SCOTTISH HOSPITALS INQUIRY

Hearings Commencing
20 September 2021

Day 20
Wednesday 3 November
Morning Session

CONTENTS

11:45

Mr MARK BISSET

Examined by Ms ARNOTT

(Start of audio recording missing)

11:48

MS ARNOTT: -- to the old Edinburgh Hospital today; is that correct?

A Yes.

Q And you (break in recording) the inquiry. I understand you're content for that statement to form part of your evidence to the Scottish Hospitals Inquiry; is that correct?

A Yes, that's fine.

Q Mr Bisset, have you got a copy, a hard copy of that statement in front of you?

A Yes, I've got it in front of me.

Q Thank you. If you want to look at your statement at any stage to refresh your memory on any point, please do go ahead and do so. Mr Bisset, before we come to talk about your experience and your daughter's experience in the hospitals, I wonder if we could start by you telling us a bit about your daughter before she was diagnosed?

A Like any normal child, she was happy, content, always out playing. Then she started getting ill probably September/October 2018 and she was-- well, they thought it was a chest infection or a cold and then it later developed, they thought it was tonsillitis, so she had went onto a course of antibiotics. That didn't clear it up. They tried her on a different antibiotic and she seemed to be deteriorating rather than getting any better. So then she ended up at the Borders General Hospital in January 2019.

Q At the start of January 2019----

A Yes.

Q -- she was at Borders General Hospital for some tests?

A Yes, 3 January 2019 she was sent to the Borders General from our local GP because they couldn't figure out what was wrong, she just wasn't getting any better. In fact, her heart rate was racing, everything was-- she was deteriorating. So it was 3 January 2019 that she went to BGH and she was then diagnosed with-- well, they thought it was ALL from the beginning.

Q So did they give you a provisional diagnosis----

A Yes.

Q -- of acute lymphoblastic leukaemia?

A On 3 Thursday, yes, on that evening. On 3 January, that evening, we got told then that it was more than likely to be acute lymphoblastic leukaemia and that she would be transferred to the Edinburgh Sick Kids.

Q Just pausing there, Mr Bisset, can I ask how you felt when you received that diagnosis?

A Heart-breaking. Heartbroken. It's-- you never, ever think it's that serious. And with she had been ill on and off, as I say, from autumn/winter, so she had on and off it was-- she was having good days and bad days. You never think worst case scenario, you always just think, "Oh, it's kids. It's the time of year. They're just picking up infection after infection." It was a bit soul destroying to get that news.

Q Thank you, Mr Bisset. We're going to come on to consider your daughter's experience in more detail, but before we do that I think it would be quite helpful for all of us just to outline the timeframe of your daughter's treatment over both of the hospitals----

A Yes.

Q -- in Edinburgh and Glasgow, so if it's okay I'm going to just walk you through that----

A Yes.

Q -- and you can let me know if I'm correct or not as we do that. I understand your daughter was admitted to the old Edinburgh Sick Kids Hospital on 3 January 2019; is that right?

A It would be 4th.

Q 4th. So that's the day after she was at the Borders?

A Yes. It was first thing on 4th. It was nine o'clock in the morning we arrived at Edinburgh. It was early.

Q And she continued to be treated in Edinburgh, I think, as an inpatient and an outpatient until around July 2019?

A Yes, that's right, yes.

Q But during that time, I think going into the summer of 2019, she had a couple of outpatient appointments in Glasgow; is that right?

A Yes, that's right, in June.

Q That's fine. And we will come back to talk about those. Then in mid-July 2019 she was admitted to the Queen Elizabeth Hospital in Glasgow, I think, in preparation for a bone marrow; is that right?

A Yes, that's right, yes.

Q And she was a patient

there on Wards 4B, 6A and the PICU; is that right?

A That's correct, aye.

Q Right. Thank you. And I think she was there until November 2020, when she was discharged to the CLIC Sargent facility; is that right?

A That's right, yes.

Q And then in December 2020 she was discharged home?

A Yes, that's right.

Q Okay. Thank you. I think since then you indicate in your statement that her care transferred back to Edinburgh for outpatient check-ups; is that right?

A Yes, mostly Edinburgh, but there has been some at Glasgow as well.

Q Right. Okay. And I think you indicate in your statement as well that your daughter has had one or two appointments at the new Edinburgh Children's Hospital; is that right?

A Yes. Aye, that's where she's getting treated now, yes.

Q Okay. And just to confirm, Mr Bisset, were you with your daughter during much of her treatment----

A Yes.

Q -- in those hospitals?

A Yes, pretty much all of it.

Q Mr Bisset, what I'd like to do now is really take your evidence in two parts. I'd like to firstly consider you and your daughter's experience in Edinburgh and then we'll move on to the experience in Glasgow.

A Yes. Yes.

Q Mr Bisset, I'd like to ask you to think back now to the time of your daughter's diagnosis, so this is early January 2019, and when your daughter was admitted to the Edinburgh Hospital did the doctors explain to you the type of treatment that she was going to receive?

A Yes, it's-- every kid that gets diagnosed with leukaemia and that get the same first four-week treatment, it's the same chemotherapy. No matter where you are in the UK, every child gets a block of four weeks and then after two weeks with [redacted] they done a bone marrow aspirate to see if there had been any change in her condition, then after the four weeks they do another bone marrow aspirate and this is when they determine what treatment's best suited for each child individually after they get the results of the first four weeks. So every child gets the same treatment for four weeks and then they break it down into what treatment works-- they think will work best for each child

individually.

Q Thank you. And what happened after the first four weeks for your daughter?

A Well, at the beginning when we first got diagnosed, I mean, the only thing I knew about leukaemia really was bone marrow transplants and when I did say to Dr Susan Baird at Edinburgh about bone marrow transplant she said, "Oh, that's way down the line. We don't worry about that too soon."

So after the first four weeks to go onto the Regime C, which is one of the most intense treatments a child will go on for leukaemia, [redacted] had to be put on that because after the first two weeks and then the four-week bone marrow aspirate there wasn't much change in [redacted]'s condition. So they decided that it was intense chemotherapy treatment that was needed for [redacted] and at this point this is when they started thinking about we might need to look for a donor for because she wasn't responding in the way that they had hoped.

So then she went onto treatment for another four weeks. That took us to the end of February and that's when they told us that now we have to start looking for the donor.

Q Thank you, Mr Bisset. So am I right in understanding that the initial standard UK protocol treatment for the first four weeks----

A Yes.

Q -- didn't have the desired effect?

A No, it started to do something but nowhere near a response that they would expect from a child, so----

Q And [redacted] was placed onto a more intense----

A Treatment of chemo, which involved four or five-- three, four, five different chemotherapies, it was an intense four-week course of different chemo.

Q But, ultimately, towards the end of February, it was determined that really the direction of travel----

A Yes, after they had done another----

Q -- was a bone marrow----

A -- bone marrow aspirate they realised that even this wasn't having the desired effect as it should. So it was then they started to look for a donor.

Q And just thinking about January and February, Mr Bisset, was your daughter an inpatient throughout that time?

A She was an inpatient for first four-week treatment. So she got

out the end of January to go home for a few days and then she had to go back in and that's when we started the Regimen C, which was the intense treatment. And it was a mixture of inpatient treatment and outpatient treatment. So she'd be in for a couple of days and then we'd be allowed to go home and we were given her oral chemo at home, got chemotherapy every day at home anyway, and then she would have to go back in as outpatient once a week to receive a different chemotherapy as well. So it was a bit of a mixture of in for a few days, out and then back in and----

Q Would it be fair to say she spent a lot of time in the hospital during that time?

A Yes, but before we went to Glasgow in July for six months of that year [redacted] probably spent four months in the hospital in total. I think we worked out she was at home for 33 days or something in the first six months.

Q Mr Bisset, you indicate in your statement, I think, in around May 2019 there was another change to her treatment?

A Yes. She was put on Blinatumomab, which was a-- it's not a trial treatment, but it was the first time it had been used on a child as young

in Edinburgh Hospital. It had been done at other hospitals, but not at Edinburgh. So she was in for 28 days on that because she had to be hooked up to this Blinatumomab 24 hours a day, 7 days a week. It wasn't allowed to stop treatment. And it was to kill the leukaemia cells but it doesn't cure it, it just takes her down to zero. So, the Blinatumomab would run for the 28 days solid and then at the end of it it would show that [redacted] was leukaemia free, but it didn't cure it. It just meant that they had killed it back enough. And this was to get her-- to keep her at a low level for the transplant.

Q That was effectively a kind of holding position to----

A Yes. Yes.

Q -- get through to the bone marrow transplant stage?

A Yes.

Q And I think you indicate in your statement that it's around about June 2019 that care starts to transition to Glasgow with a view to moving towards the bone marrow transplant; is that right?

A Yes, that's right, yes.

Q I think you indicate that had appointments in Glasgow at the Queen Elizabeth on 10 and 11 June 2019?

A Yes. Yes.

Q And she spent some time at the Beatson Hospital then as well?

A Yes. We went in and this was to meet the team at Glasgow and then we went back on 10 and 11 June and that was to speak to Professor Gibson.

Q Yes.

A And then she went to the Beatson Centre to be shown-- she was to receive full body radiotherapy so this was to show her how the machine works and the position-- she had to get measured for the bed because the bed has to be a certain set-up for each child so-- to make sure the radiotherapy goes throughout the whole body completely. So she was measured up and fitted for all the bed padding and everything. So this was-- it was a way to-- so [redacted], when the radiotherapy did start, that it wasn't too scary and all.

Q Okay.

A It was a meet and greet, basically.

Q Okay. Mr Bisset, I think that's very helpful. I think that would be a good time to pause there and think about the experience in Edinburgh before we move to think about----

A Yes.

Q -- the events in Glasgow----

A Yes.

Q -- if that's okay with you? Now, you are the first witness who is able to give us detailed evidence about the old Edinburgh Hospital. So I'm going to ask you some questions to help us understand a bit about the hospital, a bit about the ward that your daughter was on and the facilities in that hospital.

A Yes.

Q Could you begin by describing the location of the old Edinburgh Hospital?

A Not the easiest for parking, that's for sure. It's next to the Meadows in Edinburgh, and we received two or three parking tickets. It's not exactly the best. There was no-- there's no actual on-site parking so you're parking on streets and there's constant traffic wardens going round and round the hospital. So in that regard, it's not the best. It wasn't the best ideal location, just couldn't park anywhere, it wasn't the easiest place to get to and from with a car, that's for sure.

Q Okay. And just generally speaking, what kind of building was it?

A Oh, it's an old, old building, the old red brick sandstone

buildings. You could tell it was old. It was getting beyond its years.

Q Mr Bisset, which ward was your daughter put on?

A Ward 2.

Q What kind of----

A That was the Oncology Ward in Edinburgh.

Q I was going to ask you what patients----

A Yes.

Q -- are on Ward 2. So it's oncology patients----

A Yes.

Q -- on Ward 2?

A Yes.

Q Child oncology patients?

A Yes, child cancer ward, so----

Q Yes. Mr Bisset, could you describe the ward layout? So, imagine you're walking into Ward 2; what do you see?

A Yes. You walk into Ward 2 in the old hospital and as soon as you go in the doors on the left you've got a door to your-- on your left hand side and it's the Teenage Cancer Trust. I think that was enough room for three beds. That was the teenage bit.

Then you had your sink and that and then on the right hand side was the tiny wee kitchen for the nurses for

them dishing up the food.

And then there was the day care treatment room just after that on your right hand side, which was just one bed where you would go. That's where you would go as an outpatient sometimes.

And then you'd go through and then turn left to get onto the actual ward itself, so this was just the beginning. Then you turn left onto the ward itself and there were six rooms down the left hand side of the ward. You're turning down and you're looking straight down, you've got six individual cubicle rooms, doors/rooms, and they're for the inpatients. And then you're-- on the right hand side outpatients, so that's like your day care beds in there. So there was eight beds on the right hand side with the reception in the middle, so----

Q And were those day care beds on the right hand side divided off in any way or----

A No, it was---- Well, it was open, it was-- but they had curtains but, no, they weren't in rooms or that, it was just one big-- they all had, like, the old hospitals with the cubicles with curtains.

Q Okay. And thinking now about the six individual private rooms that you've described, I think, on the

left hand side----

A Yes.

Q -- are these the inpatient rooms?

A Yes. Yes.

Q Okay. Could you describe the room that you were in?

A When we first went in it was Room 6, which was big enough for me to get in in my wheelchair; the other four rooms weren't-- other five-- well, four. Four rooms weren't big enough. Five and six there was enough room for me to get in in my wheelchair. So, when we first went in was in Room 6, which was the end of the ward on the left hand side. It's quite a big room, that one, and you had your own individual-- they all had their own wee bathrooms. But with it being an old, old building, even with the heating on at the time of year the rooms were freezing. But we took in our own fleece blankets and that in the end, because it was just-- it's not that the room wasn't fit for purpose, it was the wind was rattle through the old windows. I mean, you could feel the wind coming blowing right through the room. So in that regard they weren't the best because they were old, but there was plenty room in it, but was constantly freezing.

Q I would quite like to explore a bit more of the detail around the description that you've given----

A Yes.

Q -- of the rooms if that's okay? So, you say you were in a private room----

A Yes,

Q -- so you had Room 6?

A Yes.

Q When you walk in the room, what do you see?

A When you walk in you've got a bed on your right hand side below the window and then it was an open space at this side, that's for the parents' fold out bed, the old Z beds, and a door directly in front of you as you come into the room and that's your little bathroom. It's got a bath in it, sink and a toilet. But in the room itself you had a telly on the wall, a TV on the wall which half the channels didn't work, it just-- Freeview wasn't very good in the room, trying to keep a seven-year-old child occupied with no telly's not the easiest. But in the room itself it was literally just a bed with the old table, that was it, and an armchair. There was like a hospital chair sitting in the corner. That was it.

Q And thinking about the en-suite bathroom that's in there, as you've described, you say it had a bath in it. So it was a bath rather than

a shower----

A Yes. Yes.

Q -- that set-up? Do you happen to know if each of those six rooms had en-suite bathrooms?

A I think four of them did. But you didn't have showers or baths, they had just had a toilet and a wash hand basin.

Q Okay.

