SCOTTISH HOSPITALS INQUIRY

Hearings Commencing
20 September 2021

Day 17
Friday 29 October
Afternoon Session

C O N T E N T S

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14:00

THE CHAIR: Good afternoon. Now, Mr Duncan, I think we are ready to lead our only witness of the afternoon, Ms Ferrier.

MR DUNCAN: That is correct, my Lord.

THE CHAIR: Good afternoon, Ms Ferrier.

A Good afternoon.

THE CHAIR: Now, as you know, you are going to be asked some questions by Mr Duncan who you may have had a chance to -- have you had the chance to meet him?

A Yes I have.

THE CHAIR: Right. Now, I don't anticipate we are going to take very long, I don't know, but just see how it goes, but if at any stage you want to take a break for whatever reason at all, just tell us and we will take a break.

Now, I think you would like to make an affirmation?

A Yes.

THE CHAIR: So could I ask you to do just that? Raise your right-hand and repeat these words after me.

SAMANTHA FERRIER

(Affirmed)

Examined by Mr Duncan

THE CHAIR: Thank you very much Ms Ferrier.

Now, Mr Duncan?

MR DUNCAN: Thank you very much my Lord. Good afternoon, Ms Ferrier.

A Good afternoon.

Q We always begin these sessions with some formal questions so if you will permit me to do that, can I just begin by having you confirm that you are Samantha Ferrier?

A Yes I am.

Q And you are 44 years old? Is that right?

A 45.

Q And are we right in understanding that you are a student psychiatric nurse?

A Yes I am.

Q And I think you live with your partner and your older daughter in Glasgow. Is that right?

A I do. Yes.

Q I think it is principally your younger daughter that you've come here today to speak about. Is that correct?

A That's correct. Yes.

Q And your younger daughter is [redacted] and I think we can see from your statement that she was born in [redacted] , and that she died on

that same year. Is that right?

A That's correct.

Q And you've provided a detailed statement, and you are happy that that forms part of your evidence to the Scottish Hospital Inquiry. Is that right?

A Yes I am.

Q Thank you very much. So let's just begin, as we always do, sessions, with a little bit of background.

It is obvious from your statement that was much wanted and much-loved child. I wonder if you could just tell us a wee bit about her?

A Okay. was a much-wanted child for our other daughter, . Everything was going well. However, she was born with congenital abnormalities. It wasn't clear what she had. The doctors were very unsure about what she had. She had arthrogryposis which basically was joint contractures, contractures of the joints, she had respiratory issues as well, and also swallowing issues, so she was very, very much compromised. Aside all that, she had gorgeous blue eyes and big curly golden hair, and she always looked inquisitive. She was lovely.

Q I think we can see from your statement -- sorry, and I should have asked you -- you do have a copy of your statement there?

A I do, yes.

Q You won't need to go to it, I don't think, but we can see from your statement that, picking up on what you've just said, she was a curious little thing?

A She was, yes.

Q She loved to listen to different noises and different sounds. Is that right?

A She loved that. She had wee different coloured lights and that used to keep her alert.

Q Yes. She had a wee sense of humour, you said?

A She had a great sense of humour, and we used to suction her with the suction catheter and she used to bite down on the suction catheter and not let go. She would look at me as if to say, "I have got a hold of this, you are not getting it back", so that was quite amusing.

Q We know that, from your statement, that she was born in the maternity unit of the Royal Hospital for Children in Glasgow. Is that right?

A Yes. That's correct.

Q As you've already indicated she faced a number of

challenges, right from the start. Is that right?

A That's correct. Yes.

Q And a wee bit later you would come to understand why that was?

A Uh-huh. Yes. It was an undiagnosed genetic mutation. We didn't have a name for it as such at the time. That took a wee bit of time to unravel.

Q Yes. Am I right in understanding it was one of the senior consultants who eventually told you a bit with that?

A That's correct.

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

A Uh-huh. It was one of the senior consultants that guessed, kind of presumed and assumed that it would be a kind of genetic abnormality, and that it was more than likely to be terminal, so it would be life limiting. That made us realise that, you know, this wee baby was special.

Q I think we can see from your statement, was it Dr Heuchan who told you that?

A Yes it was.

Q And I think there was some discussion at an early stage about going to Robin House. Is that right?

A Yes. It was Dr Heuchan that advocated Robin House, and it was a lovely respite down in the Loch Lomond shores, and it is especially for children with life limiting conditions, such as [redacted].

Q Yes. I will maybe ask you a wee bit about that later, but again, just at the early stages and thinking about [redacted]'s challenges that she faced, you've already mentioned a couple of them. I think she had breathing problems for quite a number of months. Is that right?

A Reading?

Q Breathing problems.

A Oh, breathing problems, yes. Yes. It was evident from the minute she was born she had kind of respiratory problems, and at three months of age she had to be given a tracheostomy which was a breathing tube that just come out here, and that facilitated her to breathe.

Q Yes. We can see that from your statement. I think you say it was [redacted] that she had that.

A Yes.

Q Another issue that she faced was to do with swallowing. Is that right?

A Yes. She didn't seem to have a swallowing reflex. She had an unsafe swallow which meant that the

food that she tried to swallow would go into her lungs, cause her to aspirate, so it was decided to give her a peg feed which is a gastrostomy into her tummy, and that allowed her to be fed directly to her tummy.

