

Scottish Hospitals Inquiry

Witness Statement of

Peter Landale

WITNESS DETAILS

1. My name is Peter Landale. I was born on [REDACTED]. I am [REDACTED] years old. I am [REDACTED].
2. I am the father of [REDACTED], born [REDACTED]. He is [REDACTED] years old.
3. I live with my wife, [REDACTED], and [REDACTED] in [REDACTED].

OVERVIEW

4. My son is [REDACTED]. [REDACTED] had a brain tumour when he was 2 which affected him quite significantly and as a result he has suffered ongoing health conditions ever since. As a result of the brain tumour [REDACTED] is partially sighted, he has endocrine issues in that his body cannot produce its own hormones, he has no short term memory and he has frontal lobe syndrome which means that, most of the time he is benign, but he can become very aggressive in certain situations.
5. As a result of the brain tumour, [REDACTED] also has an issue in that his cerebral fluid (CSF) which protects the brain, cannot drain from his brain. As a result he has what is called a shunt. The shunt is a pipe that goes into a ventricle in his brain and has a reservoir on top of the head under the skin. The pipe goes to a valve behind his ear which can regulate the pressure in his brain and which can be changed by the doctors if necessary. The pipe then goes over shoulder and into pancreas to drain the fluid. This is all internal, although the doctors can make the pipe external if they need to, for example, if there is an infection they need to deal

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with. If the pressure in [REDACTED]'s brain gets too high this can cause issues to his health that can be very serious and needs immediate medical attention. If the pressure is too low then this can result in a persistent headache.

6. [REDACTED] has ongoing issues with his shunt throughout his life and he has had ongoing treatment for this within the Department of Clinical Neuroscience (DCN) within the Wester General Hospital in Edinburgh since around 2015. In 2019 and 2020 he attended the DCN regularly as an outpatient and an inpatient. He is still receiving care and treatment from the DCN and will continue to attend in future.
7. [REDACTED] spent time in Ward 31 in the DCN which is an acute neurosurgery care ward and also a post-operation ward. My wife and I stayed with [REDACTED] during all of his admissions in 2019/2020 as we had concerns about the ability of the staff within that ward to prevent [REDACTED] from becoming aggressive.
8. There are some specific events that I would like to mention. The level of care received by [REDACTED] during 2019 and 2020 within the DCN was far below the standard that we would have expected and the facilities and accommodation within the hospital were also substandard and not fit for purpose. In my view, those issues arose due to the delay in the opening of the new DCN hospital and the failure of Senior Management and the NHS Lothian Hospital Board to properly manage the project and effectively communicate the delay and the reasons therefor. In my view, this negatively impacted [REDACTED]'s experience in the hospital and I will come on to talk about these events in more detail.

FAMILY BACKGROUND

9. I live with my wife, [REDACTED] in [REDACTED]. [REDACTED] currently lives with us due to his ongoing health issues. [REDACTED] is our middle child. We have a son who is [REDACTED] and a daughter who is [REDACTED]. [REDACTED] has a good relationship with them.

10. [REDACTED] is [REDACTED] years old. As I say, as a child he suffered a brain tumour which led to whole series of health issues. Despite that he had a happy childhood and was lucky to attend the [REDACTED]. [REDACTED] they taught him how to live as independently as possible.
11. Up until 2019, when he began to suffer from a constant headache, he lived semi-independently in a flat in [REDACTED]. My wife and I also rented out the flat next door and employed carers to live there and assist him when required, although their brief was to assist him as little as possible. [REDACTED] is able to work and currently has a job [REDACTED].
12. When he was in [REDACTED], [REDACTED] was happy in his own company and struggled socially given his short term memory problems. He was, however, popular in the local area and well known in the local church, shops and restaurants. He is missed now that he is living with us here in [REDACTED]. He also liked to go swimming, go to the gym and generally walk around and explore [REDACTED].
13. At the moment he is still working, but what he can do in his spare time is limited as his constant headache is very debilitating.

