



# SCOTTISH HOSPITALS INQUIRY

Hearings Commencing  
20 September 2021

Day 14  
Monday 25 October  
Afternoon Session

**C O N T E N T S**

	Pages
<u>Cuddihy, Ms Molly</u> (Cont'd)	
Examined by Mr Duncan	1-67

---

**14:15**

**THE CHAIR:** Good afternoon, Ms Cuddihy. I hope the reason for our delay in starting has been passed on to you. My understanding is we're having difficulty with securing the necessary bandwidth for onward transmission of the proceedings, but the proceedings are being recorded. At least an audio recording will be posted on the website and as is usual with all our evidence, a written transcript will go on the website. So, Mr Duncan?

Ms Molly Cuddihy

Examined by Mr Duncan (Cont'd)

**MR DUNCAN:** Thank you, my Lord. Molly, if we can move on, then, through 2018, and we start to move on with the new plan. And just to get us back into where we were immediately before lunch, you look at paragraph 108 of your statement, I think you set out the new plan there is that right?

**A** Yes.

**Q** Yes. So, it's a different regime of chemo, some radiotherapy, surgery after your tenth chemo, I think, is that right?

**A** Yes.

**Q** And then there would be some chemo to chase down the

remaining cells, is that right?

**A** Yes.

**Q** If there were any.

**A** Yes.

**Q** And we then go into a process of going backwards and forwards to hospital for that treatment, is that right?

**A** Yes. So, I had to have radiotherapy at the same time. So, the radiotherapy would be up every single day at the Beatson, Monday to Friday, and then I was still on my 21-day cycle, so that would start on the Friday for the chemo whenever it was a chemo weekend, and I would be in the Friday overnight and through the weekend, and then I would have radiotherapy again on the Monday. That went on for six weeks, so two chemo's worth, I had that kind of routine.

**Q** Yes.

**A** Like, but at one point, I did have to be an inpatient: I had mucositis. And so, I---

**Q** Sorry, I didn't catch that.

**A** At one point during that, I had to be admitted as an inpatient.

**Q** Yes.

**A** Instead of going from home every day, I was going from the hospital because I had mucositis.

**Q** And how did you get to

and from the Beatson?

**A** When I was in the hospital?

**Q** Yes.

**A** By taxi.

**Q** Yes. And I mean, over this period, had you any answers at this point as to how you got the infection, or indeed, whether it had gone away?

**A** We didn't know if it was gone away. That was certainly what we hoped. I was still on oral antibiotics at this point this point, and I had to continue to be on them. We were still at a loss for why, and there was no definitive answers. It was all up in the air, really.

**Q** Okay. Now, over this period of time, I think we can see from your statement that you became aware of some other issues to do with the hospital.

**A** Yes.

**Q** And if we take, for example, your journeys to and from the Beatson, do you remember an issue in relation to a fallen window or a sheet of glass?

**A** Yes. So, one of the days, on my way back from the Beatson, the taxi driver was getting my chair out the back, and my mum was about to take me in through the front

door, and the taxi driver stopped us because there was broken glass all over the floor. It was literally just before we pulled in, one of the panels had fallen and smashed. So, that was a new one(?).

**Q** Yes. And another issue that affected the way in which you were permitted to enter and leave the hospital was something to do with cladding.

**A** Yes.

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

**A** So, with the issue with Grenfell, the cladding had to be changed, but when they removed the cladding, they found that there was fungal spores, I believe. We couldn't be near that because of our immunity. And so, we couldn't go in through the children's entrance anymore. Obviously, the front entrance, we weren't to use because of the issues with the windows and the panels and there was scaffolding there. And so, the only entrance that was left available was through the discharge lounge. That wasn't without issues, though. That was where the smokers liked to congregate.

And so, unfortunately, your only option was to walk through a smoke-filled environment, and when the

majority of us have got issues with our lungs anyways, it's ridiculous. I mean, the thing about children's cancers is that it's not a lifestyle choice. It's a mistake that's happened with your DNA; it cannot be helped. And these people are smoking and-- The type of person that has to smoke when they're in the hospitals, it's obviously a bad habit, and it's like a kick in the face that you have to walk through that, and you can't help the situation you're in. Not only is it uncomfortable because of the smoke, but you don't feel good about it either.

**Q** And another issue, I think, that you mentioned that you were aware of just on, I think, Ward 2A, on the Schiehallion Unit in particular, in the earlier parts of 2018, was a particular type of cleaning that went on using hydrogen peroxide.

