'd just had my son have that operation and also left with posterior fossa syndrome, and I just----

**Q** And were you there with [REDACTED] the whole time? By which, I mean were you in his room with him all the time?

**A** Yes. At the start, yes.

**Q** You stayed overnight?

**A** Yes.

**Q** Where did you sleep?

**A** In Ward 3A, there was a pull-down bed that was in the room.

**Q** Were you able to sleep when you were on that ward?

**A** No, not very well.

**Q** Why was that?

**A** It was quite noisy. It was quite noisy. And I did have issues and I kind of voiced my opinion about the noise levels, the night shifts and stuff, and I know there was-- There would

be things that woke you up, you know, the machines went off with [REDACTED] being on so many machines. But, on top of that, we had people coming in as if it was daytime. I'd never get a good sleep.

**Q** When you say "people", who are you referring to? You don't need to name names----

**A** The nursing staff.  
Nursing staff.

**Q** And did you voice your opinion to them about that?

**A** Yes.

**Q** And how did that go down?

**A** They said they would try and keep it down a bit. Yes, they did.

**Q** Just to pick up on another point, was it just you who was looking after [REDACTED] or spending time with [REDACTED]?

**A** At that time, yes.

**Q** At this time, yes.

**A** People would maybe come up and visit, but at that time I was kind of there all the time.

**Q** Yes, okay. Now, I want to ask you a wee bit about some of the facilities on that ward. I think one thing that you mention in your statement is that there was a parents' room, is that right?

**A** Yes, but it was outside

the ward in 3A. It was outside.

**Q** Okay. What was your impression of the parents' room for 3A?

**A** I'm not saying it wasn't clean because it probably was cleaned, but sometimes with a lot of people using it-- Anyone could use it because it was in the middle of a corridor, you know, round the corner from us, and when you went in, sometimes it was quite dirty, a lot of rubbish, people haven't cleaned up after themselves, and that was probably parents not cleaning up after themselves. And it was quite far away, and at that point with [REDACTED] I always wanted to be as quick as I could. Him not being able to be vocal, I was his voice, so as quick as I could get in and back out.

**Q** Now, just picking up on what you've just said then, what about communication on Ward 3A? Did you ever have any issues about communication with staff on Ward 3A?

**A** Let me have a wee look at my thing. Aye, I did. There was----

**Q** Why don't you have a look at paragraph 56, Ms Crighton?

**A** (After a pause) Yes, mm-hmm. Communication, the first one, I did have issues with them kind of communicating me things, that



things weren't getting done. But the biggest one was on the 15th of March, he was getting chemo. We were sitting with visitors who had been in and then they left and I just all of a sudden thought, "My son's not had his chemo." And I thought, "Is it just me?" So I actually phoned my sister, and I went, "Did I miss anyone coming into that room?" And she said, "No, I don't think so. I don't think anyone came into the room."

And I went outside and I asked, "Can I speak to someone? Because my son hasn't had his chemo at the time he should've." And they had said to me, "Oh, I'm sorry, it's higher-grade staff who have the key for the drugs cabinet and they're on the changeover." Me being me, I said, "Well, I'm sorry, I think you better go out, go into that changeover, stop your changeover, get that key and get my son's chemo." She went, "It's okay if it's only a wee hour shorter." So I went, "It's now two hours." Two hours. Now, I wonder to this day what would've happened if I hadn't have remembered. Would they have remembered? What would've happened? And that still goes through my head.

**Q** Yes. And were there any other issues that you recall? For

example, I think in your statement you mention there was an issue to do with soiled clothing, I think, pyjamas.

**A** Yes, they were always going on about infection control and everything else, and one of the days when I came into the room, someone had changed [REDACTED] and his pyjama bottoms were lying on the floor soiled. And he was getting chemo, so usually you had to wear your rubber gloves and everything else to protect yourself, and they were lying on the floor. And when I questioned them on that, they told me, "Oh, it just happened." But I wasn't so sure about that. I couldn't tell because I wasn't there at the time.

**Q** And were these issues - the issues that you've just spoken about - that you raised with the staff at the time?

**A** Yes, uh-huh.

**Q** And do you mean by that that you expressed your displeasure about these things?

**A** Yes, uh-huh.

**Q** Did these discussions with the nursing staff ever become heated at all?

**A** Yes, I would say so. They would say, "I'll come back when you're calm." I mean, there's a fine line between assertiveness and aggressiveness, and they always took

the latter. And I kept saying, "No, I'm just trying to tell you that changeovers and things, and there's things happening here that should, like"-- Need to stop myself there. "There's things that are getting passed on in changeovers that I thought they would be able to know what they were doing with my child, and sometimes things were getting forgot about or"-- And I'd think to myself, "What was the point of changeover?"

So because I would say things like that to them or I'd question about the infection control, because I was saying, "Well, that's about infection control, but you've left it on the floor. What's the difference?", I don't know whether they liked being challenged that way. I wasn't being horrible. I was just bringing it to their attention, but they took it the wrong way.

**Q** Are you indicating to us, Ms Crighton, that during these early weeks when you were on Ward 3, there was quite a lot of mention of infection control?

**A** Yes, they always would say, you know, everything has to be kept clean and tidy and they had protocols to follow, you know, and everything has to be just right because it's a hospital.

**Q** Yes. Now, the next thing

I wanted to ask you about in relation to Ward 3A was about the facilities for [REDACTED] and for children on that ward? Were there any facilities [REDACTED] was able to use while he was there?

**A** Not really because [REDACTED] was still kind of just lying there, to be honest, at that point in time. You know, there wasn't really an awful lot happening (inaudible).

**Q** Yes. I think there was a playroom on the ward---

**A** Yes.

**Q** -- but are you indicating that wasn't something he was really able to use?

**A** We didn't even have a wheelchair at that time or anything either.

**Q** Yes. Okay, now I want to move forward a little bit in time, and I think we know that from about the 20th of March 2018 you were on Ward 2A, is that right?