A So there was a communal bathrooms, as such, for the rest of the rooms and for the-- I mean, sometimes if there was more than six kids in we were out when the day care beds would be, you would sleep there at night and the adult beside, so----

Q Yes.

A And you would all use the one bath/shower.

Q I think you're indicating that of the six private rooms that were there, they weren't necessarily all of the same----

A No, no, no, no, no, no.

Q -- type or style?

A No. Six was the biggest room. If you got six, that was-- and parents used to say if you got six you got the bonus because you got room to move. The other five were on the small side.

Q And what sort of equipment in the room? You've

indicated there was a television that may----

A Yes.

Q -- or may not have worked----

A Yes.

Q -- at various times. But what other equipment was in the room, thinking about treatment?

A That was it. You had your drip stands and the drivers for driving the medicines, they were always attached to the drip stands, but that was it in the way of any medicinal items in the room.

Q And I think you mentioned there that there was a Z bed in the room. Am I right in thinking that's effectively a camp bed that could be set up?

A Yes. Aye.

Q And did you stay there overnight often?

A In Room 6, yes, because it was the only room that was really big enough for me to get in with my wheelchair. If [redacted] had ever been in Room 1 to 5 then it was [redacted] would stay in.

Q We'll come onto----

A I didn't have the luxury---- I was going to say I didn't have the luxury PJ Loft.

Q I'm going to come on

and ask you some questions about that, Mr Bisset, in just a moment.

A Yes.

Q So you were able to stay if you had Room 6?

A Yes.

Q If you did not have Room 6 you then had to find an alternative arrangement?

A Yes.

Q Because none of the other rooms were suitable?

A Yes, that's right.

Q Okay. And I think you've already mentioned problems with the temperature of the room?

A Oh, aye, the room was constantly freezing.

Q Okay. And you were there in January----

A January.

Q -- and through the spring; is that right?

A Yes. Yes.

Q Okay. And was there heating in the room?

A Yes, radiators, but just because of the draft it literally was-- it was like the window was open. The draft was that bad in the winter that it was-- it really did feel like the window had been left open.

Q Okay. And I think you indicated you had to bring in extra blankets?

A Oh, aye, we brought in plenty thick-- [redacted]'s own blankets just to keep her happy.

Q Okay. Thinking back from the room now, so if we think about the other facilities that were on Ward 2, were there any play facilities for the children?

A Yes, you had a-- at the end, after Room 6, sort of in the middle of the room there was a wee room at the end that was a playroom, but then again it was a playroom for toddlers, babies and toddlers. So you had the teenage cancer, they had all their X-Boxes and their PlayStations and then in the playroom it had a lot of toys but it was more for younger ones. So we said before they moved that it was really all or nothing. So [redacted] was kind of in the middle age group, so she didn't really have a lot to play with. So we were bringing in our own—

[redacted]'s right into her art stuff, so she could get art stuff from there.

But not just the play facilities. The play facilities weren't the greatest in there, there wasn't enough room. It was a tiny wee room. But they did do the-- the charities done a lot of, like, a musician would come in and take them for singing lessons and---- So there was loads of other entertainment

on in the ward as well as tiny wee playroom.

Q Was that the Edinburgh Sick Kids Charity?

A Yes. Yes.

Q Yes. I think you also mentioned Stevie the Clown in your statement?

A Oh, aye, that was [redacted]'s best friend. Stevie was [redacted]'s number one fan. She was Stevie's pal. I mean, Stevie was the ward clown. He would come in. He would entertain all the kids. Now, he was only meant to spend 10/15 minutes with each child but Stevie could turn up at ten o'clock in the morning and he'd still be there at seven/eight o'clock at night. He got as much out of it as the kids did but, I mean, loved it. I mean, he was a clown but he done magic tricks. He was in the room-- just about every time he was in he would come and see [redacted] and the magic show would be on for at least an hour. So that kept her going. She loved Stevie coming in.

Q Thinking now about the facilities for parents on the ward, were there any kitchen facilities for parents to use?

A There was the kitchen but we weren't really allowed to use it.

Q Okay.

A So----

Q Was it a staff kitchen rather than a patients' kitchen?

A Yes. Yes. But the nurses in the-- the nurse kept you going with tea and coffee in there.

Q I think you indicate in your statement that the nurses were very good to you and helped out when they could?

A Oh, aye, really, really good. Yes.

Q Yes. Now, thinking about accessibility on the ward, I think you've indicated you're a wheelchair user, Mr Bisset, is that correct?

A Yes, that's right, aye.

Q How would you assess Ward 2 in terms of wheelchair accessibility?

A Not the best. Not much room. Like I said, if [redacted] was in Rooms 1, 2, 3 or 4, there wasn't much room at all. I mean, there was times I would have to take the chair and everything out the room so I could get my wheelchair into the room.

And then a lot of the time when they're in these rooms they're in rooms so they're in isolation, so you can't really go taking stuff out the room because they've maybe got an infection at the time and to protect other children they're shut in their

rooms.

So it was never the easiest for getting about in the chair. I mean, like I said, Room 6 on Ward 2 was the biggest room, so there was plenty room. Five I could manage. The rest of the rooms was tight.

But on the ward itself, to get about there was enough room to get back and forward in the ward itself, even when day care was busy you could still get up and down the ward no problem.

Q Okay. So it was really the private rooms----

A Yes.

Q -- that were presented the problem?

A Aye.

Q Mr Bisset, I'd like to ask you now about the amenities in the hospital more generally and particularly how you found them----

A Yes.

Q -- in terms of accessibility. Was there a canteen that parents could use?

A Yes, there was a canteen, but it was only breakfast and lunch and it wasn't accessible for myself. You had to go outside and then up a flight of stairs to get into the canteen. So if it was just me and I would have to just use the wee

charity stop, the Edinburgh Sick Kids Charity Shop, for food. I couldn't get any hot food because you couldn't get near the canteen.

Q There was just no prospect of you being able----

A No. No.

Q -- to access the canteen?

A No.

Q There was only stairs?

A Yes, there was no other way to get to it.

Q So what were your options in terms of going to get food?

A A roll or pot noodles, if you could get the nurse to do it for you in the---- That was the only hot food, or a soup, because there was just nothing else. I mean, the shop was just literally a tiny wee shop that just sold the odd sandwich and it wasn't set up for food actually itself, it was just the odd bit of thing and here and there available.

Q And I think you indicate in your statement as well that, again, the nurses would sometimes help you out when they could?

A Oh, aye, a lot of the time if there was food left over on the ward rounds they would make sure that parents were offered it. So you got hot food that way. But regards to the

canteen, there was just not a chance I was getting near the canteen.

Q And did you experience any other challenges in terms of accessibility within the hospital, thinking about shower facilities, bathroom facilities, that kind of thing?

A Yes, I couldn't get a shower. I mean, there was one disabled toilet that was out the ward. You had to-- it's like a public disabled toilet, so it was everybody was using it. And I'd have to use that to get washed in the morning. And I'd take in wet wipes and that and just get myself freshened in the morning there. So I had no washing facilities at all, it was just a toilet with a sink. So I would use that sink just to get my teeth brushed and freshen up a bit when I was staying with [redacted], but other than that---- I mean, [redacted], if she was in staying, but she had PJ's Loft. She could go up there and get washed and showered and changed. But me being in a wheelchair, there was no chance of getting near that, so it was all upstairs.

Q What is PJ's Loft, Mr Bisset?

A It's a charity. It's basically a big room for parents to sleep over, so it's-- and it's got wash facilities and everything for the parents

that are---- And it's used by not just one ward, it's for the hospital. So it was all there, which was good if you're able bodied. You could sleep over there and you could get washed there and freshen up. That was there for every other parent. But then it was limited to numbers as well. So if you think there's a few wards in there and a few kids in there, so it's not exactly the biggest space.

Q And are you indicating the PJ's Loft was accessible only by stairs?

A Yes, stairs only.

Q There's no lift access to that?

A No lift or nothing, no. You could get the lift to the top floor of the hospital, but then it was like-- PJ's Loft is what it says, it was in the loft, it was an attic. So it was only accessible by stairs.

Q I think you mention in your statement there's also a CLIC Sargent facility available at Edinburgh?

A Yes.

Q Where's that located?

A That's located over by the new hospital. It was just a new build. It's now Young Lives Vs Cancer, but it was CLIC Sargent at the time, charity. They had built the

house over at the new Royal Infirmary thinking that that hospital would have been opened by that point. So, for a long time I had got a room at the CLIC Sargent so I could go back.

So we'd take it in turns, me and [redacted], at staying over. So would stay over for a few days and then I would use the CLIC Sargent house, just go in and visit and go back. Then we'd swap over so could get some rest and some sleep at the CLIC Sargent and I would come in and stay. So it was-- I can't remember the address of it, but it's just opposite the new Royal Infirmary and it was built thinking that the hospital would have moved over by then. So I had a room there.

They supplied a taxi for me every morning and evening so I could get back and forward to the hospital as well.

Q Mr Bisset, are you indicating that by the time that you and your daughter are using the old Sick Kids Hospital, so this is early January 2019----

A Yes.

Q -- the CLIC Sargent facility at that point is located over at the new hospital site?

A Yes. They did have one at the old hospital but they had closed

that down and had moved to a brand new build.

Q That's very helpful. Thank you. I'd like to ask you now a couple of questions about the staff on Ward 2.

A Yes.

Q Did you form an impression about how the staff found the ward?

A Aye. They were desperate to move. Desperate to move.

Q And why was that?

A Just no space. I mean, you would-- they would moan and complain about the space and it was, it was tight. I mean, they had one treatment room. Now if you've got six kids staying in the rooms and you've got the day care beds all full, you've only got one treatment room. A lot of the treatment that was done at the day care was done in the beds in view of everybody else on the ward because they didn't have any other place to do it. So if you had one of the rooms and you were an inpatient you could kind of close the curtains off and---- But the staff were desperate for it to move, for they had been told they were moving and then it was put back and then they were---- So they were getting a bit sick fed up thinking,

"We're moving. We're not moving. We've moving. We're not moving." So, aye, every one of them was desperate, a new building and a new start.

Q And I think you've indicated there that one of the challenges the staff faced was just the space on the ward?

A Yes.

Q So the rooms were restricted, the ward was restricted----

A Yes.

Q -- in space? I think you say something in your statement about there being limited space for drip stands to be set up in the room, that kind of thing?

A Yes. Aye. You were fighting over space. I mean, literally the rooms, as much as I said they're for inpatients, I mean, it was a bed, a telly up on the wall, your bathroom door. There was no cupboard space or nothing, there was nothing-- I mean, some of the rooms you literally just had a bed and a tiny wee bit for the nurses to get to the side of the bed to give the treatment so they didn't have much room to manoeuvre in the rooms themselves. If there was two nurses in the room, it was overcrowded----

Q Yes

A -- in some of them.

Q I think you say in your statement that I think there was some concern about the age of the equipment on the ward?

A Yes. It was just all old and---- Even their storage room was old. I mean, it was an old, old building. The woodwork and everything was old. Everything in the room was old. And the drip stands were constantly playing up. I mean, it was a fight over who got the drip stands because there were constant alarms going and that's what they said, "It's just all old equipment." Alarms were going off constantly. That's all you would hear in that ward, alarms going off on all the drip stands.

Q Were the staff optimistic that when the move to the new site came there would be an improvement.

A Well, we were actually in there the day that they were moving, or they were meant to be moving and then it was called off at the last minute. So they were-- they had been optimistic, because everything was packed up in boxes. The hospital was getting there. It was looking very empty. [redacted] had been in and she was in for treatment and she had signed her name on the wall like the rest of the kids had done. As I say,

everything was packed up and ready to go and that's when it was called off at the last minute.

Q I was going to ask you a couple of questions about what you knew about the move, Mr Bisset, so I might just do that now if that's okay with you?

A Yes.

Q So you've indicated that was in the hospital around about----

A The day they were---- Yes.

Q That would be 9th July?

A Yes. Picking up meds, I think it was we were in for. It wasn't in for treatment, but we were in on the ward to pick up meds before.

Q So you were in the ward on the run-up to the scheduled move date----

A Yes. Yes.

Q -- which I think was 9th July? Okay. And do you recall how you found out the move was delayed?

A One of the nurses told us.

Q On the ward?

A Yes. She had said, "Have you heard the news?" So we hadn't had the radio on. "Have you heard the news?" "No." "Oh, we're not moving." I said, "Everything has been packed." This was like the last

minute.

Q And was she able to give you any more explanation?

A No, she never said why, they just said it had been called off at the last minute and they didn't know when they'd be moving.

Q Did you experience any impact from the delayed move? I know you've indicated that your care moved over, [redacted]'s care moved over to Glasgow shortly after that, but was there any immediate impact for you then?

A Not really. Nothing specific. Just that you could see the staff were a bit upset and-- but, no, it didn't really impact us as such because we had-- we were, like you say, into the Glasgow side of things by then, so----

Q Was there any formal communication about it, about the delayed move?

A No.

Q No. So there was no letters or written communication or anything like that?

A Nothing to the parents or that, no.

Q Just before we close off the Edinburgh chapter----

A Yes.

Q -- of your evidence, Mr

Bisset, I would just like to ask you some questions about your overall impressions of the old Edinburgh Hospital.

A Yes.

Q I wonder if you could tell us how you would assess it as a facility for your daughter to have her treatment?

A As in the building itself, not the staff?

Q Yes, the building and the ward.

A Not fit for purpose.

Q And what was the reason for that?

A Just it being old. Just being in there in the-- I think it was because of the time of year, it being that cold and it was constantly cold. Even outwith the room, the ward itself would be cold because it was all windows down one side of the wall so you could feel the draft coming in constantly. And it was just-- it was tired, the building was tired.

Q I think one thing that you said earlier in your evidence was that you felt it was coming to the end of its life----

A Yes. Yes.

Q -- really?

A Aye. There's-- considering the amount of people that

go through the hospital, it wasn't big enough, there was no car parking facilities. The actual facilities in the building itself weren't suitable for the amount of people that were coming and going every day. I mean, you could see it was tired, the walls were-- the lift, even the lift, the elevator was the slowest elevator I've ever found in Scotland, I think. That has to be the slowest elevator ever. And it was just because it was just old and tired and overused.