SEQUENCE OF EVENTS: THE FAMILY'S EXPERIENCE AT THE DCN

Family's experience prior to 2019: 2011-2018

14. By way of background, [REDACTED] had been under the care of a dedicated Consultant Neurosurgeon when he was looked after by paediatrics in the Southern General Hospital in Glasgow. We went there as that is where we were referred when [REDACTED] originally had his brain tumour and we continued to go there until he was transferred when he became an adult.
15. In 2011, [REDACTED]'s care transferred to the Western General. As his needs are very difficult he needs a multidiscipline team. He was transferred to the care of an

endocrine consultant Professor Strachan who is very good and with whom we have a good relationship and there is good communication. He was also transferred to neurosurgery but we have never had a dedicated consultant neurosurgeon look after [REDACTED].

16. In 2013 [REDACTED] started to feel cold all the time and initially Professor Strachan thought it was his hormones and after trying different approaches with [REDACTED]'s medication, he formed the view that it might be to do with the shunt and he referred [REDACTED] to Neurosurgery for them to look at.
17. In 2015 [REDACTED] was seen by Consultant Neurosurgeon, [REDACTED]. [REDACTED] made the decision at that time to change the valve in [REDACTED]'s shunt and that did work, but it has led to a whole series of operations. [REDACTED] was pretty much in and out of hospital constantly with issues with his shunt between 2015 and 2019.
18. When [REDACTED] attended the DCN he was always seen in ward 31. Between 2015 and 2018, Ward 31 was on the top floor of the hospital. One side of ward had about 5 single rooms. The other side of the ward was a dormitory style room with 4/5 beds. In the middle of the ward was the High Dependency Unit (HDU). This was directly opposite the nurses' station and was a bank of 4 beds. Beside the HDU was the treatment room. There was also a staff kitchen which patients/families weren't supposed to use but we did sometimes. There were 4 toilets for approx. 35 patients to use, 2 at each end of the ward and 2 shower rooms. Between 2015 and 2018 the toilets would often be out of order and me and my wife would have to check they were free before taking [REDACTED] to them, so that wasn't an ideal situation, especially as he has diabetes insipidus which means that he needs to take pills to assist him with urinating and it is important that he has access to a toilet.
19. [REDACTED] would be seen as an out-patient and as an in-patient in Ward 31. If an in-patient he would usually be admitted as an emergency as there was an issue with his shunt and more often than not he would be in HDU first. He would then be

transferred to a single room so that we could manage his aggression if necessary. We would also try and get him into the same room as much as possible so that it was familiar for him.

20. In 2018 we were in and out of hospital a lot as [REDACTED] got an infection in his shunt and was very ill.

21. At the end of 2018 he had an operation on his shunt and this was successful. At the start of 2019 [REDACTED] was feeling good and was well.

22. The DCN has never been an easy hospital to go to. In respect of the building itself, it was old, there weren't any waiting rooms and the treatment room was tiny. In the bedrooms there weren't en-suite bathrooms, and the beds weren't big enough to accommodate [REDACTED] who is nearly [REDACTED] and weighs over [REDACTED] stone. Whenever he was an inpatient, we would need to take a big red cushion from his couch to put at the bottom of the bed so his legs could rest on that. The beds didn't fit through the bedroom doors without having to apply some force and in general the building was not in a great state of repair. There were rusty hinges, the TVs didn't work, paint was peeling etc. But we were happy to go because it was a hospital and [REDACTED] was getting treated. We also knew that a new hospital was on the cards.

23. Between 2015 and 2018 we could handle all of these issues because there was a consistency in the staff who dealt with [REDACTED] and it was all familiar to him. There were frequently Registrars on the ward and the nursing staff were consistent. This was important for [REDACTED] given his short term memory issues and his frontal lobe syndrome. It was important that [REDACTED] was not taken by surprise and he requires very gentle handling. As all the nurse and staff knew him, and it was not an issue. My wife and I did not have to stay with [REDACTED] all the time as we trusted that the nurses knew how to manage him.