Q Now, just very roughly, how long did she remain in the maternity unit?

A Roughly eight months, so she was a very long-term baby in there. Possibly one of the longest babies to ever be in there.

Q Okay. Now just thinking about that stage of things, so from birth through to the end of being in the maternity unit, meanwhile ██ has got an older sister who is a toddler?

A She was. She has got an older sister, ██. ██, who would have been two-and-a-half at the time when she was born.

Q Right. Okay. What were the arrangements for looking after her and being in the hospital with ██ just over that period when she is in the maternity unit?

A We had no extended family that were capable of looking after ██ for us, so we had to take ██ with us every day we went up to see ██, so this presented with problems as well because she was only a wee toddler.

When we were getting our medical training we decided to put her into a private nursery, so sometimes during the week ██ would go into a private nursery to allow us that time to spend with ██ up in the hospital.

Q Now, I'm going to ask you some questions about the maternity unit and we are going to, as it were, step out of ██'s story for a bit just to try and understand a bit more about the maternity unit, because we've not heard much evidence about that so far.

Our understanding here, I think, from the diagrams that we've seen and what not is that the maternity and the neonatal unit are essentially next to each other in the same building. Is that right?

A They're on the same complex, in the same vicinity but they are kind of two separate buildings.

Q Okay.

A They're linked with link corridors. However, they are two separate buildings.

Q Okay, and are we right in understanding that there's a link to the Royal Hospital for Children --

A That's correct.

Q -- with a tunnel? Is that right?

A Yes. Tunnels.

Q Now, again, just focusing on the maternity unit for present purposes, did you have any concerns about the environment that you were in while you were there?

A In the maternity?

Q Yes.

A The level of care that received in the maternity was very, very high. However, we did smell from the water treatment plant raw sewage at times so the smell would come down the corridors and we were quite concerned at that point of view because these wee babies were very vulnerable and they were on the edge of life and death, basically. We were concerned that that might present as a contamination-type problem.

Q While you were in the maternity unit, what were the arrangements if you wanted a drink of water?

A In the maternity unit, if we wanted a drink of water, sometimes we were given wee bottles of water because it was very warm, it would have been summertime at that time, we were given small bottles of water. We also had family rooms outwith the actual ward, or just off where was, and we could go there and make a cup of tea and get a wee break, something to eat if we wanted to.

Q Was there any instruction given to you or any signs up or anything like that in relation to the use of water?

A Not signs as such that I can recall. However, we were told that the water wasn't really fit for drinking, and it would be okay if we used the urn and things like that for cups of tea.

Q Can you remember whether that was something that happened in the maternity unit or whether that was something that happened later when you were in Ward 3A or are you not sure?

A I'm actually not too sure. It was quite a lot of overlap.

Q Okay. That's fine.

So if we move on, then, to the move to Ward 3A, I think we know you've already confirmed it was in that moved to Ward 3A in The Children's Hospital?

A That's correct. Yes.

Q Why was that?

A She had outgrown the neonatal unit. She was eight months old now, and it was deemed that she required more interaction, more play for her developmental issues, so whereas the neonatal unit was very dull, very quiet because all the wee

babies were very sick, so she commanded a wee bit more interaction, so it was decided best to put her to The Children's Hospital.

Q Okay. Now, as I say, we will go back to [redacted]'s story in a minute, but let's just set the scene a little and try and get an understanding of what Ward 3A looked like, and what I'm going to do is, first of all, ask you to describe it, the layout. Don't worry, you don't need to give us, you know, room by room what it looked like, but just your impression of it, and then I might ask you a wee bit after that whether you had any particular issues with any aspect of it, so if you just start by giving us your description of Ward 34A.

A Okay. As you walk through the main doors of Ward 3A, you've got rooms on either side, patient bedrooms on either side, and what becomes quite clear to you is that the ward actually goes off on a big crescent shape, so it goes off to the right. You can't see what's coming as you walk down the corridor, you can't see, necessarily, what's coming up. It's all patient bedrooms either side, and halfway down you've got the nurses' station to the left, you've got a small ward kitchen where you can make a wee cup of tea, and at the very, very end of the corridor when you go right the way around, right the way around the corner, you've got a wee play room at the very, very end where infants and toddlers could go and play with toys if they wanted to, and you've got a sensory room as well. They had a sensory room which was kitted out with soft play, lights and noises and things like that for children that were maybe like [redacted], that couldn't play physically with toys, so they had all these sensory things going on for them.

Q Did [redacted] ever go into that room?

A She was in twice that I can recall.

Q Did she respond to it?

A She did.

Q Did she like it?

A Yes. She knew that she was in a different place and she loved that.

Q Do you think she liked it?

A She loved it, yes.

Q Just thinking about the way that you've described the overall layout which we've heard from a number of people in relation to The Children's Hospital, the sort of racetrack style of it, did you have any issues that arose from that layout?

A Yes. We had some issues. When [redacted] was in source, which was quite frequent, that meant she had an infection, she would be put into a wee room herself, so she would have her own patient bedroom and she would be in there herself so the nurses would be out in the corridor, and she was essentially a mute. She couldn't cry or make any noise, so we were concerned from that point of view that if she was in distress the nurses would have to kind of keep an ear out or an eye out for any signs of her being in distress, and that would have been more difficult given that the corridor went away round in a crescent shape, more difficult to observe the patients. And also there was wee patient lights out in the corridor as well, and it meant if the patient was in distress, he or she could manually press a light, and that would alert the nurse that they were in distress but [redacted] couldn't do that because (a) she was only a baby, and (b) she was physically compromised. She couldn't lift her head off her cot, so there was no way she could press a buzzer to alert anyone if she was in distress.