Q I think that feeds into my next question for you, Mr Bisset, which was how would you assess it as a facility for families?

A Poor. Poor. It's not-- it wasn't big enough for families, it was---- And like I said, because we had Room 6, we've got quite a big family, so Room 6 was ideal for us because it was plenty room, but there was no room for visitors in that. You could only have one or two at a push at a time visiting if [redacted] was on the ward because it wasn't big enough to fit them in the room, so for families it was poor. No just that ward, the hospital itself. It's not big.

Q And how would you assess it as a facility for you personally?

A Being in a wheelchair it

was very difficult, very difficult. Even the wheelchair ramps were steep and old and the ones outside, it was cobbled streets outside, so---- Cobbled streets aren't the easiest in a wheelchair, you almost tip out a few times, just your front wheel catches a cobble wrong then you're almost out your chair. So in that regard, outside wasn't fit for it and inside it was poor as well. One disabled toilet for the whole hospital's not-- bearing in mind that there's not just adults, there's lots of children in the hospital in wheelchairs as well, so to have one disabled toilet was poor as it was.

Q So just so that I am clear on that, there was only one disabled toilet for the whole hospital?

A One in that part of the hospital, yes. There was one further-- I think there was only two in total. I only found two. But one in the main hospital building at the main front entrance itself there's one toilet.

Q Thank you, Mr Bisset. We will touch on the experience at Edinburgh again later on in your evidence.

A Yes.

Q But for now what I'd like to do is move on to think about your daughter's experience in Glasgow.

A Yes.

Q And I understand, as you've indicated earlier, that that began with appointments in the Queen Elizabeth on 10th and 11th June 2019?

A Yes, that's right, aye.

Q Could you begin by explaining why your daughter had to come to Glasgow at all?

A She needed the bone marrow transplant and Glasgow Queen Elizabeth is the transplant hospital for Scotland. Now, it depended on availability when [redacted] was needing the transplant if it was Glasgow. It could have been Newcastle, because it's the next closest to where we are for a transplant. So, she could have been going to Newcastle Hospital but there was availability came up at the time that [redacted] and the donor was ready was-- Glasgow was set to go ahead, so.

Q Okay. And when your daughter attended the appointments on 10 and 11 June, was she an inpatient then?

A No, outpatient. Attended on 10th, then went back in on 11th.

Q And what ward did she attend?

A Ward 6A and in the-- it was like the outpatient clinic, which is the bottom main atrium of the

Children's Hospital. So it was the bottom floor on the main hospital.

Q So when you were attending Ward 6A, was this Ward 6A within the Queen Elizabeth Hospital or was it Ward 6A the children's unit having been moved down to the Children's Hospital?

A No, it was in the main Queen Elizabeth.

Q In the main Queen Elizabeth Hospital----

A Yes.

Q -- in Ward 6A?

A Yes.

Q So you had to go up six floors----

A Yes.

Q -- or whatever to get there? And I think you indicated that your daughter was also in the Beatson Hospital during that period?

A Yes, she went over to meet the team and everything for the radiotherapies that she'd----

Q Yes. And you explained that they took her through what would happen----

A Yes. Yes.

Q -- and set her up for that to try and allay----

A Yes.

Q -- any fear?

A I mean, she was to take in her favourite CD so they would play her music and that while she was in getting her radiotherapy. So it was all-- it was all just to put her at ease before she went up in July.

Q Okay. And when you were in the Queen Elizabeth on Ward 6A did you have a discussion with your daughter's consultant at that time about the treatment?

A Yes, we met Professor Gibson.

Q And what did Professor Gibson say about the transplant treatment that was coming?

A That she'd-- the first week would be fully body radiotherapy twice a day at the Beatson as well as more chemotherapy for the first ten days before the transplant as well. So it was-- I think it was eight sessions of radiotherapy she'd have to get, so it was two sessions a day at the Beatson for four days and then ten days intense chemo before the actual transplant happened itself.

Q And did Professor Gibson give you any indication about how long the treatment would take, all going well?

A All going well, the hope that she would be in and out of the hospital, four to six weeks. The actual transplant itself was over in a matter of

minutes. So it's just the treatment beforehand and the after effects really.

Q Now, you indicate in your statement, Mr Bisset, that something happened, I think, only a day after these appointments?

A Yes. [redacted] took ill. She ended up-- she dropped really quick. She was fine one minute, feeling fine, and then the next she started shivering and she felt sick. And when was first diagnosed she got given a digital thermometer. Every child got given the same make so the hospitals know they're reliable. And because had literally just dropped so quick we done a temperature check and she had spiked. Now, any temperature over 37.8 they regarded as a spike and you'd have to phone the hospital. So we were actually on a family holiday at Portobello. It was one of the cancer charities, we had got a free few days at the---- So we were there when she took ill so we phoned Edinburgh Sick Kids saying, "Look, [redacted]'s not feeling well, she's spiked a temperature," so we had to bring her in. So she ended up back in hospital the day after being at Glasgow, ended back in Edinburgh Sick Kids and she was admitted with temperatures and sickness and diarrhoea and not feeling well, so----

Q Was that on 12 June she was readmitted?

A Yes. Yes.

Q So she had her temperature. So she had been in the Queen Elizabeth on 10 and 11 June?

A Yes. And then on 12th she just dropped.

Q So a temperature spike?

A Yes.

Q And we've heard quite a lot of evidence about temperature spikes, as I'm sure you know, but she had her temperature spike on 12 June?

A Yes, she was 38.4 at one point, so just take her straight in.

Q So she was taken to the old Edinburgh Hospital----

A Yes. Yes.

Q -- at that point? And was she admitted as an inpatient then?

A Yes.

Q And did they take any blood tests from her?

A They took blood and stool samples. They always take blood samples and stool samples. Anytime with cancer with the kids if they spike a temperature they take everything. They take your blood, stool samples and then they put you straight onto antibiotics before they've got the results back. It's just how it's

done, because any infection can be serious.

Q Were you given any explanation----

A None.

Q -- for the possible cause of the temperature spike?

A None.

Q Were you told it was an infection?

A Yes. I can't mind what they called it, but it was-- they never really said much about it and then they mentioned adenovirus as well, in the stool sample. Adenovirus had came back in one of the stool samples.

Q Just thinking about the infection in June 2019----

A On, the one in June? No, we never got a name. It was only recently when I got the letter from the inquiry----

Q We'll come onto that, Mr Bisset. So, in June-- so thinking about 12 June 2019, was there any indication given of a reason for the temperature spike?

A Oh, no.

Q No?

A No.

Q Nothing at all?

A No.

Q Your daughter was admitted for a few days at that time?

A Seven days.

Q Seven. Okay. And was she given antibiotics?

A Yes. Once you started antibiotics they'll not let you go home again until you've been 48 hours without a spike in temperature. So she was four/five days in before she stopped spiking a temperature.

Q And for anyone following the statement, sorry, I should have said before we are now at around about paragraph 104. So you've indicated no explanation was given for the temperature spike at that time?

A No.

Q Did you subsequently find out the reason for the temperature spike and the admission in June?

A Since the inquiry, yes, we got the letter saying that it was the-- forgive me, I can't mind the name of----

Q Putida pseudomonas; is that the one?

A That's the one. That's the one.

Q I'm sure I've not got it right. Don't worry. And when you say the letter; who was the letter from?

A The hospital inquiry. I can't remember the name.

Q So the case note review?

A Yes, the case note review. It came back then that had contracted-- well, that she could have contracted it at Glasgow at the time.

Q And when did you receive that letter? Roughly. We don't need an exact date. This year?

A Yes.

Q This year. Okay.

A April. April/May. Does that sound about right?

Q Yes.

A Early in the year anyway.

Q So in the spring of this year?

A Yes.

Q And are you indicting that that letter said that in June 2013 [redacted] had had an infection called putida pseudomonas?

A Yes.

Q Okay. And did it say anything about the possible source----

A No.

Q -- of that infection?

A No.

Q No? It didn't draw any links to either hospital?

A No. They couldn't say one way or another, it said on the letter. But she hadn't been in Edinburgh Hospital.

Q Because she had been in the Glasgow Hospital----

A Glasgow and then----

Q -- in the Queen Elizabeth on 10 and 11 June as an outpatient----

A Yes.

Q -- is that right? And we will come back more to the case note review----

A Yes.

Q -- correspondence and other events later on in your evidence, Mr Bisset. Now, just thinking about when your daughter was admitted to the Edinburgh hospital on 13th June, you received no communication at Edinburgh about the name of this infection at that time?

A No. No.

Q No. But she was diagnosed in Edinburgh?

A Yes. Yes.

Q Okay. Do you happen to know if there was any communication between Edinburgh and Glasgow at that time?

A Edinburgh and Glasgow keep in regular contact. If she's treated at Edinburgh, they consult with Glasgow. Edinburgh-- because Glasgow's the main transplant centre, everything that happens at Edinburgh has to be communicated to Glasgow's team.

Q Do you know if there was any communication about this temperature spike or infection event?

A I couldn't tell you if there was or not.

Q Okay.

A I'd assume so, going by the fact that everything else has to go through Glasgow, so----

Q And thinking back again to June 2019, Mr Bisset, were you aware of any concerns at all about the environment in Glasgow?

A No, not at all.

Q No. Mr Bisset, what I'd like to do now is move onto the next phase of your daughter's treatment.

A Yes.

Q We're coming onto the bone marrow transplant. You say in your statement she was admitted to Ward 4B in the Queen Elizabeth----

A Yes.

Q -- on 21 July 2019?

A That's right, yes. Sunday evening.

Q And what was the purpose of her admission at that time?

A For-- at that time it was for preparation for the bone marrow transplant. So her full body radiotherapy began on the Monday morning. Her first appointment at Beatson was Monday. We had to be

there on the Sunday evening to start the 10 days treatment for the transplant.

Q And was she receiving chemotherapy at the same time as this?

A Yes. Chemo on the ward as well as going in and back and forward to the Beatson for four days.

Q I think you indicate in your statement it was quite intense chemotherapy----

A Yes. Yes.

Q -- she was receiving at this time?

A Yes. And the full body radiotherapy wiped her out as well.

Q Yes. And did you indicate, Mr Bisset, that your daughter was going back and forward to the Beatson twice a day for four days?

A Yes. Once in the morning, once in the afternoon for four days.

Q Mr Bisset, how was your daughter transported to and from the Beatson?

A A taxi.

Q A black cab?

A No. Well, no, it was the-- the normal cars with the Glasgow plates on them.

Q So like a private cab?

A Yes. But they weren't

private private. I mean, one of them was disgusting. It hadn't been cleaned. Bearing in mind these kids are in for a transplant, with no immune system, the radiotherapy is to wipe out their immune systems completely. Chemotherapy weakens your immune system anyway. Now, I get they have to go to the Beatson because that's where all the radiotherapy equipment is, but surely it makes more sense to have a private hospital vehicle rather than a taxi that everybody's using. To this day I never understood it. I never understand why they would use a car. I mean, they're that strict on the ward about if I was coming in I had to wash my wheelchair down with alcohol wipes from top to bottom, I had to remove my jacket, remove my trainers before I was allowed into the room to see [redacted], yet she could leave and go back and forward to the Beatson in the back of a taxi that hadn't been cleaned.

Q Are you indicating, Mr Bisset, that the taxis that were used are just the taxis that anybody in Glasgow could be using?

A Yes, anybody could. You could flag it down and use it and then the next thing it's got a call to come to the hospital to take somebody to the Beatson.

Q And I think you're indicating now that you had some concern about that process?

A Oh, aye. Yes. Aye.

Q And is your concern related to infection risk?

A Yes, because she's got no immune system. That's the whole point of the radiotherapy is to wipe them, to take the body back to zero, basically, so that it gives the transplant more chance of working. So [redacted]'s immune system, her bone marrow, everything has to be wiped to zero for the transplant to be in a better position to work to get rid of the leukaemia, so you're at high risk for infection and yet they're using a public vehicle.

Q Potentially four public vehicles a day?

A Well, aye. Well, eight in total, because it wasn't the same one in the after as you got in the morning either.

Q So you'd have one there and back in the morning, one there and back in the afternoon----

A Yes.

Q -- each of those days?

A So that's eight different vehicles. And all you got was a registration plate to go out and that was you found the car out the front and that was your transport back and

forward.

Q Mr Bisset, I'd like to pause there and ask you a few questions about Ward 4B----

A Yes.

Q -- and its facilities, if that is okay. I understand your daughter spent quite a lot of time on Ward 4B and also in the Paediatric Intensive Care Unit, which we will come onto?

A Yes. Yes.

Q So thinking now about Ward 4B. To your understanding, what type of ward is Ward 4B?

A Transplant ward.

Q Transplant ward.

A Adult and child.

Q For adults and children?

A And children. Yes.

Q Okay. Could you describe your daughter's room on Ward 4B?

A First room?

Q Yes.

A It was in the far bottom right hand corner and it was-- you went into the room, you had the wash hand basin on the left hand side that the nurses and the doctors used, then you had your bed right in the centre on the left hand wall with all the equipment round it. Then your parents' bed was in the far corner. On the right hand side---- Sorry. On the right hand side as you went in there's a disabled bathroom. So there was a wheelchair accessible bathroom in that room that [redacted] was in.

Q Do you recall any specialised ventilation arrangements for these rooms?

A No. There was-- we did have an air purifier in the room, but then they say that they didn't want to use that, and then they were using it and then they weren't using it. But there was an air-- like a big cube sitting in the middle of the room.

Q Are you indicating that in Ward 4B there's an air purifier within your daughter's bedroom; is that right.

A Yes. Yes.

Q A mobile unit of some kind?

A Yes. A big white pillar.

Q And just to clarify, Mr Bisset, am I right in understanding this is a single room? There's no lobby room or anything before you go into it? This is a single bedroom----

A Yes, yes.

Q -- just with one set of doors to the corridor?

A Yes.

Q And I think you've touched on this already, Mr Bisset, but were there special cleanliness protocols for going in and out of Ward

4B----

A Yes.

Q -- if you were going in and out of the room?

A You couldn't wear any outdoor clothing, so you had to remove your jacket, I had to remove my shoe from my foot before I went in and I had to, as I say, I had to wipe my wheelchair down, because I had been staying at the Glasgow CLIC Sargent house at this point, which is across the road from the hospital. So because I'm going in and out the room, I would have to wipe my chair completely down from top to bottom, wash my hands thoroughly and that and remove outdoor shoes and jackets before entering the room.