**A** Mm-hmm, yes.

**Q** So I want to just look at the period from then up until about May 2018, and I'll come on and look at other periods after that. Now, just thinking then about that initial six weeks or so on Ward 2A, can you recall what treatment [REDACTED] was having over that period?

**A** It was radiotherapy. He

was getting that Monday to Friday at the Beatson. It was Monday to Friday mornings, then he would come back to the ward.

**Q** And how did he cope with this radiotherapy?

**A** It kind of took a lot out of him and he was quite tired, you know. So we would leave at-- well, eight o'clock in the morning in his taxi, and then he'd go to the Beatson and come back about 12/half 12, and usually we'd come back and just go in his room and he'd be very, very tired.

**Q** Now, a moment ago, you mentioned that [REDACTED], on Ward 3, didn't have a wheelchair. How was [REDACTED]'s mobility at this stage?

**A** When he was in 3A, we actually had to lift him to try and get him in the shower because we had no other way of getting him in the shower. He wasn't walking. We tried that once and it was quite traumatic and I thought, "We're not gonna do that again," so we kind of reverted to bed baths and things.

**Q** And by the time you were on Ward 2A, and by the time that you're doing these trips to the Beatson, was there any improvement in [REDACTED]'s mobility by then?

**A** I mean, a bit, not much. He had a wee bit better balance, but

he couldn't stand.

**Q** Yes. And I am I right in understanding that he did get a wheelchair when he was on Ward 2A?

**A** Yes, uh-huh.

**Q** Now, again, I would just like to get your impression of the ward, so I wonder if you can just maybe describe Ward 2A to us. If you want the reference in your statement, Ms Crighton, if that would help you, it's paragraph 24, I think, is the principal reference.

**A** Yes, it's-- 2A is the Schiehallion ward, and when you walk in, it goes right round in a kind of half circle with a desk halfway along. And then up the very top, you have, I think it's four rooms called the Teen Zone up at the back for the older kids. It looked okay, quite bright. There was a playroom and stickers and that up on the wall. It seemed okay, yes. Seemed okay.

**Q** Well, that's what I was about to ask you. Was it a nice place?

**A** Yes, I thought it was fine. Yes, uh-huh.

**Q** That's the ward. Now I want to ask you some questions about [REDACTED]'s room. Was he in the same room all the time?

**A** No, we kind of-- We were in-- The first room we went into

was a transplant room by mistake. I emptied all the stuff and then they told me to move. They tried to put him in a room behind the nurses' desk but that was (inaudible)-- After his operation, his sensory issues went through the roof so I asked if they could put him a wee bit further along. I knew they had to put him there because he needed quite a lot of care. So they put him in Room, I think it was, 6 - the one at the back, or was that 2 - and we went in there. So we had a few room moves while we were in there.

**Q** And were any of the rooms that you were in noisy rooms?

**A** They could be, yes.

**Q** Do you recall whether the staff did anything to help with that?

**A** Yes, we actually were given headphones for [REDACTED] to help to reduce the noise.

**Q** Now, I want to ask again about facilities on the ward. There was a playroom on the ward, is that right?

**A** Yes.

**Q** Was [REDACTED] able to use the playroom?

**A** Nah, not really, no.

**Q** What about play leaders? Were they play workers or play leaders who came to the ward?

**A** Yes, they would come

down and kind of ask [REDACTED] if there's anything they could do. [REDACTED] was kind of given board games and he was doing his wee courage beads, you know, the wee beads they get on their cancer journey. Learning stuff and-- I mean, [REDACTED] was-- He was 13 by this time and he wasn't allowed in the Teenage Cancer Trust at that point-- Teen Zone, sorry. But they would bring things down, you know, to colour in and things like that.

**Q** Did he like that?

**A** Yes, he quite liked to kind of colour things. He was doing the wee stones. One of the parents started the wee stone collection thing. They were painting the stones, so [REDACTED] kind of done a wee bit of that as well.

**Q** Yes. One of the things that you mention in your statement about facilities is a cinema. You say there was a cinema in the Schiehallion unit, is that right?

**A** Yes, uh-huh.

**Q** Did [REDACTED] get to go to the cinema?

**A** I think, not at that time. [REDACTED] only went once or twice max due to-- [REDACTED], because of his posterior fossa syndrome, was kind of wobbly and couldn't sit still so, because of that, had to be put to sleep in his radiotherapy every day. You know,

the hospital staff said to me, "Because he gets put to sleep every day, he's been under a general anaesthetic, he can't go. He's not allowed to go to the cinema." So he kind of missed out a lot with that because he was unfortunately under general anaesthetic for radio.

**Q** Right, so it was only on days where he hadn't had the general anaesthetic that he got to go, is that right?

**A** Yes.

**Q** I think in your statement you certainly mention one occasion, I think he got to see Star Wars, is that right?

**A** Yes, he did, uh-huh. That's his favourite.

**Q** What about facilities for parents on the ward? What was there?

**A** Well, there was a small kitchen with coffee and that. There was a wee fridge that you could put your food in. But [REDACTED] was kind of funny with leaving his stuff in there because he only let me touch his stuff, so-- And I used it sometimes for myself, but some things would go missing sometimes, and if I put anything of [REDACTED]'s in there, he wouldn't have touched it because other people were in that room.

**Q** Was it something that you used a lot?

**A** No, not really, to be honest.

**Q** Was it something that you found useful?

**A** It was good if you went down and somebody was in there, then you had somebody to talk to because it can be a lonely place, and we were in source quite a lot or the ward was shut down and the only people you can talk to is anybody walking into your room, if they could, or a parent in the parents' room.