24. In relation to [REDACTED]'s care, there were also differences compared to the Southern General Hospital. I accept that in the Southern General Hospital [REDACTED] was under paediatric care so probably got more care than is given in adult services. He had consultant who knew him really well and who was the person who mostly saw him when he visited the hospital.
25. In the DCN that level of care wasn't there from the start. We never had a care plan in place for [REDACTED] and he has never had a dedicated consultant. Although we have had dealings with [REDACTED], as far as I am aware he is not [REDACTED]'s assigned neurosurgeon and every time we went to the hospital we would be seen by a different consultant or a registrar. It always felt like there was less of a structure and the staff were always very busy.

Out-patient visits to the DCN between April and July 2019

26. In April 2019 [REDACTED] began to complain of a headache. When he lay down the headache eased, which suggested that the CSF in his brain was no longer draining off and this suggested to us that it was low pressure in his shunt.
27. I would go to ward 31 and ask for [REDACTED] to be seen. We would then have to wait in a totally inappropriate waiting room. As the hospital was preparing to move to the new hospital there was stuff everywhere like boxes and chairs. It was not a great place to be. It was also apparent that there were far fewer Registrars available. We had to wait for a long time to see someone, one time for about 7 hours. When the Registrars eventually came to talk to us their phones were constantly ringing and they were receiving messages calling them elsewhere to deal with other patients and they would often have to leave. They were clearly very busy and it had not been like this when we have previously attended between 2015 and 2018. I would say there was a noticeable decrease in the level of staff. There was also nowhere for the Registrars to talk to us, so they would be talking to us in the waiting room with everyone around or, on one occasion we were seen

in the staircase. It all felt quite chaotic and my view is that, as everyone was so busy, [REDACTED]'s case was not given proper consideration.

28. We had a discussion with Dr Mark Hughes, a registrar neurosurgeon, and he made the decision that [REDACTED] should be admitted for intra-cranial pressure monitoring and this was planned for 25 July 2019.

29. By this time, ward 31 had moved to the first floor. It had exactly the same layout as when it had been on the top floor. I was told by staff in the hospital that the ward move had happened because of water issues on the top floor.

Announcement of the delay in the move to the new DCN: 5 July 2019

30. We knew that there was due to be a move to the new hospital on 9 July 2019. I was aware that there was information on the DCN website that a new hospital had been on the cards since 2008. There was also information on the DCN website that the move was due to happen in 2015 and this wasn't actually changed until July 2020 when the move eventually took place.

31. We had not been given any information in any official capacity about the new hospital, what its facilities would be like, or how it would benefit [REDACTED]. All we were aware of was that the staff were excited to move to the new hospital.

32. We were not given any official updates about the progress of the new hospital. There was a notice board outside ward 31 which had the date of the opening of the new hospital and this was repeatedly scored out and the new proposed date being written in.

33. As far as we were concerned, the move to the new hospital was due to take place on 9 July 2019. It just so happens that we were in the hospital on 5 July 2019 getting [REDACTED] checked out and we were wishing all of the staff good luck with the

move and that we would see them in the new hospital. There was no feeling from the staff that they had any idea that there was to be a delay.

34. We only became aware of the delay when it was announced on the news on the evening of 5 July 2019.

35. After the move had been delayed we were given no further information about when the hospital might open from the Board or Senior management and the staff on the ward did not seem to have any idea what was happening either. As far as I was aware from having conversations with some of the staff, when the delay happened, Senior Management spoke to them all and thanked them for their hard work, but there was no information about when the move would happen.

36. The staff in the hospital were not able to give us any more information than what was on the news: That the opening was due to happen at the end of 2019, then got pushed back to spring 2020, then moved to July 2020.

37. To this day, I have had no official communication from the Hospital that the new hospital has even opened.

Experience in Ward 31: 2019/2020

38. As planned, [REDACTED] was admitted to ward 31 on 25 July 2019 for the pressure in his valve to be monitored. This monitoring was called Intra-cranial pressure monitoring. This involved putting a pin in the reservoir in [REDACTED]'s head to measure the pressure. This was done over a 48 hour period. The machine used was old and did not have a read out facility which recorded all the results of the monitoring. A junior nurse, or me and my wife, would take the readings and note them down on a piece of paper. The neurosurgeon would then look at the results and they figured out that [REDACTED] had low pressure.