Q And so were your belongings left outside the room----

A Yes.

Q -- somewhere in the corridor?

A Yes.

Q And am I right in thinking that this is because a sterile environment----

A Yes.

Q -- is needed because, as you've indicated already, your daughter was immune suppressed at this time?

A Yes. Yes.

Q Were there facilities on Ward 4B for parents to stay overnight?

A Well, a foldout bed, so one parents could stay, yes.

Q But it was a foldout bed in the sense of being a camp bed type?

A Yes, a bit better than the old fashioned ones but, aye, it was just a fold out bed.

Q Okay. It was a temporary arrangement, it wasn't a pull down bed from the wall?

A No, no, it wasn't a pull down, it was just a foldaway bed.

Q And I think you've indicated already that these rooms at least were slightly more accessible to you as a wheelchair user----

A Yes.

Q -- is that right?

A Far easier to manoeuvre in, yes.

Q Were the rooms on Ward-- I think you've indicated already your daughter was in more than one room on Ward 4B----

A Oh, aye, it was more than one.

Q -- which we will come onto, but are you indicating that the rooms on Ward 4B are all of a similar nature or are they different?

A No, they can be different

sizes as well.

Q Okay. And did that present any challenges for you?

A One of them did, yes. One of them was really tight for space.

Q Mr Bisset, do you recall if there were any facilities on Ward 4B for children?

A No.

Q No?

A Nothing.

Q No playroom?

A No, she wasn't allowed---- Once [redacted] went into a room on that Sunday night, the only time she left was to go to the Beatson. Apart from that, she wasn't allowed to leave her room. So, they had children's entertainment come in, but they couldn't come into [redacted]'s room. They would just entertain her through a window.

Q Okay.

A So nobody was allowed in other than myself and my wife and wasn't allowed to leave her room.

Q And was there a television in that room?

A Yes. Yes.

Q Did it work?

A Now and again.

Q And what about any facilities for parents on that ward?

A We never ever got shown anything on that ward. I mean, there was a room as we came in at the top of the ward obviously for adults, but there was no tea facilities or that. That's just where my mum and that would pop up when they were in the area to visit. although they couldn't come and see [redacted] they would pop in to see how we were doing. But at that point, no, there was no-- we have never been shown any facilities.

Q I think you indicate in your statement, and this is around about paragraph 38, you do not need to look it up, Mr Bisset, that you felt there was a lack of facilities because it was an adult ward designed for adults?

A Yes. Yes. It was like the children were an afterthought. I mean, we were in the adult hospital and there was only three or four rooms at the end of the ward that were children, the rest were all adult. So there was no children's facilities at all.

Q It didn't feel to you as though it had been designed for children in any way?

A No. No. Nothing. No. Even the walls. Like when you go into the children's hospital and that, it's all painted and decorated for children. That wasn't. The transplant ward

rooms were just plain.

Q Mr Bisset, you've already mentioned the CLIC Sargent facility----

A Yes.

Q -- in Glasgow. Could you explain what the accommodation arrangements were for you and your wife when you were staying with your daughter in Glasgow?

A We had one room in Glasgow which had a double bed and a single bed and a pull out bed, but that as-- and you had your own bathroom and then----

Q Sorry, Mr Bisset, is this in the CLIC Sargent facility?

A Yes.

Q Yes. Thank you.

A Yes. You've got that and that's each family's room you get a double bed, a single bed and a pull out single bed, your own bathroom and then it's a shared kitchen facilities and shared washing, like, washing machines and tumble dryers, because your clothing that [redacted] and that were wearing in the ward, it would have to be sealed in specific bags, coloured bags, to be taken back to the CLIC Sargent house and washed in special washing machines and you had to label that it was your stuff in there so that there was no cross-contamination from another room or another child, so we all had-- there was a room that had eight washing machines and eight tumble dryers in it.

You had a shared-- two shared kitchens and two shared living rooms and there was a teenage cancer kids room set up. I mean, it was all set up for families. It was a really nice house. It was a newly built one as well, so----

Q I think you indicate in your statement, and this is at paragraph 7, that CLIC Sargent didn't just provide accommodation for families, there were other services and facilities they provided?

A Oh, aye. Yes.

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

A They do a lot to help not just the child. [redacted] was always getting-- when we were at Edinburgh Calum was the CLIC Sargent social worker, he was always giving

[redacted] vouchers to spend in Build a Bear and---- But with everything that was going on in Glasgow, they kind of looked after the older children more than they did [redacted], so the older children were getting shopping vouchers and cinema vouchers and eat out vouchers. And like you say, the rooms-- the house itself had a

teenage playroom, so it had the X-Box, the PlayStation, loads of musical instruments. So it was geared up for the rest of the family, not just the child that was going through the treatment. So they looked after you that way as well as looking after----

And they have social workers, but not a social worker as we'd know it in the real sense. I mean, the social worker's there to help talk to the families. My kids are older than [redacted], so [redacted] was the youngest, so they didn't open up and deal with it properly, everything that went on. So they kind of helped that way.

They look after the families, is what I'm trying to say. It's not just specifically the child, it's the whole family gets looked after.

Q I think you indicate in your statement that they provide a wide range of support for the families?

A Yes. Yes.

Q Mr Bisset, before we move on to events involving your daughter's treatment and illness in August 2019, I want to just pause there and ask you a few questions about preventative medication which you mention in your statement.

A Yes.

Q Now, as far as you were aware, was your daughter on any

preventative medications when she was admitted to the Glasgow hospital?

A When she started her treatment they start them on antibiotics, loads of-- I can't mind the names of them all specifically, but they're-- because she's in the middle of getting immunosuppressed, so she's getting her immune system stripped back, taken away, they put them on antibiotics as such to prevent rather than wait until an infection takes hold. So we just got told that "they'll require this treatment, they're require this, we'll give them this on this day, this day". You don't actually get told what each one's specifically for, just that this is the treatment plan going forward from now and this is why we give it, because she's got no immune system and we don't want to risk catching an infection so we'll give her the antibiotics.

But since those first few days in June and getting told this is the treatment plan, I've since found out that she was given drugs that wasn't part of the treatment plan. But if you had had the transplant saying Newcastle - like we had originally been told it could be Newcastle or Glasgow - she wouldn't be taking this. One of them specifically, Posaconazole, she wouldn't be taking

that in Newcastle. And it's since came out that it was because of the Glasgow hospital that she was taking Posaconazole. We were told that this was part of, the same as at the beginning when she was first diagnosed, that this is what treatment is given to every child at the time. And as parents, you just take the hospital's-- the doctors' word for it that you're given these drugs and these treatments because that's what's needed. It's not until afterwards that you find out it's not part of the treatment plan and it wasn't needed at the time. Well, it was, but not for what we were led to believe it was needed for.

Q Mr Bisset, I'd like to explore some of the detail around that with you----

A Yes.

Q -- if that's okay? As far as you recall, was your daughter on any preventative medications while she was in Edinburgh?

A No. No. No regular, no. She was only given antibiotics and preventative medicines if she became ill with a temperature or-- you were never given antibiotics for the sake of giving antibiotics. You were only ever given them if the child showed a temperature. The minute they spiked

a temperature, antibiotics would begin. But you weren't given them on a regular basis. It was only if they became ill or showed a temperature or something showed up in the blood samples from the time then they would be given it. But, no, I can't say that they were given this the whole time.

Q And do you recall when your daughter was placed on these when she moved over to Glasgow? Would it have been in June when she had her first appointments there or in July?

A No, July. July. On 22nd it all began.

Q 22 July?

A Yes. She was admitted 21st, and then the treatment actually began on Monday, 22 July.

Q And did you have a discussion with your daughter's consultant about the antibiotics at that time?

A No.

Q No?

A No. You've no reason to ask them why they're getting this or that. You're just taking it on face value that what they are telling you is the truth and they're taking it because it's part of the treatment plan.

Q I think you've indicated you were told that these medications

were being given as part of the treatment plan----

A Yes. Yes.

Q -- so there was a discussion around that?

A Aye. Aye. You weren't told specifically what each one was for but it was just told that this is how it-- this is what happens when you're on this stage of the treatment.

Q And I think you've indicated that one of these medications was called Posaconazole----

A Yes.

Q -- if I've got that right? Okay. And were you-- was it indicated to you that Posaconazole was part of the treatment plan?

A Yes.

Q Okay. Did you have any concerns about these medications at the time?

A Not at the time, no.

Q No. Did there come a point where you had some concerns about them?

A When it was all coming out in the media about the hospital itself and speaking to other parents in the CLIC Sargent house. You hear some of the stories and you start Googling it yourself, what these medications are for and---- But at the

time, no. Not at the time. But then when it started coming out in the media about the hospital environment and infections and----

I mean, you send your kid to hospital to get better and you trust a doctor in what they're telling you. So if a doctor's telling you you need this as part of the treatment plan, you've no reason to doubt the doctor's telling you the truth for why they're giving it. You're trusting that doctor that that's what's happening.

Q I think you indicate in your statement, Mr Bisset, and I think this is at paragraph 68. it might be worth you just having a very quick look at that. We don't need to bring up, just have a quick look at it if you've got it in front of you. Paragraph 68, which should be on page 31 of the bundle.

A Yes, got it.

Q Yes. So I think you indicate there that at one point you challenged one of your daughter's doctors about the medication; why did you feel the need to challenge one of the doctors about it?

A Because I had Googled what Posaconazole and the side effects and because it was on the national news, you were seeing stuff on the national news at the time and every time you bought a newspaper at

the time there was something. Came out the hospital and there was TV crews standing outside the hospital. So you were beginning to be made aware of what was going on and what was being said. So therefore it feeds back into, “Well, wait a minute. Is my daughter a part of this? Is she getting this medication and stuff that she shouldn’t be getting?” So it’s only because of what was coming out on the news at night and everything that you start to think, “Well, I need to challenge this and find out more.”

Q What was the response from the doctors when they were challenged?

A That it was part of the treatment plan.

Q Part of the treatment plan?

A Yes.

Q I think you say, Mr Bisset, it is about halfway down that paragraph 68----

A Yes, Dr Pinto.

Q -- you say: “When I challenged them, saying it wasn’t part of the plan, they kept saying, “It is for this hospital and that’s how we do it.””?

A Yes.

Q Is that right? Is that what you were told?

A Yes. Dr Pinto.

Q And Mr Bisset, did you have any concerns about side effects of these medications?

A Yes, some of the side effects of especially Posaconazole is quite serious.

Q What did you understand the side effects to be?

A That it could seriously harm them, it can lose their-- I know one child that lost their hearing through the treatment. I mean, it’s not a drug that even nurses treat lightly. I know from talking to nurses and that that pharmacists will check with a nurse to make sure they really should be getting this drug at the time. And this isn’t just the Glasgow hospital. I’ve spoke to nurses that I know that have said to me in the past that pharmacists will always check with a nurse before prescribing this because it’s a serious drug to be given with serious side effects.

Q So, as you understand it, it was a drug to be taken seriously?

A Yes. Yes. But, again, the doctors are telling you that it’s part of the treatment so you have to go along with it. It’s not like I can challenge and say, “Wait a minute,” because I don’t know nothing. I’m just a parent that’s worried about a child.

But at the same time, I don't know if it's part of the treatment or not, so I'm just relying on both these doctors that I've said in my statement telling me and they're speaking the truth.

Q Do you recall when that discussion was with the doctors when you had the awareness to challenge them?

A It must have the end of July, beginning of August, because that's when it all-- she started all the treatment. So, it had to be the first week, the first week of the treatment, so the last week in July.

Q And is that when things had started to come out in the news----

A Yes, it started.

Q -- that caused you to be concerned?

A The odd bit here and there, aye.

Q And were you given any indication other than "that's how we do it" about why?

A No.

Q No.

A No. Nobody ever said why.

Q Mr Bisset, I'm going to move on now and ask you about events in August 2019 and I'm going to start by asking you about your

daughter's bone marrow transplant.

A Yes.

Q Okay. You've told us your daughter was admitted to Ward 4B to be prepared----

A Yes.

Q -- for the transplant. She had an amount of treatments to go through before that. When did she have her actual transplant?

A 2 August 2019.

Q And did she have it on Ward 4B?

A Yes.

Q What did it involve?

A Nothing. It really is. You build it up and build it up. I mean, I'm laughing now, but you build it up that it's this big thing and then they come in with a wee trolley with-- it just looks like blood. It looks like a bit more clear than blood, but just a wee bag. I mean, the nurse at the time, Yvonne it was, she does the transplants. She said every parent's the same. They build it in your heads and you build it up to be this big thing and then it literally is just like getting a blood transfusion. They just hook it up, feed it into [redacted] and that's it. That's-- it's that massive but that small at the same time. It's a massive event, but such a small thing. You think it's going to be a lot bigger than it actually

is, is what I'm trying to say.

Q Thank you, Mr Bisset. I think you indicate in your statement that your daughter was kept in isolation in her room on Ward 4B----

A Yes. Yes.

Q -- after receiving the transplant?

A Aye.

Q And does that mean she didn't come out of her room at all during that time?

A No, not out her room at all.

Q In your statement you indicate that your daughter began to deteriorate, I think, around about 10 August 2019?

A Yes, that's right. Yes.

Q Can you tell us what happened?

A Through that week she started becoming more tired. At the beginning it was just tiredness. Now we just put it down to the transplant and it's maybe just the new bone marrow taking over. Then towards the end of that week her breathing started to become more and more laboured and it was the Saturday evening [redacted]'s---- Me and [redacted], every Saturday we watch Casualty together. Seven-years-old, she loves Casualty. So we sit and watch that. Well, she

was in her bed in the room in 4B and we're watching Casualty and I'm lying on the bed beside her and she actually sounded like she had ran a marathon. Her breathing had got that bad on the Saturday night, it really did sound like she was struggling to breathe and she was really panting. So they turned up the oxygen flow in her room on the Saturday night.

And then on the Sunday morning it was the same, she was really laboured in her breathing. Now, she had been sleeping all night, she'd fell asleep - it was ten o'clock on Saturday night and it was ten o'clock the Sunday morning when she really started to wake up. And she had just woke up and it sounded like she was running, the breathing.