Q Do you know if she was looked up to any monitoring equipment of any kind?

A Yes. She was looked up to a pulse oximeter machine, and that detected changes in the heartbeat and oxygen saturation.

Q Yes. Do you know whether there was any link between that and the nurses' station?

A There was no link, no. Whenever there were changes in her breathing a wee alarm would ring but that was just on the actual machine. As far as my knowledge is, we weren't linked up to the nurses' station.

Q You don't know whether it was or whether it wasn't?

A I don't know whether it was or whether it wasn't.

Q Now, speaking of rooms, what sort of room was [redacted] in to begin with?

A To begin with she was in a four-bed bay, if I can call it that, that had big, big giant room with four beds, and in that four-bed bay was one member of staff, the nurse. That meant that the nurse had more of a visual if the patients were in distress, but quite quickly after that when [redacted] arrived there, she took an infection which meant she had to be isolated so she had to get put into one of the wee bedrooms at the side on her own.

Q And I think if we visualise the room with four beds, am I right in understanding that the layout would be a sort of cross shape?

A Yes. That's correct.

Q With a bed at each part of the cross, as it were?

A Yes. Uh-huh.

Q So ████ was eventually put into a room on her own, and just pausing there, and again just thinking about the arrangements for looking after ██, but also looking after ████, I mean, by you and your partner, again, would you be staying at home with ██ and coming in to see ████? Is that how to worked?

A Yes. We stayed at night-time at home with ██ and we would come up every day to see ████ and administer to all her medical cares and things while we were there.

Q Did you have any concerns about ████ being on her own in a room at night?

A Yes, we had lots of concerns. We believed that she was a very, very vulnerable baby. At any given moment this tracheostomy tube could block or occlude. This meant that ████ would have no oxygen. Because she was a mute, she had no audible means of shouting, "Help", or crying, so from that point of view we felt she was a very vulnerable baby being put into a room herself, yes.

Q Obviously we are talking now about ████ and the week that followed. What awareness, if any, did you or your partner have by this stage of issues in the media or elsewhere to do with the hospital?

A Yes, we had heard that there were issues with the hospital. We had heard that there was issues with pigeon droppings and things like that. We had a wee bit of a concern, but we felt as if we couldn't do anything about that. Life was just as it was. We just had to accept what we were given.

Q And remain focused on ██ and ████? Is that right?

A Yes.

Q Now, was ████ always in the same room?

A No. She was moved rooms about three times. We don't know the real reasons for that, but we can sort of guess that her room required maybe deep cleaning from time to time, so perhaps she was moved out of one room into another to allow the cleaner to go in and have a deep clean, that sort of things.

Q When you say, "Perhaps", were you ever given an explanation?

A We weren't given an explanation, no.

Q Did you ever see anything that might indicate what the explanation was?

A No.

Q Did you ever see cleaning being carried out in any of the rooms?

A Just daily cleaning, daily maintenance cleaning, yes.

Q Yes. I think you say in your statement, it's paragraph 18, you say the rooms were cleaned daily -- just take a moment to turn that up. Have you got that?

A Yes, uh-huh.

Q “We were never really told why ████ was moving rooms”, which is what you've said just now. “I assumed it was maybe to allow them to go in to go in and do a deep clean.”

A Yes.

Q And then what you've said just now:

> "Rooms were cleaned daily, wiping of sinks and floors etc, however, some patients were sensitive to cleaning fluids and easily disrupted, so deep cleaning of rooms was a bit more awkward".

Is that right?

A That's correct. Especially in ████'s room, she had lots and lots

of equipment, medical equipment, the Devilbiss which was an air moist -- made it moisten. She had a pulse oximeter machine, she would have regular nebulizers given, she would -- suction machines at the side of her bed, all her tracheostomy supplies. There was numerous supplies.

Q Did you ever see or were you ever aware of deep cleaning going on, on the ward?

A On one occasion we saw two rooms being closed off by orange bags and they didn't have any patients in them, obviously, and it looked as if there was a machine in the middle of the room that was doing something. We just assumed it was maybe purifying the air or something. We were never given an explanation as to what actually was going on.

Q Yes, and can we understand from what you've said about all of the equipment that was in ███'s room that your expectation would be that if they were going to go no and do all that sort of cleaning, all that equipment would need to be moved out?

A Oh yes, definitely. Yes.

Q Now, something that you told us about a little earlier was Robin House, and I think am I right in understanding, go back to ████'s

story, am I right in understanding it was round about September?

A It was. Yes.

Q Do you want to tell us a bit about the trip to Robin House?

A Uh-huh. Initially we had been scheduled for a certain date in September but ████ still had signs of infection, so it was getting delayed until she was a wee bit more well to be able to travel to Robin House, but we eventually got there, and it was absolutely amazing, right from the minute we got there.

It was colourful, it was receptive to children, it was receptive to love, and immediately I observed in █ that she thoroughly enjoyed herself there. They would come over and give her musical instruments and play to her, they would give her art therapy. There was never a moment that she was left to her own devices. She always had someone coming over and playing with her and talking to her, so it was a fantastic experience for ██ and we were thankful we were given that opportunity.