**Q** And did you find that that was something that was helpful, being able to do that?

**A** Yes, absolutely.

**Q** Was it always easy to get access to it or to be able to use it, or were there ever any difficulties in using that room?

**A** It was kind of-- Sometimes it could be busy, and you just felt as if you were intruding, you know, and you just wouldn't do it. You'd kind of leave it there (inaudible). It felt a bit awkward at times and you'd end up just leaving it.

**Q** And, just thinking about what you'd said about the previous parents' room, was it clean?

**A** Yes. That one, yes, it

was clean.

**Q** Now, something that you just touched upon a moment ago that I now want to ask you about, how often or how regularly was [REDACTED] in isolation or in source?

**A** Quite a lot. Quite a lot, yes. We were put in source quite a lot, which is, as you know, due to maybe sickness or loose stools or things like that. But we had to explain to them at the time, you know, due to his autism, a lot of kids with autism do have problems with their bowels and that was normal, but they would always put him in.

**Q** Yes. Thinking about this period, do you recall the ward being closed to visitors at any point?

**A** Yes. We were in that room and I remember the full ward getting shut down. I think it was round about just before winter time, if I remember right, when they put the sign on the door. They didn't -- we weren't allowed visitors in. Now, nobody was allowed in, nobody was allowed out.

**Q** I think you took a photo of the sign, is that right?

**A** Yes. I had.

**Q** And we're going to have a look at it, if the technology will permit that. Ms Verrecchia, could we have a

look at page 214 of Bundle 5? Now, hopefully, this will come up for you as well, Ms Crighton, but presumably you're familiar with the picture anyway.

**A** Yes.

**Q** That's the picture that went up on the door in Easter 2018, is that right?

**A** Can't see it.

**Q** You can't see it?

**A** I'll check the back of my statement. Yes, that's it.

**Q** That's it.

**A** Yes.

**Q** Thanks very much, Ms Verrecchia, you can put that down. So, how long was that there for, as far as you can recall?

**A** I think, I would just be guessing, maybe about two weeks.

**Q** Why did you take a--

**A** I think it was for two weeks.

**Q** And did that mean there was no visitors over that period?

**A** Yes. I done a group chat thing, so that I didn't have to message everybody individually. I had done a group chat thing, so I took a photo of that and I went, "No visitors. This is what's happening." And I just sent it into the group.

**Q** Was there ever any explanation of why the sign went up?

**A** They were trying to see-- They weren't sure where it was coming from to start with. I felt it was just-- At one point, you felt it was as if they were trying to parents for bringing it in, and different things to that. That's the way I felt.

**Q** Can I stop you there? When you're talking about "it", what was it they were blaming you for? Or what was it they were trying to explain?

**A** I think they were trying to say that we were maybe bringing in bacteria or germs from outside into the ward. That's what it felt like.

**Q** I think at paragraph 31 of your statement, what you say is there was a concern about "unexplained infections" in the ward?

**A** Yes.

**Q** Yes. And over this period, did [REDACTED] still get to go to the Beatson for his radiotherapy?

**A** Yes.

**Q** But apart from that, was there any coming and going out of the ward for you or for him?

**A** No.

**Q** And were you in source for the whole of that period?

**A** Think so, yes. Because you had to get so many-- They collected stools and urine. You had to

wait until you got the results back and got clear before you could be put up out.

**Q** Yes. Now, let's move forward a little bit in time, and I want to think about the next period of time, if we go from May to September 2018. Yes? And if I just try and start by getting an overview of the main things that happened. I think we can see from your statement that [REDACTED]'s radiotherapy concluded, I think on the 16th of May, does that sound about right?

**A** Yes, uh-huh.

**Q** And was he discharged at that point to CLIC Sargent?

**A** The Marion House facility. He was discharged there.

**Q** Now, just pausing there at the mention of Marion House, had you stayed there at any point up until this point?

**A** Yes. What had happened was, with everything, I was burning myself out, and I had got Ronald McDonald House, and then they managed to get me a room in Marion House and said, "You need to get yourself over there and get a straight sleep, get back over." So, I was there. I don't remember the exact date, but I was in Marion House before that, yes.

**Q** Yes. I think in your statement, you say that when [REDACTED] was on Ward 2A, you would be there from seven am until ten at night, and then you would go to Marion House and get a good night's sleep and come back and do it all again, is that right?

**A** Yes. Uh-huh.

**Q** Can you describe Marion House to us?

**A** It's a lovely wee house, and it has your entrance going in, and you have maybe-- downstairs/upstairs, rooms open, about three families share a kitchen and a living area. You also have laundry room, where there's washing facilities that you have your own certain machine. They tell us, "This is for this room, and this is for this room." I think that's to do with making sure if there is any infections or anything, that's there for that reason. And you have a back door. It's just like a house. It's just like your home.

**Q** Yes. Is it a nice environment?

**A** Yes, it's lovely. [REDACTED] absolutely loved going over there.

**Q** Yes. Well, that's what was about to ask you. So, thinking about May 2018, when [REDACTED] gets to go and stay there, what did you do to pass the time when you were

staying in Marion House?

**A** Karen actually would go about in the chair. Sometimes he's in the room like a normal teenage boy-- He was on the Xbox by this point; he was sat doing things again. When he would go out the back door, Gran would come up, his dad would come up, spend time. It was a bit easier for people to come visit him, instead of not being able to see him in the hospital.

**Q** Yes. In your statement, it's paragraph 36, Ms Crighton, you indicate that there were a number of activities during the day that there would be-- Physio would be one of them, is that right?

**A** Yes.

**Q** I think you also mentioned that there would be some schoolwork, is that right?

**A** Yes. He would go over to the hospital and the teachers over there. And because he couldn't get (inaudible), he done the school (inaudible).