**A** Yes.

**Q** Can you tell us a bit about that?

**A** So, there was a spray, almost, so the rooms had to all be shut, and they would be sealed off. And so, they were constantly moving people about and, if you didn't need to be on the ward, you were moved off the ward. So, this happened while I was in for the month-long, so I couldn't leave the ward because of the bug, but

I think I was one of six patients on the ward at that time, and we're usually overflowing and on different wards on top of everyone in our wards. So, that was crazy to think everyone was displaced elsewhere in the hospital because they had to get this cleaning done.

So, we were bounced about, room to room, while they did the cleans. Like I said, they sealed off the room and it was this machine, and it basically sprayed every single surface. But that was a whole performance, because then the staff, the auxiliaries and things, they had to be moving furniture about, and that's not their job; their job's helping to care, but they were stuck having to move furniture because a clean had to be done because they didn't know where the issues were.

**Q** Just thinking about those three issues, then, and that last one in particular, where you're one of maybe six people on the ward, everybody's displaced because this cleaning has to happen. What, if any, effect did all of these things have on your confidence in the clinical facility that you were in?

**A** Well, I knew that I had had a bug. I knew that it was environmental. We didn't know. We had an inkling it was probably to do

with the hospital because of everything else that was going on with the water, but, with that I was already nervous. But I had nowhere else to go. That was where I needed to be treated. Then, you throw in that everyone's getting moved off the ward, and then we're all getting moved about, so you couldn't even settle in a room. And I was in there for a month, not settling for a few days, jumping from room to room. We had to pack up each time. That's even less of a confidence. And it was very obvious that there was something wrong, but it wasn't communicated what was wrong, if they knew anything was wrong. And so, you're being dropped about room to room, and some people aren't even on the ward, and you have no idea why.

**Q** Now, did there come a point when you discovered that, in fact, Schiehallion Unit was going to actually close.

**A** Yes.

**Q** Can you remember where you were when you discovered that?

**A** I was in the ward, I think. It was in the September. I had a chemo in September, and then it was to close by the end of September, and then I had my next one at the start of October, and it was then.

**Q** Yes. I want to look at paragraph 179 in your statement, Molly. I think you set out what you discovered.

**A** Yes. So, I was discharged the end of September, and then everyone was moved. So, it was over the weekend, I think. And then, that's, again, another job that the staff had to do. They had to move all of our stuff over to the other hospital.

**Q** I noticed that one of the things that you say in that paragraph is:

“What they said was that ward 6A would be a lot better, that the issues with the Children's Hospital were not issues in the QEUH, and we would be fine in the Queen Elizabeth.”

**A** Yes.

**Q** Do you have a recollection of who said these things?

**A** So, we used to get letters, but they also used to send the nurse in charge and Mr Jamie Redfern around, and basically, they had to be the bearers of bad news. They couldn't really answer any questions. Whether that was because they didn't know or they weren't allowed to say, I don't know. But it was quite horrible, actually, because they were subjected to all of us being angry. Obviously, we

were angry, but they were just pushed to the front and fed to the wolves.

**Q** So, what you've set out there, what you learned from a combination of-- Did you say letters and what the nursing staff were being asked to tell you, is that right?

**A** Yes. So, the nurse in charge of the ward, and then Mr Redfern, I believe, at the time was the general manager.

**Q** And I think the other thing you mention is that you were told it would be a couple of months or so.

**A** Yes. We thought we would be in 2A for the new year.

**Q** Do you recall anyone around about this time saying anything about whether the water supply on Ward 6A was the same as or different from the water supply on Ward 2A?

**A** We were told it was a different water supply.

**Q** Again, do you have a recollection of who said that?

**A** I think my dad asked the question because that was his concern, because that's where we believed I got the bug.

**Q** Okay. So, if we move on, then, with your treatment, we can see from your statement that you were due to have surgery on the 19th of October 2018. It's paragraph 112,

Molly, if you're looking for where we are. And I think you were admitted again to Ward 3A. Can you recall if the surgery was explained to you before you went to theatre?

**A** Yes. So, I had both my thoracic surgeon, Mr Andrews, and my plastic surgeon, Mr Watson, come. And so, Mr Andrews was very upfront that it was quite a dangerous surgery. I mean, it's my chest wall, and obviously that's-- You need to (inaudible) your lungs. It needs your diaphragm to help you breathe and things.