39. There was another occasion later in 2019 when [REDACTED] was having the pressure monitored and the neurosurgeon asked to take a photo of the readings on his phone so that he could record them somewhere. It was another example of the equipment not being fit for purpose and archaic.
40. Following on from the pressure monitoring, the neurosurgeon decided that [REDACTED] should have an operation to replace his valve. This operation was carried out on the 31 July 2019 under general anaesthetic.
41. After the operation, [REDACTED] was returned to ward 31. He was discharged on the 1 August 2019 and this was because he had become quite aggressive after the operation as he was uncertain about what was wrong with him. He had to be restrained and sedated, so it was felt it was better if he was discharged as quickly as possible.
42. It became immediately apparent that, because the staff on ward 31 were not familiar to [REDACTED] and they seemed to lack the experience of the staff who had previously been on the ward during his last admission in 2018, me and my wife would have to be with him all the time when he was an inpatient in order to manage him.
43. [REDACTED] was re-admitted on 2 August 2019 with a stomach ache and it transpired he had an infection in his stomach which required treatment and led to further surgeries. [REDACTED] was an inpatient for around 2 weeks and it was during this admission that the various issues on ward 31 with the facilities, the equipment and the staffing became apparent.

Equipment

44. Between 2015 and 2018 the equipment that the doctors and nurses had to work with wasn't great and not new, but at least it was there. When we attended in 2019 it was clear that there was a dearth of equipment.

45. There was a lack of thermometers available and you would often have to wait 20 minutes for one to appear. There was also only one XXL cuff for taking blood pressure, which is what [REDACTED] needed given his size and inevitably that was not where it needed to be.
46. My view is that all of the equipment had gone to the new hospital and had not been replaced. The staff just thought they would get by. It was distressing for patients and made everything harder work. That was never explained to us, that is just what I thought was happening.
47. What would inevitably happen is that the nurses would appear with their trolley to do their 4 hour observations on [REDACTED]. If this was the middle of the night, they would have to wake him up. They would then realise that there was no thermometer or cuff on the trolley to allow them to do their observations and they would have to go off in search of one. By the time they had found one, [REDACTED] would have fallen asleep and they would have to wake him again. This was not ideal and could upset [REDACTED] and could lead to him becoming aggressive. This never happened before 2019. On previous occasions prior to this, the nurses were always prepared with all the equipment they needed to carry out the observations.

Facilities

48. As I have mentioned, prior to 2018 there were often issues with facilities like individual toilets and showers being out of action, but this seemed to be worse in 2019.
49. In August 2019 during [REDACTED]'s inpatient stay for his stomach infection, there were no showers at all for three days. This was over a weekend. They were out of action because of presence of bacteria. The only mention there was of bacteria was that there were notices on the shower doors and above the taps saying that there was an issue with bacteria. My recollection is that the signs specifically

mentioned the bacteria and the rooms were taped off with yellow and black tape. It was also commonly known on the ward that there were issues with the water but we weren't given any other information about this issue.

50. This was very uncomfortable for [REDACTED] who wasn't able to wash for three days and it was also a lot of work for the nurses. They were having to cart water around to give everyone bed baths.

51. Ward 31 had a regular visitor in that there was a man, who I think worked for Estates, who wandered around testing water and periodically closed down the facilities. There would be a sticker on door or note on door saying closed until further notice. I was aware of him before 2019 and if [REDACTED] was in a single room, this man would come in and test the water in the sink in the room. I don't think we were ever told not to use the water from the sink in the bedrooms at any time in 2019 or prior to 2019.

52. Other than the notices on the doors of the showers, we weren't given any other information about the bacteria. There was no apology or anything from the medical staff or from the Hospital.

