

WRITTEN SUBMISSIONS FOR MOLLY AND JOHN CUDDIHY

TO THE SCOTTISH HOSPITAL INQUIRY

SEPTEMBER 2021

INTRODUCTION

On 24th January 2018 Molly Cuddihy was diagnosed with Metastatic Ewings Sarcoma of the rib at the age of 15 years old. At the time of diagnosis the tumour had spread to Molly's lungs and to one of her vertebrae. Shortly after diagnosis, on 27th January 2018, Molly commenced a course of highly immunosuppressive chemotherapy which was delivered to her as an inpatient in Ward 2A of the Queen Elizabeth University Hospital/Royal Hospital for Children (hereinafter QEUH/RHC). Wards 2A and 2B of QEUH/RHC are known as the 'Schiehallion Unit'. QEUH and RHC are operated by NHS Greater Glasgow and Clyde. Molly attended as an inpatient to receive chemotherapy throughout February, March, April and May 2018. On or about 13th April 2018 Molly attended ward 2B for platelets and a blood transfusion. Molly had a raised temperature, a C-Reactive Protein Test of 201 and severe throat pain. Molly experienced septic shock and required fluid resuscitation a number of times. She rigored. On 14th April 2018 she was transferred to Ward 2A room 6. Testing did not reveal the source of infection. Molly was discharged on 20th April 2018. In early May 2018, Molly was admitted to Ward 2A, room 17, with fever but cultures were negative and she received a course of antibiotics. Following discharge home, Molly's fever reoccurred and she was readmitted on 9th May 2018. Cultures were again negative. A thrombus was identified in one of the large veins at the top of Molly's chest associated with her central line (CVL). This was treated with an anticlotting drug and on 16th May 2018 further blood cultures were taken before Molly was discharged home on 17th May 2018. On 30th May 2018 Molly became very unwell and on 31st May 2018 she was admitted, as an emergency patient, to Ward 2A with febrile neutropenia requiring multiple fluid bolus and IV antibiotics. Molly started to rigor. A saline bolus was administered via her central line with a second and third saline bolus subsequently

administered. A new intra venous canula (IVC) was inserted into Molly's left hand. Blood cultures that had been obtained from Molly's CVL on or about 16th May 2018 were identified as mycobacterium chelonae. Mycobacterium chelonae is a hospital acquired infection. On 1st June Molly's CVL was removed. Triple IV therapy involving imipenem, amikacin and clarithromycin were administered for 3 weeks, following which clarithromycin was discontinued because of concerns that prolonged use could cause changes to electrical activity in the heart, with a risk of abnormal heart rhythm. Despite the treatment ceasing, Molly developed an abnormal heart rhythm. A new CVL was inserted on 13th June 2018 to support Molly's ongoing treatment and chemotherapy. On or about 15th June 2018, Molly received her first cycle of VAI chemotherapy. Following cessation of intravenous antibiotics on 22nd June 2016, Molly was advised that she required a further five months of oral antibiotics. Molly was discharged on 29th June 2018. Molly continued to take oral antibiotics and undergo cancer treatment during day care attendances and inpatient admissions. From 26th September 2018, Molly was no longer admitted to ward 2A, as both wards 2A and 2B had been closed as a result of the incidence of hospital acquired infection amongst patients. Molly was scheduled to undergo surgery to remove her originally infected rib and two final sessions of chemotherapy in October 2018. Molly was admitted to Ward 3A at the QUEH/RHC on 18th October 2018. Her temperature was taken on admission and was normal. She was shaking that evening and was given a sedative. Contrary to Schiehallion patient protocol, which should be implemented for child patients regardless of where they are being cared for, Molly's temperature was not monitored overnight. At the final pre-surgical checks the next morning Molly's temperature was taken and shown to be 40 degrees. The anaesthetist advised that Molly's surgery could not proceed. Molly was started on antibiotics, namely gentamycin, tobramycin, tigacycline, and ciprofloxacin. After a period of time, she was prescribed oral azithromycin and clofazimine. In addition, due to ongoing issues with water, other antibiotics were given, namely co-trimoxazole prescribed as a prophylaxis. Molly remained in hospital for the following two months. Her chemotherapy and surgery had to be delayed. Mycobacterium chelonae was again isolated from cultures take on 19th October 2018. A new central line was inserted

on 31st October 2018. This second central line had to be removed and replaced. Removal and insertion of the first, second and third central lines resulted in Molly being subjected to four additional surgical procedures. Molly was very ill and remained as an inpatient on Ward 6A, receiving antibiotics until her discharge on 21st December 2018. Molly's surgery to remove her rib finally took place in January 2019. The delay in Molly's surgery and the disruption to her cancer treatment caused great distress to Molly and her parents Maria and John Cuddihy and her brother Daragh Cuddihy.