**Q** Yes. And am I right in understanding that he did a bit of cooking as well?

**A** Yes. [REDACTED] done some cooking and made some smoothies in the adapted kitchen at the hospital as well.

**Q** So, how was [REDACTED]



doing over this period?

**A** Yes, he was doing a lot better.

**Q** Am I right in understanding that he was still going back across to the Schiehallion Unit for his chemo, is that right?

**A** Yes. The reason I was in Marion house was because my house wasn't suitable and I had to wait to get a suitable house, and that's the reason I continued up at Marion House. So, obviously we did go back and forward to the hospital appointments.

**Q** And when you say suitable, does that mean suitable for a wheelchair?

**A** Yes.

**Q** Am I right in understanding, in fact, it wasn't until November that you managed to get a house that would be suitable for a wheelchair, is that right?

**A** Well, we did leave Marion House in November. We got the house September and we did everything to it, and then we left to go into it.

**Q** Yes, you got the house in September and then adapted it, is that right?

**A** Adapted afterwards, yes.

**Q** Okay, that's really helpful. Now, what I want to do is now

just go back a bit and just look at one or two incidents along the way. If we go back to July 2018, do you recall an incident involving a window?

**A** Yes.

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

**A** I was staying in Marion House, and me and [REDACTED] left to come over to an appointment in the main hospital, and I think we were just past and in when the window from-- external window went down, crashing, at the front of the adult hospital. Crashed into bits.

**Q** How far away were you from where the window landed?

**A** A good wee distance. The full length of that front. I'd say about 100 metres.

**Q** Yes. And as far as you were able to see, was there anybody nearby where the window landed?

**A** Yes. There were people there all the time. There was people coming and going there all the time between walking to the children's hospital or coming out the adult hospital. Some people are just sat in chairs outside there. Some people are smoking. It's quite a busy area.

**Q** Can you recall whether there was a commotion when this happened?

**A** Yes, I heard the commotion, but I just was too busy getting in for my appointment.

**Q** Now, I think we can see from your statement that [REDACTED] was moved to Ward 6A in late September 2018, that would be right?

But there's an incident before then I would like to ask you about. An incident to do with [REDACTED]'s line. Do you recall one occasion when you went into Ward 2A noticing something about [REDACTED]'s line?

**A** Yes. When we were going in-- It was his last round of chemo, that's how I remember, and there was pus on the line. I said to the nursing staff, "There's pus there." They said, "It's fine." They were drying it and put a wee pad on it. What I took that to be is maybe like a poultice-type thing, and they put it round it. It was very red, as well. I said to them about it.

**Q** And, as far as you can recall, was this something that you'd noticed when you were in Marion House, or was it something you noticed when you got to Ward 2A?

**A** I can't remember if it was there or in there, but I did notice because it's cleaned every week. I think it was there.

**Q** But you do recall pointing

it out to nursing staff?

**A** Yes. I took a picture as well.

**Q** And what are you indicating that they did in response to that?

**A** They cleaned it and they put like a wee doughnut. The only way I can describe it, is see the wee things you get for corns on your toe? A wee circle pad. They put one of them on it, and I think that was an antibacterial thing that maybe draws the pus out, I think. I'm guessing here that's what that was to do.

**Q** Were you concerned at all by this?

**A** I was concerned when the first bit of chemo that went in, [REDACTED] did say to me, "Mum, that's nipping." I did tell them at that point but they just said they'd keep an eye on it.

**Q** So, just pausing there, was the cleaning of the line and the putting on the doughnut, was that before or after [REDACTED] was given his chemo on this occasion?

**A** That was before.

**Q** So, he then proceeds to get his chemo, and he says it's nipping?

**A** Mm.

**Q** And what happened after that?

**A** Are you talking about straight away?

**Q** Yes. Well, did you notice anything happening straight away after that? Or did you notice anything happening after a little while?

**A** After a little while, [REDACTED] was quite puffy, and he was-- They call it "rigor", when he was shaking. That's happened to [REDACTED] before in the last round of chemo, so (inaudible). That's just rigoring because of his treatment, and we'll get antibiotics and stuff into him and he'll be fine. But it kept going on, on and on.

**Q** Was he back in Marion House when this started?

**A** No. See, when [REDACTED] went for his last round of chemo, he was in for a week. And then we go back to my house. So, this was the week he was to be in the hospital.

**Q** Right. Thank you. So, he was on 2A, rather than 2B at this point?

**A** Yes.

**Q** And if he was starting to show signs of rigor, does that mean that he was running a temperature?

**A** Yes. Blood pressure was down, heartrate was up.

**Q** Now, just pausing there. I'm going to ask you some more questions in a minute about how [REDACTED]

was. What was going on elsewhere on 2A at this point?

**A** They were actually trying to move the ward over to 6A that day.

**Q** Was [REDACTED] able to go at this point?

**A** They came and told me that [REDACTED] couldn't be moved until they could stabilise him. I think he was the last kid out, to be honest, on the ward.

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

**A** I was worried. I was worried. I was actually more worried about [REDACTED] with that then than when they told me it was cancer, because they were telling me it was septic shivers he was having. I know that septicaemia's quite dangerous, so I was starting to worry. And then the doctor had said, "We can't take him to 6A. He's going straight to intensive care because he's very unwell."

**Q** Yes. I was going to ask you a bit about what it was they said was causing this, but before we do that, are you indicating-- If the doctor is saying that he had to go to intensive care, are you indicating that [REDACTED] continued to deteriorate?

**A** Yes. And even when you ask [REDACTED] about that now, [REDACTED] cannot remember anything about

that day. How did you feel when you were told he's got to go to intensive care?

**Q** I was really, really worried.

**A** But happily, he got better on intensive care and eventually, I think, was discharged to Ward 6A in the adult hospital, is that right?

**A** Yes, that's correct.

**Q** Yes. Now, you said a moment ago that you were told it was something called a septic shower. Do you remember when you were told that? Was that while all of this was happening or was it afterwards?