So, it was dangerous, and it was to be a long procedure and they came and they spoke me through everything that could go wrong. And I had to sign my forms and I was-- As much as I was nervous, it was a huge deal, the surgery itself. And it wasn't like a routine surgery or anything, it was one that was specific to me. But I very much had a confidence in them. I wasn't terrified or anything, I wasn't panicking. It was in my head, "That's what's going to get rid of this. That's the big thing that I need to get rid of." So, it was worth it. It made sense to me because of that.

**Q** Yes. And I think you were offered a sedative the night before, but chose not to take that, is

that right?

**A** No. I didn't feel I needed it. Like I said, I wasn't too concerned.

**Q** Now, you're on Ward 3A and you explained earlier, it wouldn't be under the usual Schiehallion protocols there, is that right?

**A** No, I wasn't.

**Q** And does that mean that your temperature wouldn't be regularly checked?

**A** No. It was checked when I was admitted, as part of the patient check-in, but it wasn't done again.

**Q** Physically, were you starting to exhibit some symptoms of some kind?

**A** Yes. So, I couldn't sleep that night, and it was almost as if I was shaking. I now know it to be rigoring, but everyone thought that it was because I was nervous about my surgery. And so, I was given the sedative that I had previously been offered, but it didn't make a difference.

And like I said, I wasn't feeling overly anxious in any way, so there wasn't really an explanation for why I was shaking the way I was.

**Q** Yes. Presumably, if it'd been nerves, the sedative would've dealt with that.

**A** Yes.

**Q** Now, am I right in understanding that shortly before you were due to have the operation, you did have your temperature taken?

**A** Yes. So, they have to do final checks before you go into surgery, and one of them is -- So, you get your heartrate, your blood pressure and temperature taken.

**Q** And what did that show?

**A** It was over 40 degrees. And so, that explains the shaking the night before to be rigors, and it was the early onset of whatever was going on.

**Q** Yes. And what decision was taken in relation to the operation at that point?

**A** The anaesthetist came and spoke to us. So, it was her decision. She came up and her exact words were that she couldn't go ahead with the surgery, because if she did, it would have been catastrophic if something was on board, and they hadn't known. Because obviously, I had to be on a ventilator during surgery, and I wouldn't have woken up from that.

**Q** And were cultures taken again at this point?

**A** Yes. So, the cultures were taken and tested, and I was then admitted to 6A.

**Q** And how quickly did the



cultures come back?

**A** I think it was only about five days this time.

**Q** What did they show?

**A** Mycobacterium chelonae.

**Q** So, it was back?

**A** Back.

**Q** And did you have a meeting with any of the microbiology staff around about this time?

**A** Yes. So, then Dr Christine Peters took over from Dr Inkster, and I had a sit-down meeting with both her and Dr Sastry.

**Q** How did that come about?

**A** I asked for it. I was over 16 this time, so I asked to be present for it.

**Q** And what did Dr Peters say?

**A** Well, I asked her what could they tell me, if it was actually going to be gone this time. What were they going to do for me? And she was very upfront that she didn't know if it would be gone, but they've had a number of antibiotics that they were just going to work through, and they were going to try again. And this time they were going to do the two months IV, because they only did the month previously and it clearly never worked.

**Q** This would be different antibiotics?

**A** Yes. They believed that the bug would have now been resistant to the antibiotics I had before.

**Q** And what were those antibiotics like?

**A** These were worse than the last ones. They were for leprosy patients. I thought it was poorly the last time but I was really sick this time, and I was confined to my bed for the two months effectively.

**Q** And your line was removed again, is that right?

**A** Yes.

**Q** So, let's move on, then, with plans of Dr Sastry's.

**A** Yes.

**Q** What was his new plan is now being ripped up, is that right?

**A** Now, can't go ahead. Yes.

**Q** So, did he come up with a new plan?

**A** Yes. So, we were just going to do the last two chemos that I would have had, and the surgery would be at the very end. But that was a concern for me because the first time they had to change the plan, it was explained to me that I would have the surgery prior to the last two chemos in order to sweep up the remaining cells.

This time, that wasn't the case. And so, that was playing in my head, "Then what's cleaning up anything that's left from surgery?" But I didn't have an option.

**Q** Now, were you an inpatient over this period, then?

**A** Yes.

**Q** And there was this antibiotic treatment and chemo in tandem?

**A** Yes. So, the antibiotics started, and then eventually I had the last two chemos.

**Q** And where were you while you were an inpatient?

**A** 6A.

**Q** Right. Let's pause, then, and start to think about Ward 6A. I just really want to get your thoughts on the comparison between Ward 6A and 2A.