Samples taken in Ward 2A on 14th April 2019 identified the presence of *Mycobacterium chelonae* at four sites on the ward. These were rooms 6 and 17 which Molly had occupied, also in room 16 and an undisclosed fourth location. Further water samples taken on 20th June 2019 reported finding *Mycobacterium chelonae* at the QEUH, however, the location was recorded as "QEUH/kids" and did not identify which wards or rooms were affected. On 4th July 2019, John Brown CBE, Chairman of the Board of NHS GGC wrote to John Cuddihy, Molly's father, expressing regret and apologising on behalf of the Board, that Molly had contracted *Mycobacterium chelonae* while she was an inpatient in the Royal Hospital for Children.

Molly Cuddihy

As a result of acquiring *Mycobacterium chelonae* Molly suffered severe pain, discomfort and distress. Rather than seeing the QEUH/RHC as a place of safety, where she benefitted from the care and expertise of Dr Sastry, her treating doctor and the medical/nursing staff in the Schehallion Unit, it now became a place of potential danger where access to necessary life-saving treatment was compromised. Following her contraction of *Mycobacterium chelonae*, the doctors, responsible for Molly's care were placed in an impossible position of deciding whether to resume her chemotherapy, which would result in the reduction of her immune system, at a time when bacteria, threatening the life of such a vulnerable patient, remained within the ward environment.

Conversely, a decision not to resume chemotherapy increased the risk of her cancer spreading.

Following Molly contracting *Mycobacterium chelonae* she endured extended hospitalisation attributable to the infection; prolonged antibiotic therapy; the necessity to twice remove her Central Venous Lines (CVL); inclusion on the PICU Watch List, deterioration in her kidney function, abnormal heart rhythm, high frequency hearing loss and the need to modify the planned delivery of her cancer treatment. This caused anxiety, stress, pain and suffering to Molly and the rest of her family. Molly's unplanned and prolonged hospital admissions, as a result of her contracting *Mycobacterium chelonae*, disrupted her education, family life and social life.

Molly's unplanned and prolonged hospital admissions created considerable additional anxiety for both Molly and her family. It necessitated Molly's mother, Maria, being resident in the hospital during admissions. Molly continues to live with the ongoing anxiety that her health will be further affected by *Mycobacterium chelonae*. The distress and anxiety that Molly has experienced due to her contacting *Mycobacterium chelonae* has necessitated her receiving psychological support.

John Cuddihy

In an effort to find out what had occurred and to seek assurances that his daughter would be safe within the ward, Professor John Cuddihy sought information from QEUH/RHC and NHS Greater Glasgow and Clyde. He hoped to receive some sort of explanation as to why his daughter had contracted *Mycobacterium chelonae* whilst in an acute childrens' ward which accommodated extremely vulnerable, immune compromised patients. His various investigations, the detail of which may be more relevant to future chapters of evidence, produced nothing to allay his fears and on the contrary, his discussions left him concluding that there was a lack of command, a lack of control, no effective communication to patients and families, an absence of a

duty of candour, no apparent dialogue between medical staff and infection control and a total lack of understanding of the fact that there continued to be an ongoing issue with the water supply. This further added to the distress, stress and anxiety suffered by John and Maria Cuddihy.

It became apparent to Professor Cuddihy that the processes and procedures that should have been adopted once an infection has been identified had not been followed. He observed every day “organisational chaos” within the ward where Molly was receiving treatment with a total break-down of faith, trust and honesty, lack of coordination and absence of leadership. He observed new patients being treated within other wards, outpatients advised not to visit ward 2A; “deep clean” followed by “deep clean”, signage on water fountains and advice not to drink water from the taps, already fitted with filters. In all the circumstances his perception was that no-one had a “grip” of the crisis.

Such was his concern with the failure in corporate governance that he was left contemplating whether he should seek to remove Molly from the ward, however, the outstanding medical care at the hands of the clinical team under the leadership of Dr Sastry resulted in him deferring this decision.

CONCLUSION

When Molly was diagnosed with Metastatic Ewings Sarcoma on 24th January 2018 at the age of 15 years old, Molly, Daragh, Maria and John Cuddihy were extremely worried and fearful of what the future held. They all knew a “battle” lay ahead. Molly became increasingly aware of the ravages of chemotherapy on her body. Despite this, she continued to conscientiously engage with her academic studies, with the aim to study medicine and she adapted to a life that involved hospital admissions to the Schehallion Unit, to receive potentially life-saving treatment. Then, in addition to this already very challenging set of circumstances, Molly contracted *Mycobacterium chelonae*, a hospital acquired infection that had catastrophic effects on her health and her ability to access life-saving cancer

treatment. The challenges that followed, resulted in concern for Molly's survival on a number of occasions, extremely painful and debilitating side effects of treatment and an emotional impact on the whole family that is beyond words. For Molly's parents this generated a strong sense of helplessness and immeasurable distress and worry. They were unable to protect their child from the adverse health consequences of the infection she had acquired. At the same time, as potentially life-saving cancer treatment was required, they had to admit their daughter into a hospital environment where they knew that ongoing failures in corporate governance and ineffective infection control measures had exposed and may continue to expose the lives of young, seriously ill, immune compromised patients, including Molly, to significant risk. A position that no parent ever wishes to find themselves in.

Clare Connelly, Advocate

4th September 2021