**A** That was when there was a lot going on. There was a lot of people in the room. So much happening, and I was just trying to keep up. I was actually more just going to make sure that [REDACTED] was okay because he did get anxious anyway. And I didn't know whether he was aware of what was happening around about so just trying to be there for him.

But everybody -- and then Dr Murphy just walked in and took control of the whole situation, who said to them-- But he touched up here and

he went, "Did nobody do this?" It was just as if that was it. After that, everything just started happening.

And there was somebody that said, "He's having septic showers. He's very unwell. We need to take him to intensive care."

**Q** When you indicate that Dr Murphy touched [REDACTED] with his two fingers towards the top of his neck, are you indicating that he was taking a pulse? Is that what you----

**A** I don't know whether he was touching him here or not, but he was very, very-- He really did take control and told everybody, "This is what's happening now."

**Q** Yes. Before Dr Murphy arrived, how were the other doctors and nurses there appearing?

**A** I think they were a wee bit concerned about [REDACTED] because we were getting-- We had the doctors from intensive care up as well to see if they could move [REDACTED]. They're all having discussions with each other, but they were telling me the Intensive Care Unit were just here for a precaution. We need to get [REDACTED] from here over when he's stabilised enough.

**Q** And you say that [REDACTED] 's not really get any recollection of any of this now? Are you able to see----

**A** No. I have asked him.

**Q** Yes. At the time, was he aware of what was going on?

**A** Well, the night before, when the rigoring started, I actually had been in with him, lay in the bed and I was holding his hand because he's scared. He's like, "Mum, why is this not stopping?" So, yes. Sorry. But he's no recollection after that. I think just because it got worse, he just didn't know what was happening, I don't think. He can't remember.

**Q** Now, as you've said, happily-- You okay to keep going?

**A** Yes, just keep going. We're all right.

**Q** Okay. Now, just moving on from that event, but I still want to ask you another thing about it, if you don't mind.

**A** Yes. No, that's okay.

**Q** Looking back at that event, do you have any concerns about any aspect of it?

**A** I just think I don't know why it was left so long before they actually dealt with [REDACTED], when I had already highlighted that I thought there was an infection with yellow-- I mean, the picture is really, really bad. And it was, "It's okay, it'll be fine." And just left, and then for him, 48 hours later, having to go to intensive care.

**Q** Yes.

**A** You know, why did they not see that coming?

**Q** Did it have-- Are you okay, Ms Crighton?

**A** Yes. Uh-huh.

**Q** What I wanted to ask you also was did it have any effect on the extent to which his chemotherapy continued?

**A** He couldn't receive his last bag of chemo because he wasn't well enough.

**Q** And do you have any concerns about that?

**A** Yes. I spoke to Dr Murphy and I explained we were a wee bit worried, but he talked me through it and he said, "This other stuff he's had will continue to work. One bag shouldn't really make as big a difference as you think. Just see how things go." But he says he's not well enough to receive it.

**Q** Now, did you have any, or do you now have any, suspicions about how it was the infection came about?

**A** Well, I had actually stopped using the water when there was concerns, hearing from the media and other parents. I actually stopped using the water altogether. And I was using patient wipes. The ones that's already get stuff in them for [REDACTED]. And I was using Marion House shower.

**Q** Were you aware by then of issues in the media and issues being discussed by parents? Is that what you're indicating?

**A** Yes.

**Q** Can you say whether at this stage you had any concerns about whether there might be a link between what happened to [REDACTED] and concerns that you were either reading about or hearing about?

**A** Yes. I did say straight away that I felt that it could be related to bacteria in the water because the line was getting washed. They're getting the chemo, then they're getting it flushed.

**Q** How is it they flushed the line?

**A** Well, I'm not 100 per cent on this, but I thought they used bottles of sterile water. But when they're cleaning that wee thing, I don't know what they wash it with beforehand. I think I might wrong there.

**Q** And can you recall whether you raised your concern with any of the clinical staff?

**A** I think I had words to say to a few, to be honest.

**Q** Well, do you want to have a----

**A** I think I had----

**Q** Would you like to have a look at your statement? It's paragraphs 80 and 81. Do you want to just take a moment? Just have a read over it and indicate to me once you've done that.

**A** Yes. (After a pause)  
The ones here?

**Q** Yes.

**A** I was angry that day, and I think Dr Murphy was in the room at the time, so he was the one that got-- I was angry and I was saying, "You nearly killed my son because of the bacteria in your water." And then it was one of the nurses as well, but he walked out, because he knew I was on a rant. There was no point talking to me, and the nurse was the same.

**Q** Yes.

**A** I was really upset that day, and I was blaming them for nearly killing my son.

**Q** Thank you. Now, let's move on a wee bit in time. We know that, as you've already indicated, [REDACTED] was discharged from intensive care to 6A.

**A** Yes.

**Q** I think we can see from your statement that that was on the 28<sup>th</sup> of September. I think he was not in 6A for a very long period of time, nevertheless, I wonder if you could

give us your impression of Ward 6A, insofar as you can recall it?

**A** It was basic, not very bright, long corridor. It just went up and round as well. I didn't see many facilities for kids or anything in the short time I was in, but we weren't in that long, so I was back out. And the only time I went over was for the day unit at the top.

**Q** Yes. And can you recall whether [REDACTED] was in source or in isolation when he was on 6A?

**A** Yes.

**Q** I think, are we right in understanding, according to your statement at least, it was about 48 hours that he was on Ward 6A, would that be right?

**A** Yes. And then we were discharged to Marion House.

**Q** And can you recall whether you had any discussions with the staff in advance of being discharged to Marion House?

**A** Yes. I was worried because [REDACTED] had just been in intensive care with us, worried over his line, etc., and I can't even remember who it was, but there's a few people there, but they said maybe he'd be safer than being in the hospital just now anyway.