**A** So, we spoke about before that [REDACTED] and I had identified the gap in the provision for that age group. But not only was it missing for them now, they had taken away the playroom. There was no playroom for the kids. There's no TCT. There was no longer a parents' kitchen. We didn't have the TCT kitchen. Even the way the ward was set up was completely different. You were then in hospital, and day care had to be on the same ward. And so, everyone was going by

your room to get to day care, because day care was at the very end of the ward. And so, every single person that has to come in has to walk by you, and when you're feeling rotten, you don't want people looking in your room, but it's human nature that people are going to look in the window as they pass it. It was unavoidable.

**Q** So, as a result of all of those facilities that you previously had not being available to you, the TCT room in particular, were you stuck in your room, basically?

**A** Yes. Completely. And they weren't-- You were allowed to go on a walk around the ward, but you were getting in people's way. The nurses are already incredibly busy, and you're not meant to get in their way, so you really couldn't do anything but leave your room.

**Q** What effect did that have on you?

**A** I felt sick that time. That's when I-- Mentally, that's kind of when I went downhill a bit and eventually I gave in, at this point, and got a feeding tube.

**Q** What you've just said is more or less what you say at paragraph 155. You say, "... for a lot of us "sick" was a mindset ..."

**A** Yes.

**Q** “It was easier to believe you were sick when you were in ward 6A.”

**A** Yes.

**Q** And have you just told us that, finally, you gave in and you had a feeding tube?

**A** Yes. ‘Cause there was no way of getting food. We had a microwave for a very, very small period of time. I think it was maybe a week we had this microwave, but you had to ask a member of staff to use it for you, and they would do it at night, but then you were bothering them. But then it was taken away, so we couldn't even use it. And we were told that we had to go downstairs if you wanted to reheat food.

So, if my mum wanted to heat up something for me, she'd have to walk through the entire hospital, go down to the atrium and use microwaves that-- they were unclean, completely unclean, and then bring that food all the way back up, back in the lift, up to 6A. To me, surely that is more of an infection risk than having one in the ward that we're solely using. But it's people above my station that made those decisions. So, I just didn't want to eat either, 'cause I just hated it. Absolutely hated it.

**Q** Was Ronan on the ward?

**A** Yes, Ronan. But his job was then so difficult. He didn't have a common space, that he could help people. He couldn't introduce people because you're not allowed in someone else's room, and he had to bounce between rooms. And then, there was only one movable PlayStation. So, if one person had it, then that was it for everyone. I never needed it, but it was horrible for anyone that was newly diagnosed because they didn't know any different, and they didn't have people that they could still contact or anything.

Ronan tried his best, and it did make all the difference, him coming in and speaking to you and trying to organise things for you, like my guitar lessons that I said and things, but it just wasn't the same.

**Q** But was he having to do that essentially on a patient-by-patient basis?

**A** Yes.

**Q** The group activity aspect was gone.

**A** Yes, that was all gone. No socialising. Nothing like that.

**Q** And do you feel that the support network that you had had effectively gone too?

**A** Fell apart. Yes, it fell

apart completely.

**Q** What about the charities? Were they able to get access to the ward?

**A** Not in the same way, no. Team Jak just had to leave things. Eventually, what was a bathroom got made into a parents' kitchen towards the end of the time, but-- It was like a trolley could perhaps go around, but there wasn't really anything that they could do. It was just a different place. It wasn't a happy place anymore. It completely changed from that safe haven that we were used to.

**Q** When you say "people", do you mean only the patients, or the patients and the families? Or do you mean the patients, the families and the staff as well?

**A** Everyone. It was easier for the nurses in the sense that, so if the emergency buzzer went when we were on 2A, because of the circular-- It was kind of like this shape. They would be running round the corner trying to find where they were going. Obviously, that's a lot easier on the straight ward in 6A, but you could see it affected them that everyone else was affected by this move. People weren't happy the same and it was so heart-breaking walking by the wee kids' rooms and they're just at the

door, and they're just looking at you through the door. You're used to seeing them running up and down and that's horrible.