Q And were the two of you there with ██ as well? Is that right?

A Yes. We were invited to stay over with ██ as well, so it was about three days all in.

Q And did ████ respond to all of the stimulus and entertainment that she was getting?

A She responded with her eyes. ████ told a story with her eyes, and her eyes lit up. She was happy.

Q Now, I think we can see from your statement that it was -- was it just a long weekend?

A It was a long weekend because on the Monday we were due to be scheduled for a big operation on ████'s bones. She had been born with -- her wee legs were all disjointed and malformed, so the operation was scheduled for Monday.

Q And that operation went ahead. Is that right?

A It did. It did go ahead.

Q And how did ████ cope with that?

A She was in six weeks of plaster casts from her heels right up to her groin, so she couldn't move but she couldn't move anyway, besides that. They gave her pain relief, kept her comfortable, and, yeah, I think it was all beneficial.

Q And did you see another side of ████ during this? Her character, I mean?

A What, during Robin House?

Q No, during the operation and the aftermath of it.

A Yes. Yes. She would just look up at you with those big eyes, and always remain optimistic for life, optimistic for attention. Yes.

Q You say at paragraph 33 of your statement -- do you see what you said at the end?

A Oh, 33, sorry. Uh-huh. Yes. According to the surgeon, Mr Osman, he was over the moon with it, and he said that ████ was a wee fighter.

Q Now, there was a planned discharge --

A Yes.

Q -- for ███ , and the reason for a proposed discharge, what was that?

A The medical staff believed that they had done everything in their power to help ████, and they now deemed her fit for discharge which meant they were wanting us to make discharge plans for us to take her home.

Q Was this to help -- I think we can see this from your statement, was this to help with bone development and development overall?

A Overall development. A hospital wasn't a place for a small child and they were wanting her into the community, and a home environment setting where it would be more conducive to her development.

Q And you mentioned a wee while ago, you made a reference to training. Was the hospital kind of working you upwards going home with ████, is that right?

A Yes. This training went on for months and we had fantastic training. We got one-to-one fantastic training, and this was all to help us administer to ████ in preparation for bringing her home.

Q We don't need to go into this in detail, but I think there was -- we can see from your statement there was quite a bit of discussion about how you would manage at home. Is that right?

A Yes. Very much. Lots of discussion went back and forth.

Q I think, as I say, unless you want to, we don't need to go into this, but I think we can see from your statement that you very fairly say that it put a bit of a strain on relations with the staff. Is that right?

A It did, yes. The staff were telling us to -- advising us to do one thing and we were saying, "Look, we can't do this 24-hour without sustainable care". It was an impossibility, so we came to an

impasse, and we didn't know how to then progress forward, so the relationships and dynamics got a wee bit strained.

Q Yes, and as far as [redacted]'s story is concerned, [redacted] therefore remained on the ward. Is that right?

A She remained in Ward 3A, yes.

Q So if we move on, then, to the events of [redacted] and [redacted] and if you feel able to --

A Yeah.

Q -- or if you want to, do you want to just tell us what happened?

A [redacted], we are all getting ready to look forward to Christmas time, it had been an ordinary day for us. [redacted] was out working, we were all getting ready to go up to the hospital and we were looking forward to seeing [redacted], so we got up there about 7.30 in the evening, and we were told, as we entered [redacted]'s room, that she had been not well for most of the day, and she had presented with tachycardia, which is rapid heartbeat, and a temperature, and that they had administered paracetamol and ibuprofen to help with this, so that was basically all they kind of said. They also assumed that it was teething, so they put it down to teething, so we were with [redacted] from 7.30 to 10.30,

and she seemed a wee bit more sleepier than usual, but we didn't put anything too much down. She had had a winter vomiting bug a couple of days before that so we just thought, "She's a wee bit under the weather, she will be fine". So we administered all her cares, we had tucked her in for the night and it was 10.30 at night, and [redacted] had fallen asleep on a jacket in [redacted]'s room, so we picked her up and we left to go home.

We were putting [redacted] to bed when we got a phone call from the hospital at 12.30. This would be earlier hours of the [redacted], saying that [redacted] had suffered some sort of seizure, that doctors were working with her. "If there was any real big changes we will give you a call back but in the meantime just stay at home", because we had just got home with [redacted], just got her to bed. That was fine.

We tried to get some sleep but we couldn't, and at 3.30 in the morning we got a secondary phone call from the hospital telling us we really need to get up to the hospital as quick as possible because things for [redacted] don't look that good, so we bundled everyone into the car and away over we went, and when we got there [redacted] was in intensive care and the intensivist at the time took us away

into a wee side room and he said, "It looks very grim, we don't think that your child is going to survive. We think that she's had long term brain damage and we advocate you turning off her life support machine".

He also elucidated that he couldn't tell us a reason why he thought that she was dying, only that she had suffered long-term damage and that maybe trying to save her life would be futile, and they prepared a room for us where we went in and we spent our last few minutes with ██████, and they turned the life support machine off and sometime shortly after that ██████ died in my arms. So that was quite traumatic for us, as parents.

Q Thank you.

Now, I'm going to go back later and ask you some questions about some other aspects of that that you've just touched on, and, in particular, what it was that had led to this, and questions about infections that had had, so we will come back to that later, but if we just take a step backwards in time very slightly, and start to talk about ███. I think -- and you mentioned ██████ having a vomiting issue, I think ███ had also had an issue over █████. Is that right?