53. On a more regular basis, the toilets would be closed and we would check whether they were open/free before taking [REDACTED] along as he could get cross if he was taken along and they were not available. Because he has diabetes insipidus, he needs to have regular access to a toilet to help him manage this condition.

54. A big part of our management of [REDACTED] was trying to keep him calm and these were all things that could potentially set him off. [REDACTED] never lost his temper because he could not get a shower, or go to the toilet, but it is when things are uncertain that he can react. During this period he would become aggressive mainly because he could not understand why he wasn't getting better. There were a number of occasions during this period when there was up to ten nurses holding him back. If I am there I can help in managing him, but often he has to be sedated and he can take days to recover from his outburst.

55. The other point is that the availability of showers and toilets are important. They are part of our dignity. We accept that hospitals are difficult places to be, but the facilities in the DCN were poor. Even when they were working they were poor but it was much worse when they were out of order.
56. Another issue that was clear in summer of 2019 was that, after the new hospital did not open, there must have been budget released to carry out repairs in the DCN. My view is that, because the hospital was due to move in July no work had been done on the old hospital. When the move did not happen, the old hospital had to have money thrown at it to keep it going. Throughout August/September 2019 there were constantly workmen going about and lots of work going on. There was a constant movement of people and it was not a restful place to be.
57. The nurse in charge of the ward was having to manage all of these works, along with her own staff and that must have been difficult for her.
58. The reality is that the building was not fit for purpose and these remedial works made no real difference to the hospital and it did not make anything better for the staff and patients.
59. At least one of the dormitories in ward 31 was being refurbished. This meant that the waiting room in ward 31 had been taken over by the contents of that dormitory and it remained that way for some time. Even once [REDACTED] had been discharged and we were coming back in as an outpatient to be seen, we couldn't wait in the waiting room as it was full of stuff. We had to sit on a plastic chair on the staircase to wait to be seen.
60. There was one occasion during this period when we were at the hospital having seen as an outpatient and he was feeling sick and dizzy. There was no waiting room available and [REDACTED] had to sit on the floor whilst waiting to be seen. When

the neurosurgeon came to talk to him, there was nowhere to speak to him in private so he was just talking to [REDACTED] in front of everyone else who was waiting.

61. Another example was that the treatment room was not fit for purpose. It was a small room anyway, and when the move did not happen in July 2019 it seems that the treatment room became something of a storage room for stuff that had maybe gone to the new hospital then had had to come back. If [REDACTED] needed to go into the treatment room for any reasons then we would have to spend five minutes clearing a whole load of equipment and boxes out of the way.

62. The staff coped with it all brilliantly and they would make general comments that it was hard work dealing with the uncertainty of the move and the ongoing remedial works. We would also chat in general about how appalling it was that they hadn't moved to the new hospital but they did not seem to have too much idea about when the move might actually happen.

Facilities for Families

63. As my wife and I were so concerned for [REDACTED]'s care and the need to manage him, we looked after him on a full time basis whilst he was in hospital. Generally my wife would do the day shift and I would do the night shift.

64. As [REDACTED] is an adult and was on an adult ward, we did not expect too much as it was unusual for a patient's family to be with them 24 hours a day and the ward was not set up for that, which was fine.

65. There was no bed in the room for me to sleep on, there was just a chair that pulled out a bit. We would use the toilets on the wards, we never needed to have a shower in the hospital.

66. There was a cafeteria, but I didn't really use it and it was shut at night. I used to go to a pub near to the hospital for something to eat. I would get biscuits and a cup of coffee or something on the ward round but I wasn't expecting anything.

67. The facilities weren't great, but they never have been. There were vending machines and things like that, but I was more likely to bring food in with me.

68. I have no idea what the facilities are like at the new hospital.

██████'s treatment between August 2019 and April 2020

69. After his admission in August 2019, █████ continued to be in and out of hospital with issues surrounding his valve. He ended up having an operation on 4 October 2019 to relieve the pressure in the valve and then another operation on 12 November 2019 to change the valve and the anti-siphon device. There was a slight improvement to █████'s headache after this, but it didn't last long.