**Q** Well, let's take that in

stages, was that a doctor or a nurse that you had that conversation with? Or, indeed, somebody else?

**A** I think it was somebody else. There was a few people in. There was a few people in the room at the time. There's a few people in and out of----

**Q** Sorry, I keep speaking over you. I'll try to stop doing that.

**A** No, it's okay.

**Q** And you don't think it was either a doctor or a nurse?

**A** It could've been both. It could have been both at the time that was in that room.

**Q** Okay. And you have a recollection of somebody saying what about this?

**A** Just because of everything that was going on, unexplained infections, etc., they had said, "Maybe that's a good thing, the way things are at the moment." That you'd be safer.

**Q** And I think eventually, after you go to Marion House, as you've already indicated, [REDACTED] is discharged home, is that right?

**A** We went to Marion House to September, then we went home.

**Q** And then, am I right in understanding that you go onto the

monthly check-ups at the Queen Elizabeth Hospital, is that right?

**A** Yes.

**Q** And how did that go?

**A** Yes, no. Okay. Yes, that was fine.

**Q** Okay. And then just to maybe conclude the history, I think [REDACTED] was admitted again in August 2020 to have a shunt fitted, is that right?

**A** Yes.

**Q** And I think he then had another procedure in March of this year. Was that to help with his mobility?

**A** Yes. He got his leg straightened. It was put on the side to try and walk.

**Q** And has that helped?

**A** Well, we're still in the early stages. He's doing a couple of steps, but a lot of physio needed.

**Q** Maybe just I'll ask you this question at this point, then: how is [REDACTED] ?

**A** Ah, the cheeky humour's back. There's good and bad days. Some days he's fine, other days he's like more aware of how he's been left. What's been good is-- there's a lot of humour between the two of us. We're like a comedy act. A lovely wee boy.

**Q** Okay. Now, I want to move on and just have you think about

some particular issues that you raise in your statement about the period while you were in the hospital. And the first of these is to do with water. If we go back to the very beginning, when you were in Ward 3A, were both you and [REDACTED] using water as normal on that ward?

**A** Yes.

**Q** Does that mean you were drinking it and also washing in it?

**A** Yes.

**Q** Do you recall whether on that ward you ever saw any filters on the taps?

**A** Never. No, I can't recall them nearly there.

**Q** Can you recall on that ward whether you used the shower at all?

**A** Yes, I did.

**Q** And can you recall whether [REDACTED] used to shower at all or whether you used the shower on him?

**A** Yes.

**Q** Can you recall whether there was ever any issue with that?

**A** Well, it was hard for [REDACTED] to shower in there previous-- 'cause his sensory issues went through the roof; it was quite painful, the water hitting him----

**Q** Yes.

**A** -- so we kind of left that.



**Q** And then if we move on to Ward 2A, did you see water filters on the taps there?

**A** Yes, I did.

**Q** Can you say whether you saw them on the showers?

**A** Yes.

**Q** Can you recall whether you saw them being fitted either to the taps or the showers at any point?

**A** While I was in, there was already ones on and, while I was in, they came and put different ones on with a date on them.

**Q** And when you say “they”, were you able to see who was doing that?

**A** It looked like outside contract-- I don't think it was the hospital. I think it was an outside agency that was coming in to do this.

**Q** Uh-huh. Did you have any discussions with any of those individuals?

**A** I had asked them why they were changing them. He says, “I don't know, I'm just doing my job.” And then they just kind of took the one off and put the other one on.

**Q** When you were in Ward 2A, did you ever see any signs or anything that said anything about the water?

**A** Yes, just not to drink it

and, also, I think it says “Run for three minutes” or something before you shower as well, you're to run them.

**Q** And when you were on that ward, did you use the water for washing [REDACTED]? Didn't----

**A** We stopped.

**Q** When you say you stopped, does that mean you initially used it?

**A** Yes, uh-huh.

**Q** Did you ever have any concerns about the water, whether on Ward 3A or in Ward 2A?

**A** We did, but we just kept getting told that it was fine, and it's okay to use and stuff to start with. I mean, people were just saying it was okay, but the more we heard from outside and other parents, it just kind of-- I just don't know, I can't chance this, you know?

**Q** Was it something that was discussed quite a bit among parents?

**A** Yes, but it wasn't overly talked about, it was just, like, if you were passing-- if something had come up with the water and you say, “Oh, that water, I don't know what's happening with that.” But it wasn't the focal point of every conversation you had, you know?

**Q** But certainly, I mean, if

we think about what you said a moment ago about the events of September 2018----

**A** Mm-hmm.

**Q** -- you're indicating you certainly had an awareness from the parents----

**A** Aye, but then----

**Q** -- and also from the media. Is that right?

**A** Yes, mm-hmm.

**Q** When you were on Ward 6A, albeit you were only there for a really short period of time, were you aware of any issues to do with the water then?

**A** Well, I just thought to myself, if it's in the water, it's still the hospital, I would have just done exactly the same what I'd done with 2A. I still wouldn't have water.

**Q** I think you indicate a recollection that, at some stage, there were portable sinks provided, is that right?

**A** Yes.

**Q** Can you remember which ward you were on when that happened?

**A** I'm sure it was 2A we were in and they gave us a free sink, a bottle underneath, and I think you used your foot to pump the water through into, you know, like, a kind of basin

type thing to wash.

**Q** And just, you know, doing the best you can just now, and thinking back about all three wards for that period of time, what explanation, if any, did you get from staff about the issues to do with the water?

**A** Really, none. We never really got much from them about the water when we asked them, it was just, "Oh, it's fine. It's nothing to worry about. Just don't use that just in case, use the bottled water." You know, they were, kind of, probably playing it down a bit.