A That's correct. I can't remember what date, it was very early on in █████, ███ started to have a cough, and it wasn't going away, and we took her up to the out of hours service, and they told us we would have to have ████ admitted to the hospital as she required oxygen therapy and antibiotics, and the hospital tried their best to make sure that the family were all placed together, so ██████ was in Ward 3A beside her sister for five days. We had both girls in the same ward for five days.

Q Now, let's move on and start to think about some issues that you experienced in relation to the hospital.

I'm going to start with water, and you've already told us a bit about your impression of issues to do with water when you were in the maternity unit, and I was going to ask you a bit about instructions that you were given, or whether you remember any instructions being given when you were in Ward 3A in relation to water.

A Yes. I just remember when we first arrived that day in Ward 3A that the nurse told us not to drink any water from the taps, and that she showed us to the ward kitchen where it was, as I say, there was a big urn on the wall, and we were to take tea and coffees from that if we felt necessary.

Q Okay, and in relation to the rooms on 3A, the bedrooms, maybe even on maternity unit as well, I'm not sure, maybe you could clarify, did you ever experience any issues to do with televisions when you were in either of the rooms? Sorry, either of the wards?

A They didn't have televisions in the neonatal unit. It was just when we went over to Ward 3A, every patient had a telly unit that sat on their wall, but these never worked. These never worked from day dot until the day we left.

Q What was the impact of that, if any, on you while you were there?

A and I were very, very busy with , but we felt sorry for little who was only two-and-a-half, coming up for three at the time. We felt that if we had maybe a television to put on for , that there was a wee bit of entertainment for her while we administered care to , but with that not working we had to divide ourselves down the middle and tend to and at the same time, so it was more difficult, yes, trying to keep them both entertained.

Q What about when was herself an inpatient? Can you remember whether the television in her room worked?

A The television didn't work in her room and we went out and we bought her a little tablet which had games that she could sit and play to try and keep her entertained while she was there. Yes.

Q Now, just going back, then, we talked about rooms being closed off and your assumption is that there was some sort of deep cleaning or maybe maintenance going on in those rooms, is that right?

A Yes. That's correct, because the entrance to the rooms were sealed off with a big orange plastic zipped bag. It was all dark inside. You could see there was this machine in the middle that was doing something. We are not sure what it was doing.

Q Did you see contractors coming and going in relation to that work or cleaners coming and going in relation to that work?

A I can't quite recall. Sometimes we would hear drills going but I can't pinpoint if that was coming from those rooms specifically.

Q How regularly did you see this? Was it occasional or was it something that happened quite a lot?

A This was just one time we saw the orange bags being put over the rooms, but I can't specifically recall

which month or which date it actually was.

Q Right. So thinking about the whole of the period that you were on Ward 3A which would be about four months or so, you think you saw this happen on one occasion? Is that right?

A Yes, one occasion.

Q Do you remember whether it was disruptive, for you, I mean?

A It was disruptive inasmuch as the ward was very, very busy. As one patient left another patient came in. From having two rooms being closed down, obviously meant that it was taking away patient capacity, it was taking away those bedrooms that could have been used for patients.

Q Thank you. Now, I want to move on to a different topic now, and you've explained to us the arrangements that you had for continuing to look after [redacted] at home and going to see [redacted] in the hospital, and what I want to do is have you, as it were, take us from arriving at the hospital, getting into the ward and thinking about some of the issues that you encountered on the way, so let's begin with arriving at the hospital and parking the car. Was there any issue to do with that?

A Yes, it was common knowledge that you were very, very lucky to find a parking space over in the Queen Elizabeth. There was about three or four car parks, and especially at lunchtimes, so this would be between 12 and 2 o'clock in the afternoon, you never got a parking space, so you maybe had to wait a wee bit longer in the afternoon until you found a parking space. That added stress and time towards your journey and trying to get up to see your daughter.

Q And then you get out of the car, and you mentioned earlier in your evidence that the smell that you sometimes experienced in the ward. Is that right?

A That's correct. We smelt this actually in the neonatal unit.

Q Did you ever smell it outside as well?

A Yes, outside as well, it was very apparent.

Q Did you indicate earlier in your evidence that the smell was something that caused you some concern?

A Yes. The smell caused us concern because to me if you can smell something then there must be particles in the air that's getting to your nose, so you were wondering whether

that was from the water treatment plant. You don't know if you were actually smelling, you know, something that wasn't quite pleasant.

Q Yes. So if we then imagine you going from the car to the hospital itself, I think in your statement you indicate that from time to time there was scaffolding up and there were issues to do with accessing the hospital. Is that right?

A That's correct. There was works going on on the outside of the building quite often and they would have scaffolding up. They seemed to be doing things up on the roof for the side, and more than one occasion the actual main entrance to the hospital would be blocked off which meant you had to scurry away round the side of the building to try and find an alternative entrance and then once you got in there, have to try and orientate yourself to try and find 3A which, if you didn't have a working memory of how the hospital layout was, you could find yourself getting lost very easily.

Q And just thinking about what you said earlier about the impact upon you of not being able to find a parking space, was there any impact from what you've just described?

A Yes, because it took away time. Time with ████ was always

precious. As I say, she was a very vulnerable baby, so the time you took to walk away round to find the other entrances, you didn't know necessarily what was going on with ████, where you should have been.