So they came in and at this point they put her up to 3 litres of oxygen in the room, which is what they say is the highest that they should be at. So at this point they got the intensive care doctor to come up and have a look at [redacted], a specialist to come and see her. They were quite concerned at that point. So they went away to make arrangements for her to be moved. So it was later on in the Sunday afternoon she ended up being moved down to paediatric intensive care where they could monitor more

closely on how much oxygen she was needing, because I mean she had deteriorated from the Saturday night to Sunday so quick and even throughout the Sunday.

My wife hadn't been well, so she came in. And then on the Sunday night my wife stayed in intensive care with her all night. On the Monday morning, they actually pulled us both in and said that her breathing's that bad that we're going to have to talk to her and tell her that we're putting her to sleep to put a canula in her hand, that they're putting her onto a ventilator. So from the Saturday to the Monday morning she had deteriorated that much that she was on high flow oxygen. It wasn't working. She's still like she was running a marathon.

And then the Monday morning first thing, that was they put her out, put her onto a ventilator to keep her going, because her breathing was that bad.

Q Mr Bisset, were these events, this rapid deterioration, around about 18th August?

A Yes. Yes.

Q Okay. And I think, just to cover some of the detail of that, you've indicated that your daughter was seen by the paediatric intensive care doctors, who I think came up to Ward 4B; is that right?

A Yes, that's right.

Q And they decided, following her deterioration, that they were going to transfer her over to the paediatric intensive care unit?

A Intensive care.

Q Can I ask you a couple of questions now about that transfer----

A Yes.

Q -- from Ward 4B to the paediatric intensive care unit? To your understanding, where is the PICU situated relative to Ward 4B?

A In the Children's Hospital.

Q So is that in a separate building?

A Yes, but you go through like a corridor to connect them. But, aye, it's the Children's Hospital rather than the main adult hospital.

Q And what do you recall about what that transfer from Ward 4B to the PICU involved?

A Can't mind too much. It was quite quick.

Q Okay. Was it quite a smooth process?

A Yes. Yes.

Q I think you've indicated that shortly after being taken to the PICU your daughter was placed on a

ventilator; is that right?

A Yes, the following morning, yes.

Q Yes. Now, I understand your daughter was in the PICU for around about eight weeks in total; is that right?

A Yes, that's right.

Q I'd like to walk through some of that with you.

A Yes.

Q For those following the statement, we're around about paragraph 26. Now, your daughter had obviously had a bone marrow transplant very recently, she was severely immunocompromised. Was she given her own room in the PICU?

A Yes. Yes. She went straight into Room 12, it was.

Q And I think you say in your statement that while your daughter was in the PICU she was cared for mainly by staff from the PICU, but also her oncology doctor at the same time?

A Yes, the oncology doctors would come down every morning to see [redacted]'s situation, see how she was. But the main care was the PICU staff.

Q From the PICU doctors.

A Yes.

Q Okay. And when your

daughter was first admitted to the PICU, so this is around about 18 August, did you have an understanding about what had caused your daughter to deteriorate?

A No, not at all. At that point, no. When she first went in we didn't know what had caused it. It was two or three things. At first it was graft versus host disease. Then it was adenovirus. And then it came out that there was a fungal infection inside [redacted]'s blood. But other than that, no. We weren't-- they weren't sure of what caused it at that point.

Q Okay. So, in initially when you arrived they had a few different hypotheses of what----

A Yes. Yes.

Q -- might be causing it, one of which was the adenovirus, one was graft versus host disease?

A Yes.

Q Okay. And I think you've just indicated you were also told that your daughter had a fungal infection at around about that time?

A Yes.

Q Were you told the name of the infection?

A Not at the beginning, no.

Q No. And did you subsequently find out the name of the infection?

A Yes.

Q How did you find that out?

A Through---- Now, the nurses, in intensive care, they work 12-hour shifts, so they worked from eight in the morning till eight at night. And at eight o'clock at night, or just before eight o'clock the night nurse would come in for the handover. And this happens in your room with the child. So the nurse would come in and they would say, "How's your day been?" "Oh, [redacted]'s had this, that." So it was two or three times we had been told that there was a fungal infection as well as maybe graft versus host and adenovirus. So, anyway, one of the nurses was doing the handover and she had said to the other nurse, "Oh, and she's got aspergillus." If that's how you pronounce it. And I said, "What's----

Q I'm unable to help on that one.

A I said, "So that's aspergillus?" I'd asked the nurses, "What's aspergillus?" Because that's the first time I'd heard, "Oh, she's got aspergillus." And we'd heard the adenovirus and maybe graft versus host, but then it was, "She's got aspergillus." I says, "What's aspergillus?" "Oh, that's the infection she's got." So that was the first time we had been told that she had aspergillus. It was only through the nurses doing the handover that I overheard it.

Q I'm going to come back, Mr Bisset, to ask you about that event and communication about this infection more generally in just a moment.

A Yes.

MS ARNOTT: My Lord, I'm conscious that it's one o'clock. If we're able to sit on for another ten minutes or so at the moment I might be able to finish this chapter of evidence.

THE CHAIR: That would seem to make good sense. Let's sit on till about quarter-past or so.

MS ARNOTT: I'm grateful, my Lord.

THE CHAIR: Yes.

MS ARNOTT: Mr Bisset, in your statement you indicate that your daughter's condition, I think, became worse again on around about 22 August 2019?

A Yes. Well, I think it was 20th was the first time that we were told to get the family in.

Q Right.

A So it was the next again day from being put on the ventilator

was the first time that we were told to get the family up.

Q And when you say you were told to get the family up, what did you understand that to mean?

A She wasn't going to make it through the night.

Q And so the first time that happened was around about 20 August, so just after she had been placed on the ventilator?

A Yes. Yes. She had only been on the ventilator a day or two when they were told to get the rest of the family up.

Q And what were you told about your daughter's condition at that time?

A Just that it was becoming serious and there was not much more they could do, apart from keep her comfortable at the time.

Q And I think you indicate in your statement there was another event, another similar event, on 22 August 2019?

A Yes. Yes.

Q So what happened then? Was it a similar situation?

A Same thing. She had just-- her body had swelled right up. I mean, to look at her on the ventilator and her face, I mean, my family came up and I had to say to my mum, "Before you go in, you'll not recognise her because she's swollen." It was her stomach was swollen, her hands were swollen but her fact more than anything, you could hardly see her eyes from the swelling in her face. I had to prepare them before they went in.

So, on 22 it was becoming didn't look like [redacted], she looked like a different child lying in the bed. It didn't look like my wee girl. And it really became, like, clear that she was really ill and was running out of options.

So, again, we were told to get the family in. At one point we were actually discussing whether we should switch the machines off and let her go peacefully or what could be done.

At this point she had been moved from the ventilator to an oscillator ventilator, which is one that they turn her over and place her on her belly and it shakes you to try and get the lungs back functioning, because there was just no-- the ventilator was doing everything for [redacted], it had become that laboured that the ventilator was-- if they had switched the machine off they had to manually-- because [redacted] was doing nothing for herself at that point. So they had moved her onto an oscillator ventilator to try and shake the lungs

back in and this was when we were told to get the family in, it wasn't working.

And they had discussed different options about an ECMO ventilator with Rome, specialists in Rome and somebody from Germany, but with [redacted]'s condition that she was in they were told not to do that because it was more harm than it would be any good so-- and the chances were if she went on the ECMO she wouldn't come off of that one. So this is at the point that we were to get the family in and discuss what do we do now.

Q I think just picking up on some of what you've said there, Mr Bisset, you indicate in your statement on 28 August 2019 I think there was a new treatment was tried at that point. I think you say it was T-Cell treatment?

A Yes, Toxic T-Cells.

Q And what is that treatment used to treat?

A Well, the best way to describe it is with everything that's going on just now with COVID, they were talking about it in the news a few weeks/months back about taking somebody's bloods that have had COVID to try and defeat somebody else that's maybe seriously ill in hospital. So what they do is they take

the bit out of your blood that treat a certain illness. So in [redacted]'s case it was the adenovirus at the time that was running amok with [redacted]'s condition. So what they wanted to do with the Toxic T-Cells was get somebody that had had adenovirus but had beaten it and they supersized the cells in the blood that have beaten that disease and they make them bigger and stronger and then they transfer it into the patient that's ill with it and it fights it better. So with [redacted] it was the adenovirus Toxic T-Cells, make then superstrength and put them into [redacted] to fight it.

Q I think you indicate it was a hospital in Germany assisted with that treatment?

A Yes, it was. That's who done it. And they sent out----

Q And so just to be----

A We had to get permission for it to be imported into the country and everything and it wasn't just a straightforward, "Can we have that? We'll do it tomorrow." It was a sort of sit and wait and hope that everything was allowed to happen and----

Q So at this point, Mr Bisset, I think you're indicating that certainly one of the main concerns was the adenovirus at this point?

A Yes, that was one of the conditions that they were worried about with [redacted].

Q And was this what had caused [redacted] to deteriorate at this point or was it one of----

A One of many.

Q One of many.

A One of two or three.

Q Okay. I think you also indicate in your statement that the day after that, so the day after [redacted] received the T-Cell treatment, she deteriorated again and had----

A We got a phone call.

Q -- a bleed on her lungs; is that right?

A Yes, we got a phone call early in the morning to say that we needed to get across to the hospital and get in as quick as possible. She had had a massive bleed on her lungs. Now, they can't say if it was the Toxic T-Cell treatment that caused it. The chances are it could have been that because she had had that afternoon before, so you would assume that something that had happened had caused from that but they couldn't say one way or another that's what caused it, but she had had a massive bleed on her lungs and her lungs were clogged up with blood and serious-- I mean, at one point, that

was another time that we were told, "She's going to struggle to get through this." I think this was the third or fourth time that we had been told to get the family in. But looking at her, worst case scenario.

Q You indicate in your statement that at there were concerns at this time about the fungal infection as well----

A Yes. Yes.

Q -- that your daughter had had; is that right?

A Yes.

Q Was that thought to be a possible cause for this?

A Yes. Yes. It was-- it had been found in the blood which meant that---- The first time that they found aspergillus they said that it could have been a contaminated sample, so they can't say for certain that [redacted]'s got aspergillus, which that had came from the lungs when they done a BAL. So they take suction out from in their lungs and out their throat and everything to check and that's when the aspergillus first showed up. And that's when they said, "It could have been a contamination sample, we can't say one from another, so we will just keep using…" They kept chopping and changing antibiotics at this point because she had a fungal

infection and it was trying to fight this fungal infection and that's when the aspergillus had showed up in the lungs and that was a contaminated sample.

But then when they done a blood test a couple of days later the aspergillus showed up in the blood. Now, for it to be in the blood meant it had to have been in the lungs at some point. So that meant that the contaminated sample couldn't have been a contaminated sample, it had to have been there.

Q So if I understand you correctly, in August 2019, when your daughter's in PICU, at this point she's got certainly two things of concern that are going on; the adenovirus----

A Yes.

Q -- which you've mentioned, and also this fungal infection, the aspergillus?

A Yes.

Q And I think you indicate in your statement that on 1st September 2019, this was when she was moved to the other type of ventilator; is that right?

A Yes.

Q The oscillator ventilator, you said?

A Yes.

Q And was that successful?

A No.

Q No?

A No. That's when they had to the discussion with Rome and Germany about putting her on the ECMO ventilator because the oscillator hadn't worked, it hadn't made any improvement at all. just was still the same. So they switched her back. Instead of the ECMO, because Rome and Germany had said that she's in such a precarious condition that if you done that she's probably not going to come off the ECMO ventilator. So they put her back onto the regulator ventilation-- ventilator that she had been on and that's when Dr Chris Kitson, that's when we were having the discussion as a family, got given a family room and we were in PICU in the family room discussing if we switch the machines off because she's at the point now that the doctors are telling us that there's nothing left they can do or try to save her, it was just about keeping her comfortable at that point, so----

And Dr Chris Kitson had came into the room and said, "Look," he was the one that put her onto the oscillator ventilator and it hadn't worked. So he

came back in after the-- I can't remember the doctor it was that had told us about we're at the point that we can't---- So Chris Kitson came into the room and said, "Look, we can't just stop. We have to----" I was in tears thinking, "Look, she's been in pain, she's suffering. She's going through a hell of a lot the now just to keep her going." And he had promised that, "Give me a few days of massive dose steroids," and he promised that if we don't see an improvement then "I'm agreeing with you that we are at the end of the road".

Thankfully, he came in and said all this at the time, because that's when he made her better and saved her.

Q And is Dr Kitson one of the PICU doctors?

A PICU doctors, yes. Yes.

Q So he came along at this point and said have a last throw of the dice here----

A Yes.

Q -- and a massive dose of steroids?

A And massive dose of steroids. It was a massive dose of steroids twice a day for a few days, just to see if [redacted] responded. But it wasn't just about her lungs responding, it was about

[redacted] responding, because at this point, as I said, the ventilators are doing all the work. [redacted] wasn't doing anything at this point. She wasn't even trying to breathe herself when they turned the machine off and manually at that, there was nothing at that point, so---- His plan was the massive dose steroids to see if it would give her a boost.

Q And it worked?

A It worked, aye. Thankfully, it worked.

Q [redacted] turned a corner at that point and began to improve?

A She did. She started to make improvements slowly and surely every day. You could just see that wee bit more improvement. She had been---- They would take her off the ventilator and do it manually via they done the BAL suctions to clear her lungs and you could see the bag moving itself, which was showing it was [redacted] was trying to breathe on her own. So, the more that she started to improve the less drugs that they would give her to stop. It's an induced coma, so she's sleeping but they're controlling it. They're controlling how awake she could be by how much each drug that she gets. So at this point, because she was showing signs of making an effort, they started to

wean her off the high dose drugs to keep her asleep to see if she would come round and-- which day by day it was-- well, not even day by day, by two or three days there was a massive difference.

Q I think you indicate in your statement that [redacted] did have to stay in the PICU Unit for some time after that; is that correct?