**Q** And when you say, "just in case" in your statement you say-- paragraph 50, you mention them saying it was just a precaution----

**A** Mm-hmm.

**Q** -- I think, in relation to not using the water. Is that right?

**A** Yes, uh-huh.

**Q** Do you have any recollection of anybody offering any explanation for why there was a need for precaution with regards the use of the water?

**A** I want to say the unexplained infections.

**Q** And did anybody ever suggest an explanation for why that had come about in the first place?

**A** No, nothing.

**Q** Still looking at paragraph 50, Ms Crighton, the comment that you make there about blaming the cleaners - what do you have in mind there?

**A** See, the only thing I would say was the cleaners always come in and cleaned the rooms to a decent standard, I would say. I never had any issues. They'd come in, they brushed, they emptied the bins, albeit at different times - and cleaned the floor. The only thing I did have an issue with was they're using the same mop in every room. You know, they would walk along the corridor and they were using the same-- It wasn't individual mops, and I thought, "So, if there is an infection and it's in that room, then we're going to get it in this room, an infection." You know, that was my only issue, but I never had any issues with the cleaners; they always come in and cleaned my room.

**Q** Yes. In paragraph 50, you're indicating that somebody had an issue with the cleaners, and---

**A** Oh, yes, sorry. When infection control-- They're always coming to see you about different things, and they're saying, "Yes, the cleaners need to be cleaning more" and "You need to be making sure there's nothing left lying about." You know, I just felt they were trying to

blame other people for these infections.

**Q** And do you think they were blaming people, or do you think they were just emphasising a need to be careful?

**A** Everybody was being careful anyway because they knew they had to be. Just sometimes you just felt that they were trying to blame parents for these infections.

**Q** Again, when you say "they", who do you have in mind?

**A** The staff on the ward and infection control.

**Q** At some point, did you get some sort of letter or a notice of some kind about the water?

**A** Yes, I did.

**Q** And can you tell us a wee bit about that?

**A** Just to say-- highlighting the concerns that was in the media. I haven't got my letter - I know it's in the house somewhere, but with my moves I've not come across it - just giving us information regarding what we already had heard on the media.

**Q** Did you find it reassuring?

**A** No.

**Q** Why not?

**A** Because it wasn't fixing the problem, we were still there in the

hospital with this problem ongoing, and people still trying to hide the fact it was as bad as it was.

**Q** Did it explain what the problem was?

**A** I wouldn't say, no. No, right. No.

**Q** That maybe takes on to think about another related matter: communication. If I just start it this way, Ms Crichton, just looking at matters generally - and I'll direct you to parts of your statement in a minute - how would you assess communication generally while you were in the hospital? When I say "communication", I mean communication by the staff with you.

**A** Regarding the water or my son's...?

**Q** Just generally how would you assess the level of communication?

**A** The water I think was non-existent. They really didn't tell you much about it or they made out they didn't know much about it. Whereas, with my son's care, sometimes I felt it was a kind of, like, blame each other. You know, if something was missed or wrong or "Oh, I wasn't on shift", or "I wasn't on shift that day", and it was kind of trying to pass the buck on, "Oh, the doctor's not wrote that in their

notes, so I don't know what's----" I just felt like they were all blaming each other.

**Q** If we have a wee look at paragraph 94 of your statement, it's right at the very end.

**A** (After a pause) Mm-hmm.

**Q** And you say, "I'm okay with communications now"-- Oh, sorry "I'm okay with the communications now". I'll just stop there. What do you mean by that?

**A** I'm not in as much but anything that I ask now, they're fine. I mean, if anything I need to know about we're okay, back and forward. When he was in the hospital, it was horrendous - everyone was blaming each other.

**Q** Yes.

**A** It wasn't them, or they don't know about that or----

**Q** Okay, so you then go on to say, "While I was in the hospital, it was horrendous, everyone blamed each other, and the 'wasn't me'... 'I don't know about that'".

**A** Aye, like, if you asked for information on something, they went, "Oh, I don't know, I don't know about that. I'll need to go and find out."

**Q** And if we go back to paragraph 76 of your statement,

another wee thing I just wanted to clarify. Have you got that in front of you?

**A** Yes, I have.

**Q** I think this is what you've just said. You're indicating, "The last couple of times I've been in the hospital, they seem to have been okay." Is that right?

**A** Yes, uh-huh.

**Q** Yes. "I don't know if it was because they were shorter stays. The cracks appear when you're in longer. I think the Doctors that I've spoken to were fine, it was the nurses, really; they would always tell you they need to find out the answers or ask somebody else."

Then you say, "The information in general has been quite good, they go through everything with [REDACTED] and they take their time." Just pausing there, is that you indicating your assessment of things now?

**A** Yes, uh-huh. Yes.

**Q** And then, when you go on to say, "Even in the plaster room, the staff in there were wonderful, they talked to him." At what point in time are you referring to there?

**A** That's when he's got his leg done, just about after he's been out the plaster room to get-- before he got the leg op, the plaster done, for six

weeks----

**Q** Yes.

**A** -- previous to that, so----

**Q** Okay. So, was that this year, then?

**A** Yes, uh-huh.

**Q** Thank you. Now, still on the subject of communication, I want to move to communication about a particular matter - and you've already spoken about it to some extent - and it's infection.

Are we right in understanding from your statement that [REDACTED] had a few infections----

**A** Yes.

**Q** -- when he was in the hospital, is that right?

**A** Yes.

**Q** Did you feel that, on every occasion, the nature and the cause of those infections were always explained to you? Did you feel that they were ever explained?

**A** Sometimes they would say it was one that they'd never heard of or they were waiting on things. They didn't really get into detail about the infections that [REDACTED] got. They kept him in source quite a lot.

**Q** How would you assess the effectiveness of the communication with you in relation to infection?

**A** Very good.

**Q** If we go on then to think about a related topic, preventative medication. To your knowledge, was ■ on preventative medication while he was in the hospital?