Q So you would be anxious to get there?

A Anxious to get there, yes.

Q Let's now, finally, have you arriving at the ward. Can you just walk straight in? Are you able just to walk straight into the ward or is there an entrance?

A No, there's a front door entry system and that, at that time, had a wee buzzer and it was linked to the nurses' station, and the nurses would see you on a monitor and then press the button to let you in to Ward 3.

Q Did that always work smoothly?

A No. Sometime in ████ it actually broke and it wasn't working for many, many, many weeks. In fact, ████ had died, and we had left the hospital and we still don't know if that buzzer has ever been fixed.

Q And if the buzzer wasn't working, how did you get in?

A There was a big notice on the wall, an A4 piece of paper, and it had a phone number on it, and we were to phone this phone number

ones we got to the entrance of 3A, and presumably it was linked to a phone inside 3A which the nurse knew that you were standing there, and they would come down and open the door to let you in.

Q Ms Ward, I wonder if we could have Bundle 6? I think it's page 217. Can you tell us what's now in front of us on our screens, please?

A That's the A4 piece of paper that hung outside 3A when the door entry system wasn't working, and the phone number is on it.

Q And who took the photograph?

A It was myself that took the photograph. Basically we were so annoyed and upset at the length of time that this door entry system wasn't fixed, that we got frustrated and we actually took a photograph as evidence, as we were so frustrated and upset.

Q How long on average would you say you had to wait to get entry to the ward?

A An average, ten to fifteen minutes, but on occasion it was actually recorded as half an hour, depending on what time of the day you actually -- if you went up in the afternoon or the evenings, you were

maybe standing out there for quite a lengthy time.

Q And were you the only parents who were affected by this?

A No. Sometimes there would be a wee group of us all hanging about outside waiting to get in, and waiting for a member of staff to come along with a pass and let us all inside, so we would all be standing around, chit chatting and saying, “This is ridiculous that we are all out here and our children are in there and we are wanting to get to them.”

Q Yes, and without asking you to identify who it was who wrote on the sign, can we see that someone expressed their frustration with the situation with the entry system? Is that right?

A That's correct. Yes.

Q So was it common knowledge among parents and among staff that there was frustration about this?

A It was common knowledge amongst everyone that this system wasn't working and we all had to stand outside and phone to try and get in.

Q And how did you feel about having to phone the staff to let you in?

A We felt terrible. We were very aware that Ward 3A was a very

busy ward, and that the nurses were very short staffed, so those nurse that's were on were very, very busy, and because the corridor went round in a crescent, we would be standing outside and no one would see us if they looked down the corridor because it went round in a bend, so you felt terrible. You felt guilty about actually telephoning a nurse to come and open the door manually. That added to your stress, added to your guilt, and it added to the whole experience. It was horrible.

Q Did that sign that we were just looking at remain there for the whole time that ████ was on the ward from ████ whenever it was?

A That's correct. Yes. The whole duration.

Q That exact sign, the one with the writing on it?

A No, because of the writing on it we assumed that they took that one down, perhaps they thought it was quite rude, and they replaced it with a new sign, but it was just the same piece of paper with the phone number on it.

Q Now you mentioned earlier an urn in the kitchen. Is that the staff kitchen?

A Yes. It was a small room off the ward, and it was a wee staff

kitchen, but parents were allowed to go in there and get a wee cup of tea as well, and it was a big urn that was on the wall, it had hot water in it.

On occasion that would be out of order as well, so it would have a big sign on it saying, "Please do not use this urn, you will have to go away out of Ward 3A and go down into the family room", which was outwith Ward 3A, to try and get a cup of tea, and this presented more challenges, because if we were to leave Ward 3A and go out and get a cup of tea, not only were we longer and further away from ████'s room, but then we would have to stand again at the door entry system for God knows how many minutes trying to get back in again to ████, so that -- nine out of ten times we just went without a cup of tea because it wasn't worth it, it wasn't worth chancing going away out.

Q And then if we just go back, then, to what you were describing, then, about parking up, finding the entrance, finding your way through the hospital, waiting outside the door for ten to fifteen minutes, not wanting to bother the nurses, not knowing what's going on inside the ward with ████, how does all of that impact upon you?

A It impacted incredibly on us. At the time it seems like little,

small things, but when you add it all up cumulatively, it all took time away from being with our baby, and it just made the whole thing more unbearable. Yes, just --

Q On ■ and ■ ■■■■ , had the buzzer been fixed by then?

A No. The buzzer was still out of commission, out of order, yes.

Q So you coming back to the hospital, having had the message that you got at 3.30 in the morning, are we to understand that once again you are having to stand outside and wait?

A Well, we got called down to PICU(?) which is the Intensive Care Unit. We had to stand outside the Intensive Care, and that was sort of similar like 3A inasmuch as there was nobody manning the door. Because it was 3.30 in the morning the corridor was in darkness. We were banging on the door trying to get into the intensive care, not knowing ■■■■ was alive, where she was, and having to bang and bang and bang to try and alert someone to get us in, and eventually we were heard and we got in to see ■■■■.

Q Thank you.

Now, another issue that you mentioned, moving on to a different topic altogether, another issue that you mentioned in your statement to do with the hospital in relation to which you had a concern, I think, was cleanliness. Is that right?

A That's correct.

Q Do you want to tell us a little bit about that, please?