A Yes. It was literally like she woke up. I mean, she had an itchy face, she couldn't scratch it, she couldn't lift her arms, the muscle wastage-- she had been on a ventilator for eight weeks at this point, so-- well, seven weeks, seven and a half weeks. So at this point the muscle wastage and everything was-- I mean, it was quite scary how much, actually, it deteriorates somebody in such a short space of time.

Q And do you recall when she was to be released from the PICU?

A I can't mind the dates offhand, they wanted to----

Q A few weeks?

A Yes. Aye. They wanted to release her, it was October time, and they wanted to release her back to Ward 6 and I was adamant, because of everything that was coming out in the media then about

she wasn't going to Ward 6, I refused to send her to Ward 6. So in the end we had to wait another two or three days and then she went back to Ward 4B, where she was for the transplant.

Q I'll come back, Mr Bisset, to ask you about your reservations about Ward 6 shortly.

A Yes. Yes.

Q But are you indicating that your daughter went from the PICU to Ward 4B----

A Yes.

Q -- is that right? Okay. And what was your daughter's condition at that stage? I think you indicate in your statement, this is around about the end of October 2019, what was her condition then?

A She was awake, alert but she really couldn't do much for herself. She would be on intense physio every day on the ward, twice or thrice a day, sometimes three times, because she physically couldn't do nothing for herself. She couldn't walk. She couldn't even sit up in bed without you having to support her and that. So it really was learning to use her body parts, her arms and her legs, everything had to be-- like she had to reteach her muscles how to work.

Q I think you indicate in your statement that your daughter had

to have quite intense physiotherapy----

A Yes. Yes.

Q -- to recover----

A Yes.

Q -- during that time? And then just to complete the story of [redacted]'s treatment, I think things went quite well from there; is that right?

A Yes. Aye. She kind of made a steady recovery from then on in, yes.

Q She was discharged to CLIC Sargent in November----

A Yes.

Q -- 2019?

A Yes and she was an outpatient for a few weeks.

Q And then discharged home shortly before Christmas in 2019?

A Yes. Yes.

MS ARNOTT: My Lord, I think that's probably quite a natural point to stop if that's suitable?

THE CHAIR: Thank you, Ms Arnott. We will take a lunch break now and sit again at two o'clock.

THE WITNESS: Yes.

THE CHAIR: Does that seem okay? We will adjourn until two o'clock this afternoon.

(Adjourned for a short time)

THE CHAIR: Good afternoon, Mr Bisset.

THE WITNESS: Afternoon.

THE CHAIR: I think Ms Arnott is ready to resume.

MS ARNOTT: Thank you, my Lord. Mr Bisset, before the lunch break you provided us with some evidence about your daughter's infections and some time spent in paediatric intensive care unit.

A Yes.

Q I'm going to ask you a few more questions about the impact of those infections and the time spent in the PICU on both your family and your daughter.

A Yes.

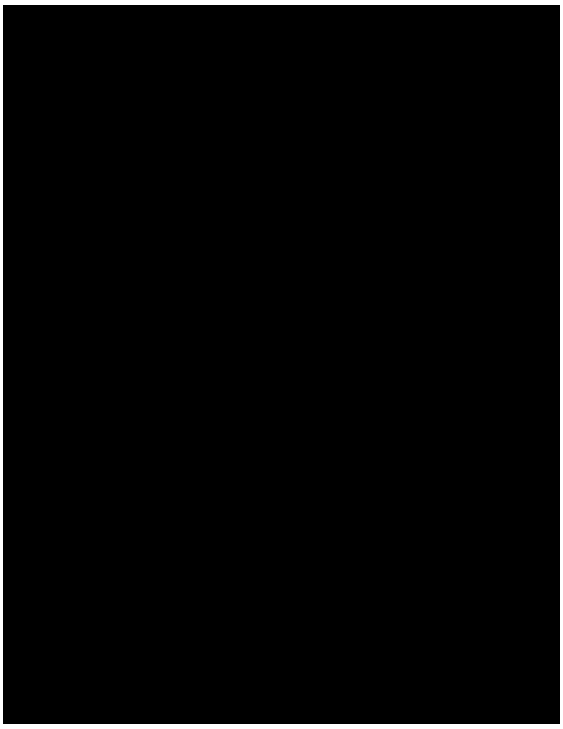
Q Now, thinking about what was said before lunch, you mention that there had been some discussions about the possibility of switching off your daughter's life support machine; is that right?

A Yes. That's right, aye.

Q If you'll forgive the question, Mr Bisset, how did that affect you?

A Mentally hard. I mean, it's more affected me since in the last year I've been really mentally suffering depression and [redacted]. And it was all because I feel guilt. Because I was pushing for-- well, not

pushing, but I was for switching the machine off where my wife was adamant that we have to keep going and keep trying, let her keep fighting. So, mentally, me, I've suffered really badly.



So from that side of things, it's affected us all. Like one of my work colleagues yesterday said to my wife that-- and my wife's quite a happy and upbeat woman, she said to my wife yesterday, "You've lost your 'bounce'," as she called it, "You're not as bouncy as you used to be."

So, we've spent the last year I've suffered, but you always put the children first so you were-- it's only now that everything's on an even keel with [redacted] that you realise how much it's affected us all as a family.

[redacted]'s mentally-- she still

struggles. She wakes up every night with nightmares. And as much as she was intensive care in an induced coma, she actually remembers a lot of the time in intensive care. She can remember it really, really well. She'll say to you-- we used to go in in the morning and put Little Mix and Lewis Capaldi music on for her in intensive care and she used to-- she says now that, "You used to come in in the morning and put the music on every morning and I just wanted to scream at youse to turn it off because I wanted to sleep." And this was her in an induced coma but she can remember a lot. She's anxious. She's got a lot of anxiety issues.

Because you only get wee snippets here and there from [redacted], it's-- it's affected her more than she and we realised, I suppose you could say. So it's affected the whole family. In one way or another, we've all suffered. And it's only now that we're at the end of it that we realise how much it changed our lives. Just the fact that she had leukaemia, that was bad

enough, but see the discussions around switching machines off, it's not a conversation you ever want to have with your children about one of their siblings for them to sit and decide, "What do we do next as a family?"

Q Thank you very much. Now, you indicate in your statement that the treatment for these infections and, in fact, the lifesaving treatment that [redacted] received----

A Yes.

Q -- actually had a physical effect on her as well?

A Yes.

Q Could you tell us a bit about that?

A She-- physically she couldn't-- she had to learn how to walk. The only thing she could do was talk and even then it was struggle because of the tubes down her throat for weeks. But to get her out of bed the physio used to come in and it's a table they call it and it's literally like a bed with no mattress. And they used to strap her in. Actually, it looks like the Hannibal Lecter-- in the film when they move Hannibal Lecter about with that table thing. It's literally like one of them that she's strapped into. And they start off lying flat on it and they can make it move so many degrees. And it was just the fact of having to do

that twice a day for a few days at the beginning just to get the blood flowing back into her feet properly, because she had been lying on her bed not moving much for almost nine weeks.

Q I think you indicate, Mr Bisset, that she-- that [redacted] also was left with some adrenal issues----

A Yes.

Q -- as a result of the steroid treatment?

A Yes. Because she was on high dose steroids for so long and then on normal steroids every day three times a day it left her adrenal insufficient. So if she ever had a bump or a fall or a suspected broken bone we had to inject with a shot to make sure she didn't go into shock. Because if we fall and hurt ourselves we go into shock and out body responds to the shock and levels ourselves out and we calm ourselves down and the hormones kick in.

[redacted] didn't have that for a long time, so she had to be given hydrocortisone three times a day in a tablet form and if anything ever happened she had to get an injection in her leg to stop her from going into shock.

But only in the last couple of months that she's now-- her body's kicked back in, so she now doesn't

have to take the steroid anymore. That's only just recent.

Q I think you indicate in your statement as well that the knock-on effect of that was that it affected your daughter's education as well and her attendance at school?

A Yes. Yes. They had to-- the school had to be trained on how to give the injection and everything and more than one person, so she couldn't' attend the school after treatment because the school weren't satisfied that it was safe enough for her to come, because if anything happened then they have to know how to inject her and give her the shot quickly and you have to phone an ambulance straightaway. There's a lot to it that left her education side struggling because the schools needed not just one person trained, it had to be a few of them trained before they could have her come back.

The fact that she was on steroids every day at that age, you had the anger issues that came with the steroids and tiredness that came with having to take steroids. You would notice a drop in [redacted]. So she'd have her steroids first thing in the morning when she got up and then you would notice a drop in [redacted] about lunchtime from about eleven o'clock till one

o'clock and then she was due her next dose between one and two, so then she would get that and then you would see the knock-on effect later on as----

But we produce it every morning. So we get up fresh-- well, supposedly fresh, after a nice, good night's sleep and ready to go for the day,

[redacted] doesn't have that so she'd have to take the tablet to get her through each and every day. But it was broken into three doses and you would see the ups and downs between the doses.

Q And just so that I'm clear, Mr Bisset, these are the steroids that were given as a result of having the infections?

A Yes.

Q These were not part of her treatment for leukaemia?

A No, no, no, these-- this was massive dose steroids to try and get her body to kick back into action.

Q Mr Bisset, before we move away from talking about the events surrounding infections, I mentioned earlier that I would quite like to come back to some questions about communication----

A Yes.

Q -- around the infections. Now, you indicated earlier on today that during the initial admission to

PICU it was unclear what had caused your daughter's deterioration?

A Yes.

Q I think adenovirus was mentioned?

A Yes.

Q And you were also told there was potentially a fungal infection----

A Yes.

Q -- there as well? Am I right in thinking you didn't know what the fungal infection was at that stage?

A Not at the beginning, no.

Q You indicated that you overhead a conversation between nurses who mentioned it?

A Nurses at handover, yes.

Q What was it you heard them say?

A That [redacted] had contracted aspergillus.

Q And did you ask the nurses about this?

A Yes. I had said, "What's aspergillus?" And that's when they said, "It's a fungal infection." So I took a note of the name, because before that all we had been told is [redacted] had a fungal infection. We never, ever got told what the infection was or-- that was the first time I'd heard anything mentioned. I mean, you heard the handover every day, so you always

knew what was being said. The intensive care nurses and doctors kept you up to date and told you everything that was going on but the treatment was always down to, like, what antibiotics and everything she was on in intensive care was always down to the Oncology Department, they were in charge of the infections and they would say that because she's on a transplant she needs to take this. So that was the first time we heard the name aspergillus was on a handover between two nurses.

Q And after you heard that conversation and you mentioned it to the nurses, did a doctor come and speak to you about that?

A No.

Q Did you raise it with a doctor?

A The next day, yes. I had went home and Googled aspergillus and how you contract this, what's aspergillus and the fact it was a fungal infection then linked up to what they had kept saying in the hospital. And I Googled "how do you contact aspergillus in a hospital environment?", because she hadn't left the room, I couldn't understand how she was ill when she'd been in that hospital since the last week of July and hadn't left the hospital after

the Beatson Centre, she had never left that room. So I was, like, "Well how did she contract that? Is it me that's brought it in or how did she contract this aspergillus and what the aspergillus is?"

Q When you raised it with the doctor, what did the doctor say?

A It was possible that that was what the fungal infection was.

Q It was not confirmed, it was just a possibility----

A Yes.

Q -- at that stage? I think you mentioned earlier in your evidence that there was some mention of a possibly contaminated sample?

A Yes. The first time that the fungal infection had shown up was-- it was put down to it could be a contaminated sample so we won't say yes or no, but we'll treat it anyway. That was the bit I couldn't understand. If it was a contaminated sample, why treat her? If you don't think she's got it, why give her certain drugs to treat this at the time?

Q I think you indicated that the medical staff then went on to carry out a BAL test?

A Yes.

Q Is that right?

A Yes.

Q Am I right in thinking

that's quite an unpleasant procedure?

A Yes, it's not great viewing. It's-- the-- bearing in mind she's still on the ventilator, she's in an induced coma and what they do is they get physiotherapy to come in. And it looks uncomfortable, but [redacted] has since told us it was actually really, really nice to get it and it actually made her feel better. It's like they're throwing your child about in bed, they're really pressing down on the ribs and on the stomach and the chest, but they really are forcing movement in her chest. It looks quite violent, to be honest. And then they would go in with the suction and suck out everything that they had dislodged through the physiotherapy. But [redacted] since has told us that every time they done that she actually felt relief in her breathing herself, she could feel---- Like she describes it as there's something stuck and when they come in and done that she always felt a bit better that she could feel better.

Q And it was after one of these tests that the----

A Yes. The physiotherapists make the body into-- they force the movement in the lungs and in the chest and then they suck out whatever they dislodge and

whatever's in there and when they were doing that a lot of blood and mucus and that would come up and that's when they discovered the aspergillus, the BAL.

Q That's when the diagnosis of aspergillus----

A Yes.

Q -- was confirmed? Thank you, Mr Bisset. How would you assess the communication around these infection events overall?

A From the oncology side, not good. From the PICU side, far, far better. But never ever got a confirmed diagnosis from oncology. They would hesitate and wouldn't say one way or another what definitively was wrong. Whereas if you asked the PICU doctors they would say, "This is what she's got. She's got this, she's got that and this is how we're going to do it." And then you speak to oncology, "Well, how are you going to deal with what she's got?" It was like you were fighting on different fronts. You would get told from the intensive care doctors, you'd get told a lot, lot more from the intensive care doctors than you did from the ward round from the oncology and you'd literally only see oncology five minutes a day. So they were-- it was like [redacted]'s their patient, but not their patient. She's in intensive care, so therefore it's under their care but oncology are still meant to be checking in on a regular basis.

Q I think you mention in your statement, Mr Bisset, that in your daughter's discharge letter there's mention of a fungal infection but it's not identified.

A Yes. That doesn't name it. No. It just says "fungal infection".

Q And that was a letter that would have been issued when, later in 2019?

A Yes, when she was discharged fully home.

Q Were you ever told at any point where or how your daughter might have contracted the aspergillus infection?

A No. Apart from how I Googled it, no, never.

Q No communication in the hospital about that?

A No. I went looking on what I answers because it was coming out in the media everything that was going on with the hospital at the exact same time as this was coming out with with the aspergillus. It was the main news story on Reporting Scotland every night and in the newspapers every morning. You were buying a paper and it was the front page news and I'm thinking, "Well, wait a minute.