70. █████ referred █████ to a paediatric neurosurgeon, Mr Kaliperumal, who was meant to have more experience in dealing with the new type of valve they wanted to give █████. He was based in the Sick Kids hospital, not the DCN. He met with us at the DCN. The appointment was meant to be 45 minutes, but as he was coming from the Sick Kids, he was 15 minutes late, he spent 15 minutes with us and then he has to leave to get back to the Sick Kids. It was the usual story of the medical staff being extremely busy all the time. He apologised, but very briefly discussed a new valve with us, gave us some technical papers and then left. He decided that he was going to change █████'s valve to a prograv 2.0 which is what has now.

71. █████ had his operation to change the valve on 7 January 2020. I think he was discharged the following day.

72. After that, he was in and out of hospital to have the pressure changed in his valve. This was all done on an outpatient basis. Some of them took place in ward 31 in the treatment room and some took place downstairs in the outpatient ward.

OVERALL EMOTIONAL IMPACT ON [REDACTED] AND HIS FAMILY

Overall impact on [REDACTED].

73. We try not to talk about [REDACTED]'s experience in the DCN, but he has mentioned that it was something that he didn't enjoy. The substandard facilities and the issues with poor care and equipment certainly made his stay much less comfortable. It has impacted on his views on going into hospital and we will have to manage that the next time he needs to go into the new DCN.

Overall impact on Witness

74. Our experience in 2019 had a pretty detrimental effect on our views of DCN. It has affected mine and my wife's ability to handle hospitals and I dread to think how we would have coped if we did not have a strong marriage and access to the necessary resources to manage the situation.

75. As we were so concerned about the care [REDACTED] was receiving and the apparent inability of the nurses to manage his aggression we had to step in and effectively care for him 24/7.

76. My view is that, if we hadn't done that, there is a very good chance that [REDACTED] might have been taken out of our care and either sectioned or permanently sedated.

Overall impact on wife

77. My wife is feeling very stressed about ever having to back to the hospital. If we had to go back to the Western General I don't think I could get her to go.

78. She is also carrying the burden of being [REDACTED]'s full time carer. She has only had 4 days away from him since April 2020. Whether this is to do with his condition, or has been impacted by [REDACTED]'s experience in 2019 we don't know, but he has lost his independence which places a burden on my wife.

79. We accept that [REDACTED] can be very difficult, but in 2018 we could go home and leave him in hospital in the care of the nurses and in 2019 we couldn't. We felt that was because of the general feeling of chaos on the ward which made it too difficult for us to get the right level of care for [REDACTED] from the staff.

80. We are going to have to get over our stay in the DCN in 2019 and prepare [REDACTED] for any future stays that he might have.

81. I think that us being involved in the Inquiry could also make things potentially difficult as we are going to have to deal with NHS Lothian in future when his care continues.

Overall impact on wider family

82. Both of [REDACTED]'s siblings have been affected by this. Both of them are pretty angry about [REDACTED]'s care. They understand within reason that we have to deal with the NHS and that we have to deal with what we've got. The system is the system. They have suggested that we go elsewhere for [REDACTED]'s care and, although we have had a private consultation I am not sure that it really works.

COMMUNICATION: DELAY IN MOVE TO THE NEW HOSPITAL

83. The Communication from the Board in relation to the move and then the delay of the move to the new hospital was non-existent. Everything I heard about it was on the news.

84. The staff on the ward did not know anything either and there was no information on the DCN website which was still saying the new hospital would open in 2015.

85. I have had no updates about the new hospital and, as I have said, I still haven't had any information from the Board to say the new Hospital has opened. This is even despite the issues I raised with the Deputy Chief Executive of NHS Lothian, Jim Crombie and the Interim Chair of NHS Lothian, Esther Robertson.

COMPLAINTS

86. I did not make any complaints in the ward to the Head Nurse. There were some occasions when she would come into [REDACTED]'s room and see that his headache was bad and she would get on the phone and ask a doctor to come and see [REDACTED]. But I would never go running to her with issues as she was so busy dealing with everything else on the ward.