A Yes. The floors where ■■ -- ■■■■'s bedroom, the floors weren't that clean. I think the cleaners, to be all fair to them, they did their best, given the circumstances, but ■■■■ had so many machinery, so many equipment that she needed, that it must have been very difficult for them to get mops and things in and out and into wee corners and things, so quite often there would be milk spillages that had been there previously from a couple of days before, they would still be lying there, so it was the best they could have done.

Q Yes. Now, I think in your statement you also say something about ■■■■ 's room when she was in Ward 3A. I think it was, in fact, your partner who had had a concern about an issue to do with cleanliness in that room. Is that right?

A That's correct. That would have been the HEPA filter room which was actually opposite ■■■■'s room where ■■ and ■■ was. ■■ in the morning went to pull the blinds to open

them and on this big ledge outside the window was all this grey dust, lumps of grey dust. I can only liken it to be like something when you empty your Hoover, you've got all this debris that all falls out, and all this was lying on a shelf overhanging the atrium, the children's atrium.

When the nurse came in to speak to [redacted] she closed the blinds so she must have been quite ashamed that [redacted] had noticed all this dust outside. [redacted] opened them again and she would close them again. That was kind of shocking from that aspect.

Q Your partner, did he point out the dust to the nurse?

A I don't think he said anything for fear of embarrassing the nurse, but, again, that was noted as being not very hygienic for a children's hospital. We didn't find that that was very hygienic.

Q And can you recall whether, on any further trips to the hospital with [redacted], you discovered similar issue in relation to dust?

A Yes. There was a couple of weeks after [redacted] had passed away, [redacted] had accidently jammed her finger in the house and we had to take her to the Accident & Emergency at the Queen Elizabeth, so we were sitting waiting to get seen by the

doctor, so it would be the kind of triage area where it was all like white bed bay areas, where the white curtains were, and we are sitting waiting in the doctor, and this grid on the ceiling, this piece - what I thought was a grey feather coming down, and it actually landed on my shoulder and fell to the ground - was actually a big clump of grey dust, and it was the same grey dust as the one that we had previously seen in the hospital on the ledge, so it was like the same consistency, if I can call it that, as the grey dust. And this was actually in a clinical area where you would expect it to be spotlessly clean, so that was quite concerning.

Q Thank you. Now, I indicated to you earlier that I was going to ask you some questions about infections that [redacted] had had, and I think we can see from your statement that in [redacted] she had the rhinovirus. Is that right?

A That's correct. She had only about a week, I think, entered Ward 3A when she got the rhinovirus, yes.

Q And the rhinovirus, that's associated with the common cold. Is that right?

A It is. We were told it was a kind of respiratory thing, yes.

Q Thank you, because I think in your statement you indicate that it was suggested to you that that would be expected in a tracheostomy baby. Is that right?

A It was. That was the way it was told to us, that [redacted] was immunocompromised, so she would be more susceptible to picking up these kind of infections. Also, we were told that at this time of the year - we were going into the autumn/winter - that these infections seemed to be more frequent in the hospital, so there was this kind of expectancy from the staff that these infections would, in fact, arise.

Q Thank you. Thank you for that, because I think you actually, in your statement, identify a particular member of staff who spoke to you about that, the children's coordinator, Jacqueline Riley?

A Yes. Jacqueline Riley.

Q Do you want to tell us a little bit about her?

A Jacqueline Riley was the children's coordinator, so she was, I think, mainly responsible for getting people home from the hospital setting, so co-ordinating the care necessary to get children home to a home environment.

Q And I think you indicate that she was somebody who seemed to have quite a broad involvement and a broad knowledge, including in relation to the medical issues as well. Is that right?

A She was, yes. She was very, to me, thorough in her medical knowledge, yes.

Q Now, you also indicate in your statement that [redacted] developed enterovirus in [redacted]. Is that right?

A Yes. That's correct.

Q And, again, was it suggested to you that that is something that might almost be expected?

A It was. It was told, again, that this is something that (a) could be expected in a child with a tracheostomy, immunocompromised, and also because we were heading towards that time of the year, there was this kind of expectancy that all these winter bugs were coming.

Q Yes. I think you indicate that somebody - it doesn't matter who, I suspect - but somebody described it as a routine little virus. Is that the way it was put?

A Yes. It was fairly routine. It would maybe have some side issues with [redacted], but nothing too major, nothing too complicated.

Q Is that what happened, or did it actually have a bit of an effect on her?

A It did have quite an effect on her inasmuch as ████ required a small amount of oxygen, albeit it was wafted through her tracheostomy tube, it wasn't a direct fixed oxygen, she still required that very, very small amount, and we assumed that that would maybe then qualify her for additional home support once we got her home, but we were told that this would not make her more eligible for social support or home care once she was home.

Q But I think you indicate that the ENT people were, nevertheless, still quite keen on the idea that she did go home?

A Yes. Yes.

Q Did you find that a wee bit surprising?

A Yes, and we were being trained up in how to operate the oxygen cannisters and things like that.

Q Yes, and is this where the impasse came in?

A Yes. This is where the impasse came in.

Q I'm going to move on now to just try and capture your overall reflection on your experiences in the hospital, and thinking about the

months that you were in and about the hospital in ██, what awareness, overall, would you say you had of problems to do with the hospital over that period?