What I'm hearing and what I'm reading's exactly what's happening with [redacted] right at this moment." So you go looking for answers and I'm still to this day.

The management said that they had-- I had went to the media because I was getting nowhere. I tried to get answers and I was getting nowhere. So in the end I contacted the Daily Record. They done an article in the Daily Record and at the bottom of that they asked NHS Glasgow for their comments and it said that, "We have spoken with the family and we're sorry that it took so long." I've still, to this day, never spoke to nobody.

Q Can I come back to that, Mr Bisset----

A Yes.

Q -- further on in your evidence? But just on the point you made there about hearing things on the news and having-- starting to develop, I think, some concerns about the hospital.

A Yes. Yes.

Q In your statement you say that when your daughter was due to be released from the PICU the plan was to-- or the intended plan was to move her back to Ward 6A to recover; is that right?

A Yes.

Q You expressed some reservations about that?

A Yes.

Q What did you say?

A That I refuse to let her go back to Ward 6. I mean, I was even at the point that I would discharge her. I was wanting her moved to Edinburgh, back to Edinburgh. I just lost trust in the hospital by this point. I wasn't getting the answers from the management. I wasn't getting the answer from the oncology doctors. They wanted to move her back up to 6, and this is where it was all supposed to be happening. As I say, "She's just fought for her life for the past eight weeks in here and you want me to send her to a ward that's linked to all these infections?"

Q Had your daughter been a patient in Ward 6A at this stage?

A No.

Q No. But you had some reservations about Ward 6A----

A Yes.

Q -- because of what you had seen in the press and heard from other parents?

A Yes. And then visiting Ward 6 when you're trying to track down oncology doctors. After-- she did end up in Ward 6 eventually.

Q Yes. From your perspective at that stage, what were your concerns about Ward 6A?

A It wasn't safe.

Q From what perspective?

A Just from what you were seeing in the media. And when you go to visit Ward 6, every time you went up there was a different room sealed off, taped up, sealed off. Then when [redacted] did---- She moved back to ward 4B. Now, I know she hadn't been on 6 at the point but the nurses and that that are treating her are going between 6 and 4B. So they're back and forward between the wards anyway. Then you do-- once [redacted] did go to Ward 6 she was in one room one day, then she went home and she ended up having to go back in the next day and the room that she had been in was then sealed off, taped up. Now, she had just been in that room before and then she was back in again. But you lost complete confidence in the whole hospital, not just that ward, it was the hospital.

Q If I could just take you back slightly, Mr Bisset, to the discussions you had about your reservations about [redacted] going to Ward 6A.

A Yes.

Q You said you refused----

A Yes.

Q -- the suggestion that she should go back there. I think you indicate in your statement that some of the nurses on Ward 4B were supportive of your views?

A Yes, very, very supportive.

Q What did they say?

A Their hands were tied because they can't stand up and speak out, but at least three of them were willing-- well, two of them were willing to come with me to Ward 6A and talk with Professor Gibson and say that it wasn't safe for [redacted] to come back up. Now, they weren't wanting to go on record. That's against their agreement or whatever it is that they have to do. But the nurses-- a lot of the nurses were adamant that it wasn't safe. [redacted] had been that severely ill to put her in that high risk straight away wasn't safe.

Q But ultimately [redacted] was sent back to Ward 4B?

A Yes, she ended up back in 4B, because I had refused point blank. "She's not going to Ward 6. So she went back to Ward 4B for her initial treatment from the physio and then she got moved to Ward 6.

Q And can you recall roughly when she was moved to Ward

6?

A No, I can't remember. I think it would have been November time.

Q I think you've just indicated a few moments ago that you saw some building works on Ward 6A when you were there?

A Yes, constant.

Q What was it you saw?

A Sealed off rooms. Workmen going in and out rooms. I mean, it wasn't just isolated to Ward 6. When [redacted] was in Ward 4B occupied three different rooms because of faults in the rooms and just before her transplant went ahead the room next door, the girl that was in there had to be evacuated out the room because it flooded. Now, bearing in mind you're four floors up, how can a room flood? But it flooded. That was the room right next door to , so the girl was moved out of there and her mum was moved out of there and then it was sealed up for day. It was sealed and zipped shut.

Q Mr Bisset, I think you mention in your statement some other concerns that you had about what was happening on Ward 4B, particularly around water safety?

A Yes. Yes.

Q I'm going to ask you

some questions about that now----

A Yes.

Q -- if that's okay. And just for anyone looking at the statement we're at around about paragraph 48. When you initially went onto Ward 4B, so I think it was 21 July----

A Yes.

Q -- 2019, did you see anything then that caused you concerns about water safety?

A The nurse.

Q The nurse?

A As soon as we got there the nurse took us a room on Ward 4B. The first she told us is, "Don't drink the water. If you want a drink of water, ask one of the nurses and we'll get you bottled water." And after she said that she put two bottles of water on the table beside [redacted]'s bed. Now that was the first thing, and this was before it all came out in the media but at that point I'm thinking it's obviously because she's transplant, it's just bottled, sealed sterile water. That's the only reason. I never thought anything otherwise, thinking it's sterile bottled water that she's got to drink that. But then thinking back now you think, well, was the nurse trying to tell us something straight away?

Q Did you see any filters on taps or showers?

A Yes, the filters are on every tap and every sink.

Q In Ward 4B?

A Yes in Ward 4B. They're big grey discs that didn't leave you much room in the sink to wash your hands, the big filters on the taps.

Q So it caused some physical in terms of actually using the sink?

A Oh, aye, definitely, aye.

Q So when you saw the filters on the taps and the showers and you'd been given the instruction not to drink the water, did you have concerns yourself then regardless of what else you'd been seeing----

A Yes.

Q -- about the safety of the water in the ward?

A It made you wonder why they've got big filters on the taps.

Q And was there any communication with you from-- apart from the nurse when you first went, was there ever any communication with you about water issues in Ward 4B?

A No, not until it all came out in the media.

Q Mr Bisset, I'd like to ask you now about some of the other building-related issues that you observed in the hospital. I think

you've already indicated you saw those in at least two, if not three wards----

A Yes. Yes.

Q -- where you were? So, if I might think firstly about the PICU ward.

A Yes.

Q Did you observe any issues on that ward that cause you concern?

A Yes. [redacted]'s room flooded. The sink, the water came up out the sink and out the floor at the sink, and that was Room 12, that was the first room that she was in. So she had to be moved from that room to a different room because of flooding.

Q And is that the room that you said the room next door also flooded?

A No, that was in Ward 4B.

Q That was in Ward 4B. So you saw flooding on Ward 4B and---

A And flooding in PICU,

Q -- in the PICU?

A It was [redacted]'s own room in PICU and the next door patient in 4B's room flooded.

Q I see. And just thinking back to the PICU now, when [redacted]'s room flooded there, I take it she was moved rooms?

A Yes, she moved round to the other end of PICU into-- I think it was Room 18, I think, at the time. She had to be moved from there as well because the electrics failed.

Q So what happened with the electrics? I think you mention this around about paragraph 70 of your statement; what was the problem there?

A In PICU rooms they've got the bed in between and then they've got the two arms that hold all the drivers. So it's like a big arm at either side that they can put all the medicines on at once and then they set the timers and it drives the medicine into [redacted], into her body. At this point, [redacted]'s on 18 or 19 medicines at one time all the time. So they need both the arms to be working. So the packs, they're like battery packs that go onto these arms, it keeps them charged so they can keep driving the medicines into them. Well, they started failing so they weren't charging the battery packs on the drivers. And it was more than one. So in the end-- I mean, at one point had all these drivers, they were all round her on her bed, because they were failing to charge. So they were charging them into somewhere else and then placing them on the bed to use them and then plugging the other one that wasn't getting used into the one bit that was working to charge them. It was just a mess.

Q Was there any discussion with you about what had happened?

A No.

Q No.

A Just that they were failing to charge all the battery packs.

Q And was [redacted] then moved back to another room?

A Another room, aye.

Q I just want to ask you----

A She went back to the original room, sorry, she went back to 12.

Q The room that had flooded?

A That had been fixed, aye.

Q Right. So, the room that had flooded that was now fixed.

A Aye.

Q I'm going to ask you some questions now about just some general issues I think that you say in your statement that you observed. You mention a smell in the hospital?

A Yes. Constant smell out the sewage. Now, I know the hospital's built right next door to Glasgow Sewage Works, but the

hospital doesn't have any windows that open. That's the one thing they told us. The windows don't open in any of the rooms, any of the wards. Yet every time you go to use the sink to wash your hands you could smell the sewage in the rooms coming from the drains. Now, you're six floors up, four floors up, PICU you're two floors up, and it doesn't matter where you are in the hospital you can smell it. You can smell the sewage from the sinks.

Q You're saying you can smell it inside the hospital as well as outside?

A In the hospital, yes.

Q Mr Bisset, you've indicated within the last few minutes you've experienced quite a few building related issues----

A Yes.

Q -- on the various wards that you were in. How did this affect your confidence in the hospital?

A Big. Massive. You really didn't trust anything that would work. I mean, we witnessed-- when I say the electrics were failing in that room, [redacted] had two/three nurses in because she had that many medicines going into her body at the same time that to keep them all running two or three nurses were running about daft

in the room trying to keep these drivers working and making sure they were charged. So you're watching the nurses getting run ragged trying to give the best care that they can and basic equipment's not working, it's failing them. So, on that side, you're watching it and thinking, "Well, that's not fair on them and it's not fair on to have to go through that," and at the same time you're looking at rooms being sealed off. It doesn't matter where you were in the hospital, there was always rooms sealed off and workmen and it just didn't fill you with confidence.

Q I think you indicate in your statement at paragraph 73, which you don't need to turn up, but you indicate that you would rather your daughter was treated at the old building in Edinburgh than the new building in Glasgow?

A Yes, I've said that several times that it might not be the best building but you were getting better care. And it wasn't through the-- it wasn't the nurses' fault, it was never the nurses' fault. The care was never bad from the nurses. It was the equipment and the building, it was failing staff as well as the patients.

Q So despite all of the issues that you described with the old

Edinburgh hospital, you would still have been there?

A I would rather had have go through all of her treatment at that hospital. As much as it was an old, tired building, she was safe there. Everything worked. As much as it being old, it worked. It maybe not be the best, but it worked.

Q Thank you, Mr Bisset. You also mention some concerns about cleanliness in the new Glasgow hospital.

A Yes.

Q I wonder if you could tell us a bit about those concerns?

A The easiest way to describe it is it's not clean. I've never-- I've been a chef-- before I lost my leg I was a chef and I worked in many kitchens and I've never seen any kitchen floor being mopped without it being brushed first. Went into Glasgow Hospital - now, I know it's a hospital environment, it's a completely different environment, but they don't brush the floors, they don't sweep the rooms at all. They just go in with a mop and mop the floor with this sealant that they've got. And they mop the floor side to side. To me, they're just moving the dust and the dirt from one side of the room to the next and then back again, then back again. Surely you should sweep a floor? Everybody knows you sweep a floor before you mop it. You're not cleaning the floor with mopping it, you're just moving the dirt. So that was a big concern, straight away.

And then the fact that I'm taking my trainer off. I was wearing white trainer socks. Now, they'd come in, they'd clean the rooms. Now, I don't walk but I still have to get up and go to the toilet and use my foot and my white sock, by the end of the day, would be black underneath, and I mean black. You would literally bin the sock. You would wash it and it would never be white again. And this is in a room that's meant to have been mopped and cleaned and----

So, on that side of things, terrible. I really just didn't understand why a floor didn't get swept. I've never understood that.

Q You also mention an experience when your family was in the PICU.

A Yes.

Q And I think at one point you were asked to go back to Ward 4B to do something?

A Yes. [redacted] had been in intensive care since the Sunday. The Tuesday afternoon we gets a phone call. Now, we had just been told on

Tuesday morning that [redacted] might not make it through the day, we need to get the family in. Then I gets a phone call on my mobile in the afternoon and it was Ward 4B asking me to come up and clear the room because they need the room.

Now, beside the fact that I'd just been told a matter of hours that I might not have [redacted] in a matter of the next few hours, she might not be here, they're telling me to come up and get my room cleared because they need the room. So when we went back up to clear the room---- Now, remembering [redacted] was ill before she went to intensive care, and we're not just talking heavy breathing, she was sickness and diarrhoea, there was a lot going on with [redacted], and she was being physically sick, she wasn't making it to the toilet, she was having to wear nappies. When we went back to the room to clear it, and this was on the Tuesday night, I think, Tuesday evening/Wednesday morning, it might have been the Wednesday, four days. It was the Wednesday. It was four days it had been since she had been in the room. Now, my lunch was there from the Sunday lunchtime. It was still on the tray in the room. The sick bowls that [redacted] had been sick in on the Sunday morning were still in the

room. There was a dirty mess that had made on the bed was still on the bed.

Now, I get the nurses are busy and the cleaners are busy, but this was four days after [redacted] had vacated that room to intensive care and nothing, and I mean nothing, had changed in the room. It was like she left the room, they closed the door and that was it, they left it. The sick bowls were everywhere from [redacted] being-- she was really ill the morning. So we went through four, five, six sick bowls before we had even left to go to intensive care. And we hadn't been back to the room because [redacted] was so sick and we were in intensive care with [redacted] 24/7 till we got the phone call to clear the room. But in that-- they four days, nobody had been in to clean it.

Now, I get our stuff was still there, but surely the sick bowls and that should have been cleared away?

So when I went back to clear 's room, that set alarm bells ringing as well, providing-- remembering how ill is and if she has got a fungal infection it if's airborne it's still in that room because the sick bowls have been left lying for days.

Q You mention in your statement one time that you recall

when cleaning efforts were stepped up?

A Yes.

Q Can you tell us about that?

A Yes. That was when there was somebody from the Government was going to be coming in to inspect. They were going to be inspecting the hospital because it was all coming out in the media and this was the first time that somebody was coming to see how clean the hospital was and what the rooms looked like.

The rooms never got cleaned like they did that day. Somebody from the Government was coming to inspect and there you go you look out the window and the bed's out the room so they can clean the room. Then they're cleaning the bed outside the room before they took it back in. That didn't happen. That wasn't a daily cleaning. That was because somebody important was coming to inspect it they had stepped up their efforts.