**A** At the time, I thought it was just part of the treatment. I didn't know what it was until after.

**Q** What was it that you found out after?

**A** That his Posaconazole was preventative. I didn't know that.

**Q** Preventative in what sense?

**A** Bacteria and things. I didn't know, I thought that was just part of his cancer treatment.

**Q** And how was it you found out that it was preventative, as you describe it?

**A** Just through talking to other parents and the Whatsapps and things, you know; that's the only reason I found that out.

**Q** Thank you. Now, moving on to another topic - still in relation to communication but not communication with the hospital or the health board - I want to ask you some questions about communication with the Scottish Government. At some point, did you contact a representative of the Scottish Government?

**A** Yes, I did.

**Q** Who was that?

**A** Jeane Freeman.

**Q** Why did you do that?

**A** Because of the investigation into kids in the hospital.

**Q** And when you say, "the investigation", is that the case note review that you're referring to?

**A** Yes, uh-huh.

**Q** And why in particular did you want to speak to the Scottish Government about that matter?

**A** There was a lot of kids being highlighted, and I had just phoned to ask if ■ was to be involved in that.

**Q** And did you get through Ms Freeman when you called?

**A** Yes, I did, uh-huh.

**Q** And you managed to speak to her?

**A** Yes, uh-huh.

**Q** Can you recall what she said?

**A** She just said that all kids who were going to be part of it, even if their child was involved, they weren't going to contact everybody, but she said that everybody that was going to be spoken to had already been spoken to.

**Q** Moving on, then. I want to just move towards the conclusion of your evidence, and I've got a few

things I want to ask you before we finish.

How would you describe [REDACTED]'s experiences in the hospital and the impact they have had upon him? Do you want to have a look at paragraph 68? Just take a moment to read it and have a think about impacts upon [REDACTED] that you might want to tell us about.

**A** (After a pause) Aye, I did say that I was kind of all over the place because, between [REDACTED] and the hospital, and having to move house, and everything on top of that, you know, it was quite emotional. I ended up on anxiety medication.

**Q** Yes.

**A** [REDACTED], he was just scared and unsure and-- what was happening, you know, but it makes you question everything----

**Q** Do you-- I'm sorry I interrupted you again. Could you repeat that?

**A** No, you're okay. It was just kind of making us question everything, you know. You're not as trusting as you used to be before, and you just-- I would never have questioned in a hospital before but now I'm not as trusting as I used to be, I'll say.

**Q** Well, just thinking about the impact on you, then; what impact

have [REDACTED]'s experiences or your experiences in the hospital had upon you?

**A** Lack of trust in the NHS--  
--

**Q** Yes.

**A** -- I had really, but----

**Q** I mean, over the weeks and months of 2018, at any point did you worry about what the issue with the water was, for example?

**A** Sorry, can you repeat that?

**Q** Over the weeks and months that you were in hospital, were there times when you worried about what the issues were with the water?

**A** Absolutely. Yes. I was just worried about what harm my son would come to with them.

**Q** Have you got any concerns that you yourself may have had any issues arising from using the water?

**A** Yes, I have bother. I only have one kidney, and I was kind of, "My own health needs to be put to the side for a while" when I was dealing with [REDACTED]. When I came out and went to the doctor, routine appointment for bloods and my urine, and then I got a phone call to say that - I can't even say it, I don't know how to say it - I ended up with an infection

called----

**Q** If you look at paragraph 51, I think you might already have given us the name of it. Is that there?

**A** Sorry, I can't say it, that's the thing. Raoutella, which is connected to water and a bacteria usually found in water (inaudible). My doctor had to actually ask someone else what kind of antibiotics he could use (inaudible) because he'd never come across it before. But I ended up with that.

**Q** Okay. I just want to move on now, Miss Crighton, and really just ask for your final reflections. And it's really this: how do you feel about the hospital?

**A** I just feel you get quite anxious having to go up there due to the building not being fit for purpose. That shouldn't be the case when you're trying to deal with people and make them well.

**Q** Now, is there anything further you want to say before we conclude?

**A** Yes, I've got a wee bit I've wrote down here. I'm that age now.

I would like thank Dr Emer Campbell and her team at paediatric neurosurgery, Dr Dermot Murphy in paediatric oncology for saving my

son's life with their expert and professional care. All the doctors and nurses and all the Schiehallion staff, I'll be forever grateful. The management above them have put them in a very difficult position, and if anyone who works under policy and procedure in care standards put people's lives at risk are held accountable.

And the staff at the hospital were put in a difficult situation, as we could maybe refuse them to not continue our job, but they never had this choice as it's cancer and children they're working with and, if they left, the outcome would be unmanageable. So, they work through this difficult, stressful situation due to their passion and professionalism, but the higher management needs to be held accountable for this and putting these professionals in this situation in the first place, in my opinion.

**MR DUNCAN:** Thank you, Ms Crighton. My Lord, I have no further questions or Miss Crighton.

**THE CHAIR:** Thank you, Ms Crighton. Thank you for giving the inquiry your written statement and thank you for providing your evidence this afternoon. It is all part quite a large body of evidence that the inquiry will have to consider, but it was useful, so thank you very much. That's end of



your evidence for today. Thank you.

**THE WITNESS:** Thank you.

(The witness withdrew)

**THE CHAIR:** Now, Mr Duncan, I understand that's the end of the evidence for this part of this diet, am I right?

**MR DUNCAN:** That's correct, my Lord.

**THE CHAIR:** Right. So, we will adjourn today and sit again on Monday, the 20----

**MR DUNCAN:** Fifth.

**THE CHAIR:** Monday, the 25th of October. So, I hope we will see each other again on the 25th. Until then, we're adjourned. Thank you.

**15:23**

(End of Afternoon Session)