A Just what we had heard in the media, problems to do with water, problems to do with pigeon droppings. However, it was pretty full on for ██ and I with ████ so we didn't really give it that much thought.

Q Are you indicating that you were aware that it was out there in the media --

A Yes.

Q -- but your focus was ██?

A Yes.

Q And if I ask you the same question, then, narrowing in a little, what awareness, in particular, over ██, did you have at the time of stories about deaths of patients or children that in some quarters were being said to be linked with the hospital?

A We had knowledge that at least one patient had supposedly died through pigeon droppings. That was pretty broadcast in the media.

Q Yes. Was that ████ ?

A Yes it was.

Q And what effect did that have on you and ██?

A We were naturally concerned about it, naturally frightened about it. Again, we didn't think too much of it. Didn't really connect it to [redacted].

Q Going back, then, to [redacted], and something that you mentioned earlier. Do you continue to have questions around why it was [redacted] died?

A Yes. We had lots of questions surrounding [redacted]'s death, her sudden passing and also her pathology report, and we submitted formally questions that we wanted answered, and it took a very, very long time for those answers to come. However, we did get some sort of answers to them, albeit that we are not quite satisfied with those answers, we do acknowledge that they were answered, yes.

Q Thank you for that. I think we can see in your statement that you discuss that at paragraph 72 to 73, and you tell us that you received an amended death certificate on 18 January 2021. Is that right?

A Yes. That's correct.

Q But do we also see that the very next paragraph, you still feel that there are answers that you need? Is that right?

A That's correct. To us, there's huge question marks still hanging over [redacted]'s precise cause of death.

Q And I think we can see from your statement that that is something that your MSP, Mr Doris, has been helping you with. Is that right?

A Yes. Mr Doris has been very, very helpful in helping us keep the communication channels open, and helping us get a foot in the door, so to speak, and getting us the answers that we feel that we need.

Q Thank you. Now, I want to move on, finally, and just have you give us your concluding thoughts and concluding remarks.

Now, you have in your statement set out some concluding comments at the end, and maybe just have a look at what you've said at paragraph 80.

A Sorry ... oh, here we go. Sorry, I don't seem to have it on paper.

Q I tell you what we will do, and Ms Ward is going to love me for this, but I wonder if we could have paragraph 80 up on screen, Ms Ward? It's page 216. Thank you very much.

Now, I was going to propose that we read this, read it out, and I know you've got something you want to read as well. Do you want to read this

paragraph, or do you want me to read it?

A I will read it.

Q Go on then.

A

"If anything comes out of this, I just want ███ to be recognised as a wee baby that deserved the life that she didn't get. I can accept that she was born with a serious congenital condition that affected her chances of life, but her short life would have been much easier for her and for us if we didn't have to contend with all the other stuff like the infections picked up in the hospital, the worries over the water and the wasted time caused by broken access door entry systems and the like. We just hope the inquiry helps stop these things from happening again in the future".

Q Thank you very much.

Now, would you like to read to us the additional thoughts that you would like to share today?

A Thank you.

█ and I would just like to thank our local MSP for his facilitation in keeping the communication channels open between us and the Royal Hospital for Children so that we could get the answers to our questions

surrounding our daughter's sudden demise.

Secondly, we would like to thank the clinical psychologist of the neonatal unit who provided us with a safe, non-judgmental counselling space where we felt confidently able to allay our fears and concerns surrounding ███'s predicament. She was a positive, uplifting personage who helped us to believe that we were good parents and that we had tried the very best for both our girls, given the adverse circumstances we found ourselves in.

Lastly, we would like to thank all the doctors and nurses who cared for ███ during her short life, and for the expert medical training we received that enabled us to administer to her. However, I must point out that there is a huge disparity between the medical advancements that preserve their babies' lives and the social support systems that they're entrusted into. Our daughter's case highlights this gross mismatch where a child can be deemed fit for discharge, yet the parents are provided with little or no support to allow them to take their child home and provide her with sustainable care to ensure her comfort and safety.

It is now too late for our beautiful

█████, cannot bring her back, but if anything is to be learned from her short inspiring life, it is that the system as a whole, especially Social Care, is not fit for purpose, and if these issues are not addressed, these tragic circumstances will repeat themselves again and again ad infinitum. Thank you.

Q Thank you very much, Ms Ferrier.

A You are welcome.

MR DUNCAN: My Lord, there are no further questions for Ms Ferrier.

THE CHAIR: As Mr Duncan indicated that's the end of your evidence, but thank you very much for coming, for giving your evidence this afternoon, but also providing the witness statement which will be part of the totality of evidence that we will look at in coming to our conclusions. Thank you very much and you are now free to go.

A Thank you.

(The witness withdrew)

THE CHAIR: Right. I think that concludes our hearing for this afternoon, and we intend to sit again at 10 o'clock on Monday. Is that correct?

MR DUNCAN: That is correct, my Lord. I might just add that before we sat at 2 today there was some discussion about the possibility of a second witness on Monday in the afternoon. No doubt an update can be provided to the CP representatives once we rise.

THE CHAIR: Right. My understanding which is no more, I suspect, than Mr Duncan's, is that it's a question of whether the technology can allow us to hear evidence remotely and we will tell representatives what we know and keep in touch. Enjoy your respective weekends and we will sit again at -- we will definitely plan to sit again at 10 o'clock. It is the afternoon that is the question mark over it. Thank you.

15:15

(End of Afternoon Session)