87. I did make some complaints directly to the Board about the care that received in the DCN in summer 2019.

88. I wrote a letter to Brian Houston, the Chairman of NHS Lothian on 1 December 2019, and which I copied to all of the members of the NHS Lothian Board, expressing my dismay at the delay to the new hospital opening and the poor facilities in the DCN. I also sought assurances that the new hospital would open in spring 2020 and that the Contractors who had been appointed were up to the task.

89. Brian Houston responded on 12 December 2019 apologising for the poor conditions in the DCN and accepting that it was not an ideal environment for [REDACTED]'s care. He then went on to say that it would depend on the Contractors whether the work was completed by spring 2020 but he was confident that the deadline could be met. He also offered me a meeting with the Deputy Chief Executive, Jim Crombie.

90. I met with Jim Crombie in February 2020. I met with him in an attempt to understand the timescale for the move to the new hospital. I also went with the intention of telling him that he had a poor culture in DCN which had built up over a period of time. He didn't want to hear about the culture. He was more interested in telling me that they were on schedule to move to the new hospital in spring 2020. He tried to impress how devastated he was that the move didn't happen and I told him that the move didn't happen because he screwed it up and he now needed to make sure that the move did happen. His response to my concerns about morale was like water off a duck's back. My view was that he was telling me that it was his problem, not mine and when the new hospital opened, all his problems would be solved. That was the tenor of the meeting and I was trying to be helpful by saying that there was a wider problem.

91. I don't think the meeting was ever going to achieve anything. He offered me access to his mobile number and the number of the acute services nurse. She did text me to ask what [REDACTED] needed, but by speaking to her, I would have undermined everyone in the DCN who had worked to make things happen for [REDACTED] and I wasn't going to do that.

92. I wrote a letter to Esther Roberton, who was Brian Houston's replacement, in May 2020. I was prompted to write this letter as there was a press release saying how wonderfully they had done to get the new hospital open ahead of time and I thought "*You've got to be kidding me, who wrote that?*". Staff and patients would be looking at it and saying "*You are miles off the pace*". This letter was me venting to them to stop it and get their website and operation under control and stop these press releases saying how wonderful the management team was.

93. The response I got thanked me for my letter and said that the points raised would be addressed. I wasn't getting any real answers to any of my concerns. I took the website as a litmus test. I told Jim Crombie about the information on the website that the hospital was opening in 2015 and I also wrote to Esther Roberton

about it. It wasn't changed until the hospital moved in July 2020. I felt that it showed how management's finger was not on the button and they were nowhere close to communicating with patients, staff and potential staff that they were sorting this problem out. They had a blind spot to the fact that they had a problem. At this stage I thought about attending a Board meeting but I felt like I would be hitting my head against a brick wall and then the Public Inquiry was announced and I thought that it would be a better way to get some answers.

94. I have not had any further communication from the Board as to how they are working to resolve the issues that I raised with them. To this date I have had not one single communication from NHS Lothian about what is happening with the new hospital.

95. I am not a member of any patient/family representative groups.

CONCLUDING COMMENTS

96. [REDACTED] had a terrible time in the DCN in 2019. His care was poor and he shouldn't have been subjected to that in the UK. My feeling is that intrinsically the fault lies with Board, Scottish Government and how the new hospital was procured.

97. Senior Management identified a problem with the DCN in 2007 and there have been no repercussions in relation to the fact they have failed dismally to deliver on a service. The result was what happened in 2019 and we were in the thick of it.

98. The facilities and environment we were provided with during the period of the delayed move also had a detrimental effect on staff. There were many occasions when things happened, such as losing the Progav 2.0, the incorrect prescription of medication and the loss of the device to change the valve setting on the Progav 2.0, where it would be fair to conclude that the non-move had a detrimental effect on the staff's ability to provide an adequate service.

99. I feared that none of that would ever come to light and the Board and others would walk away saying they had done well in building a new hospital and all the issues would be buried. Hopefully the Public Inquiry will look at all of these issues.

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