Now, I'm not wanting to slight on the cleaners, they've been told to do that because somebody's coming. Now, they've obviously targeted these rooms and thought, "Right, we'll show them these rooms and then that way

we can show how clean it is." But it was false. It was lies. They were showing them what they wanted them to see, not what was actually happening.

Q One other thing I want to ask you about, Mr Bisset, just on this topic before we move on, and that's what you say in your statement about nurses changing every time they came into your daughter's room----

A Yes.

Q -- in Ward 4B; were you given a reason why that was happening?

A No. No. It was because they were floating between Ward 4B and Ward 6 and----

Q You had nurses coming from Ward 6A down to Ward 4B?

A To 4B, yes.

Q And I think you indicate that they were physically changing----

A In the room.

Q -- before they were coming into the room?

A Yes. Now if they have got something from Ward 6 and it's airborne, fair enough, they're changing. But they're doing it in the room. They've come in with the gloves and the apron on and then they take them or rip them off and put them in the bucket and put clean ones on.

Surely you should be doing that before you enter a child's room that's immunosuppressed?

Q Did the nurses say anything about this?

A No, not at the time, no. But even when it was coming out in the press and the media and everything, the cleaning, not just for the Government side of things, the cleaning changed when it all came out in the media. Like the drip stands, they wouldn't get wiped down as much as they did before. But because the nurses are coming from Ward 6 and Ward 4B and it was in the media, that's when they started wiping everything, drip stands, the lot. It wasn't just the floor that they were focused on, it was everything was getting. Well, that changed as well. What a nurse would touch got wiped, whereas before that wasn't happening.

Q Thank you, Mr Bisset. I'd like to move on now and thing about what you said earlier about your involvement with the press.

A Yes.

Q Now, I think you indicate in your statement that you eventually felt the need to speak out because you hadn't been getting----

A Answers.

Q -- any answers?

A Yes.

Q Do you want to tell me a bit about that press article and what happened?

A It was all over the media. 's really ill. I'm wanting answers. I just wanted somebody to own up to what was going on and explain the situation to us. We got---- In the time that we were there in Ward 4B, I got handed one, maybe two, press statements, but this was in response to what was already out in the media, this is how the hospital was going to respond. But we never got it with an explanation we just got given/handed a paper copy, "This is what we're going to be saying." And then when we ended up in intensive care and was so ill I was asking the oncology doctors about this fungal infection, "How did she contract this in the hospital? What's happening?" They weren't giving me answers, so I went looking for management.

Couldn't find nobody. Somebody agreed to speak to me and they were going to phone me, because it was easier, and the phone call never came. So, in the end, I just thought, you know what, I'll contact somebody from the media. I'll put my concerns out there on what I'm seeing and what

I'm actually seeing every day and what's not been getting said. Because what the Glasgow hospitals were telling the media wasn't what was happening in the hospital. They were saying this was right and it was okay. That's not true at all. And like I said, I went looking for management. Somebody agreed to phone me, they never phoned me. So I went to the press saying, "This is what's happening." And then at the bottom of my article they said that they had since been in contact and apologised. They've still never apologised.

Q I think I can help you with that for a moment, Mr Bisset. There's-- I won't ask you to turn it up, but at paragraph 99 of your statement you say, this is the Daily Record article, I think it's September 2019----

A Yes.

Q -- that you spoke to the Daily Record about. And from your statement you say: "The article said that a spokesman from NHS Greater Glasgow and Clyde stated that they were sorry to hear that the patient's family felt they hadn't been updated and that the patient had continued to be fully informed." Is that right?

A No.

Q No?

A Not at all. That's what they said, but that's not what was happening.

Q And even after that article came out, did you have any contact from the hospital management?

A I got one phone call from hospital management that Professor Gibson had set up. But [redacted] was really ill that day and I said that I couldn't do it and then that I was-- I had to concentrate on [redacted], I wasn't available, but they said they'd phone back to rearrange it. And that was it.

Q And that was after that article?

A Yes. Yes. And then they said they'd phone back and rearrange it after and they've never.

Q Do you know who that telephone call was supposed to be with?

A It was a female. That's all I can remember. I can't remember the name or----

Q Mr Bisset, I'm going to move on now and just ask you a couple of questions about the case note review. You've already told us a bit about the case note review in relation to the pseudomonas infection. Was there any mention of the

aspergillus in the case note review----

A No.

Q -- report?

A No. When I got the letter through from the case note review it said that she had that pseudomonas, but there was no mention of aspergillus. So it had a bit on the letter that you could contact somebody if you didn't feel satisfied with what your results were. So I have arranged for a video conference with the doctors that had done the review and they said that they weren't told to look for aspergillus in the case note review, that I needed to take that up separate because they were only tasked with looking for two or three certain infections.

Q To be clear, they said to you that that's something you would need to pursue further?

A Yes.

Q And did they give any indication of whether aspergillus was linked to the hospital environment?

A They did say that it could well be possible. Bearing in mind that hadn't left the room and when you actually Google the-- I know Google's not the answer, but as a parent when you Google aspergillus and how you contract it in a hospital environment it says it comes from poor ventilation or

water or building work. Now, they three things [redacted] encountered at least twice each while she was in that hospital. It doesn't take much to work out where it came from.

Q So you formed your own views----

A Yes.

Q -- about where it was likely to have come from?

A Yes.

Q Mr Bisset, thank you. I'm going to move on now to ask you just a couple of questions about something called the closed Facebook group which you mention in your statement----

A Yes.

Q -- at page106. Can you tell us what that was?

A It was for the families that had concerns regarding the hospital and the environment and the way it was being handled. It was a way for to keep updated on what was happening. Because your primary focus is on your children. You're not-- at that time I was too involved with 's care that I wasn't actively pursuing the hospital at the same time, so it was a way to keep updated with everything that was going on and what the hospital was saying to the media. It was to keep the families informed.

Q And do you know who ran it?

A John Cuddy, I think, was the name that I kept hearing. I don't know if he ran it or-- I don't actually know who ran it, but----

Q Yes. In terms of the hospital side, do you know who ran it?

A No. No.

Q Okay. At paragraph 106 of your statement, you don't need to turn it up, Mr Bisset----

A Right.

Q -- but you say you've attached to your statement what you describe as an example of the information available on the Facebook page. Mr Castell, I wonder if we could bring up Index 2, which is at page-- I think we want 55A of the bundle, please. (After a pause) Mr Bisset, you should be able to see in front of you what's included at page 55A of your statement; have you got that?

A Yes.

Q Okay. Can you tell me what that is?

A It's an update for the investigation into the unusual infections.

Q Thinking back one stage, Mr Bisset, is that a screenshot that you took? Sorry.

A Oh. Sorry. Yes. Yes.

Aye, that's a screenshot from the Facebook group.

Q That you took?

A Yes.

Q And when did you take that screenshot?

A I can't remember now.

Q Roughly?

A Beginning of the year.

Q Okay. And you have provided that screenshot and I think there's some others that follow on----

A Yes.

Q -- to the inquiry team; is that right?

A Yes, that's right. Yes.

Q I'm not going to ask you to go into it in any detail, Mr Bisset, but just if you could help me identify what a couple of these screenshots are?

A Yes.

Q What does this first page appear to be on 55A?

A The letter telling us what's happening with the update on the care, what's happening with the ward.

Q Can you see at the very top, I think it's just about cut off, but can you see who the update's from?

A "Here's a copy of a letter to parents from the Director of Women and Children's Services, Kevin Hill,

Tuesday." It's a Kevin Hill.

Q And is there a date further down?

A 12 November 2019.

Q Thank you, Mr Bisset. I'm not going to ask you to read from that. But Mr Castell, I wonder if we could flip over to page 55B. (After a pause) Mr Bisset, is it your understanding that that's a continuation of that letter?

A Yes. Yes.

Q Yes. And I think that goes on for a few more pages?

A Yes.

Q I wonder if, Mr Castell, if we could flip over to 55F. (After a pause) That's great. And is this another example, Mr Bisset, of----

A Yes.

Q -- a different type of communication? Can you see who created this one or who the author is said to be? It just says "Admin".

A Yes, that's the-- that was the Facebook group.

Q Right. Okay. And what's the date of that?

A 4 October 2019.

Q Okay. And can we see from that there's an indication that John Brown, the Chair of Greater Glasgow and Clyde and Jane Grant, the Chief Executive, would be visiting

the ward----

A Yes.

Q -- Ward 6A?

A That's the time that they were cleaning the wards for the VIP.

Q Right. Because we can see in paragraph 2 of that statement that there was a planned visit, I think?

A Yes.

Q Or there's a statement from the Cabinet Secretary; is that right?

A Yes.

Q That was linked to that visit that you described?

A Yes.

Q Thank you. Mr Castell, we can take that down now, thank you. Mr Bisset, just to conclude your evidence now, I want to ask you to reflect on the impact that all of this had on you and your daughter. Now, you've already given evidence that your daughter was already facing a difficult journey in her fight against cancer during this time. I'd like you to think about the additional challenges that she faced in relation to that journey caused by the experience that she had at the hospital. Could you describe that experience on your daughter?

A It's been hard. She's really struggled to fight back and get

to where she is now. As much as she's done so, so well, she's nowhere near finished. She's been two-and-a-half years leukaemia free, but mentally it's left a lot of scars. Glasgow, she dreads going to Glasgow, even for literally in and out visit, she doesn't like going there. She's happily go to Edinburgh Hospital and not bother. Tell her it's an appointment at Edinburgh and she's fine, you tell her it's an appointment at Glasgow and she starts panicking.

Now, that might be because of the way me and my wife have responded to everything that happened at Glasgow, but to me I think it's more on the way [redacted] was in Glasgow that got the fear of going back. I mean, I know I get the fear when we go up. If I never have to see Glasgow Hospital again it would be-- I'd be quite happy.

Q Mr Bisset, I'm going to ask you now about the impact on you and your family about this. You've already provided earlier today quite a lot of evidence about the impact on you. I'm going to ask you to read from a couple of paragraphs from your statement----

A Yes.

Q -- if that's okay----

A Yes.

Q -- where you sum up that impact. Mr Castell, could we please bring up paragraph 126. Mr Bisset, have you got that in front of you?

A Yes.

Q Could you read paragraph 126, please.

A Yes.

"I don't trust the Queen Elizabeth Hospital now. If I had my way I'd never, ever go back to the place again because of the experience I've had with the building and its faults. I think the Health Board have handled the situation poorly from start to finish. I think the way Jane Grant handled herself was disgraceful, she should have resigned straight away. I hope they address the safety concerns sooner rather than later. As I said, we were one of the lucky ones, my [redacted] came home. We don't have much to do with it anymore but I fear for the other families, other sick kids, other sick adults that have to go into the hospital. The concerns they've got with the ventilation and the water are alarming. There's always a risk of catching something else when you go into

a hospital but it shouldn't be through the negligence of the building work, the ventilation or the water system. That shouldn't be happening, especially in the 21st century. It's billed as Scotland's super hospital, there's nothing super about it."

Q Thank you, Mr Bisset. Mr Castell, if it's okay could you please turn over to paragraph 128. Mr Bisset, I'm going to ask you to read a second paragraph.

A Yes.

Q Okay. Could you please read out paragraph 128.

A Yes.

"The impact of the lack of communication left me angry and frustrated, even to this day. We're almost two years in and we're still not getting any answers. I know the Inquiry is dealing with it now but this shouldn't have to be happening. If they had just been open and honest with the families from the beginning, we wouldn't be in this situation. I know the hospital's maybe had major problems but why hide it from the families? You send your kids to hospital to get better, not to get worse, and not to lose your kids. Some of the families did, we consider ourselves lucky because came home. You know the risks involved because of the transplant side but you don't expect the risks from the building and water side of things, it just doesn't make sense why you would build a hospital right next door to a sewage plant."

Q Thank you, Mr Bisset. Now, I am going to come on and ask you for your concluding comments, but there's one other thing I'd like to just touch on very quickly, if that's okay?

A Yes.

Q Now, you've indicated at the very beginning of your evidence that you had some experience in the new Edinburgh Hospital----

A Yes.

Q -- is that right? Now, I wonder if you could just tell us a little bit about your experience there.

A It was good. The hospital's clean, it's fresh. [redacted]'s more relaxed going there. She always was relaxed at Edinburgh, but feels more at ease visiting that hospital. You feel safer and I know that it took a long time for it to open. I think the fact that it took that bit longer to open

makes me and my wife feel a bit more safe about taking [redacted] there, because you know that everyone happened at Glasgow, maybe they've addressed it with the new build before they opened it, so maybe they have learned from their mistakes at Glasgow and not done it at Edinburgh as well.

Q Did you have any concerns about the hospital in Edinburgh, the new hospital?

A Only because of what happened at Glasgow. The fact that it's the same companies and the same problems you think, "Well, are we going to be safe going visiting there with [redacted]?" But like I said, the fact that it's taken as long to open maybe they have learned and there has been a bit of time taken to make sure that it's not happening again.

Q Thank you, Mr Bisset. Before we conclude, Mr Bisset, is there anything else you'd like to say that you've not had the opportunity to say yet?

A No, I think I've covered everything. Just the fact that we don't blame the nurses at all. It's never been about the nurses and the doctors. It goes way above and beyond the nurses and doctors. It's nothing to do with them. But they're the ones that at the time, they were dealing with the families so they're the ones that were getting the punches thrown at them, I suppose you could say, because they were the ones facing up to the families that were looking for answers, but it was never their fault. It went a lot higher than that.

And on our side, we just want answers. We just want an apology. There's two/two-and-a-half years since it happened and we've still not had an apology yet. All we're asking is for a "sorry" and that they've learned from their mistakes and it will not happen again. That's about it.

Q Thank you, Mr Bisset.

A Thank you.

MS ARNOTT: My Lord, I don't have any further questions for Mr Bisset.

THE CHAIR: Thank you very much, Ms Arnott. And thank you very much, Mr Bisset. Coming and giving your evidence in person, but also in giving very detailed and very clear written witness statement, which as I think Ms Arnott explained at the beginning is part of the evidence that we have to consider.

THE WITNESS: Yes.

THE CHAIR: So thank you very much. You are now free to go.

THE WITNESS: Thank you.

(The witness withdrew)

(End of Morning Session)