**Q** Speaking of rooms, what about your bedroom in 6A? How did that compare to what you'd had previously?

**A** They looked like hospital rooms. Because it was an adult ward, it looked like hospital rooms. The colours and everything was a lot nicer and happier, and I know that doesn't sound like it makes a huge difference, but when you're staring at four walls all day, it does make a difference whether it's a coloured wall or whether it's a blank wall. And they tried to fit up stickers, but they-- I know one time when I was on medication, I was hallucinating with these stickers. They weren't particularly nice stickers, and a lot of the kids agreed with that. But that was the best they could do.

And it was even with the parents' bed. So, the parents used to have pull-down beds that were built into the furniture, and because they could pull down, there's a proper mattress, but these new ones were folded, so a proper mattress just shouldn't be able to fold, one that supports you. So, then it looked like your parents were staying in these beds, and they're

already up all the time with us for our machines and needing help for the bathroom and things like that, that they need a decent bed. It just was a completely different environment.

**Q** Okay. Let's move onto another aspect of 6A. Let's just think back to that conversation that you'd had before you moved, and what you were told about the fact that the issues that were present in 2A wouldn't be present in 6A. Is that how it turned out?

**A** No. Turned out to be the same water system. We also still had filters all over the taps, and that was there from the get-go. So, for something that was supposed to be a different water system, why did we have filters? It was obvious.

**Q** How were you finding out what was going on generally in relation to hospital at this stage of things?

**A** My dad had started pushing for things after I got the bug, and a lot of the answers that I had, and certainly from my general understanding, was through my dad and any work he was doing. But there were still some letters and, like I said, they used to send management around. What I was finding out through my dad and what I was finding out when management came to speak

to us were completely different things. And that wasn't fair because not everyone had that. Not everyone had a parent that could push for them. I was very, very lucky because of that, that my mum and dad were pushing for that on my behalf, but not everyone had that. So, why was the same information not afforded to every single patient? And why was that being withheld from the staff? It was just a breakdown, completely, in trust and everything.

**Q** So, you'd go as far as that? There was a breakdown in trust by this stage.

**A** Yes.

**Q** Let's take an example of where there maybe be different stories about something. Paragraph 180 of your statement, Molly, you mentioned something about the staff kitchen in 6A, do you remember that?

**A** Yes.

**Q** Do you want to tell us about that? Or take a moment to refresh your memory.

**A** Yes. So, the staff kitchen, which is where the microwave that we had for about was, that was suddenly one day -- So, the room that I was in for the majority of the two months was across from this kitchen, and one day it was suddenly taped up

with a big orange tape that was there for the HPV cleaning. So, it was completely sealed off, and we were just told that it was getting redone. But when you actually spoke to the nursing staff and some of the auxiliaries, which we had a good relationship with, found out that it was because there was mould when things were taken up, and it was bad. There was pictures of it. That's a hospital.

**Q** In what you say at paragraph 180, the way you put it is that the higher-up staff told you that they were just "rejigging".

**A** Yes. That it was just getting done up.

**Q** Who do you mean, or what do you mean by the "higher-up staff"?

**A** The management. The non-clinical staff.

**Q** Yes. So their explanation of things was, "We're redoing or rejigging the kitchen"?

**A** Yes. "Upgrading" was their favourite word.

**Q** Yes. Upgrading.

**A** Whereas the auxiliaries were saying, "Actually, no. There's a problem in here"?

**A** Yes.

**Q** Okay. Let's move back to your story, then. Treatment in late

2018. Am I right in understanding that you still have this issue with your heart that you had?

**A** Yes.

**Q** Yes. And am I right in thinking that we get towards the very end of 2018, you discover another issue that's arisen from the antibiotic treatment to do with another organ?

**A** So, after every second chemo, I was having my kidney function tests done, just to keep an eye on things and it maintained, throughout all of my chemotherapy, at 98 per cent function, which is perfect. It's ideally what you want. And then all of a sudden-- So, for the chemos before those two months of IV antibiotics, it wasn't 98 per cent. And then, when I got it tested again after the end of the two months, all of a sudden, my kidney function was down to 54 per cent. So, it had halved effectively.

**Q** Yes. Looking at your statement again, at the paragraph 123, just to try and bring us up through to the end of 2018. You got that in front of you?

**A** Yes.

**Q** Just interested in what you say at paragraph 123. You say, "It was hard to feel completely safe at that point and it was nothing to do with

the clinical staff because I trusted them implicitly.” Just pausing there, is that right? At this stage you still implicitly trusted Dr Sastry----

**A** Completely.

**Q** -- and his team?

**A** Oh, 100 per cent.

**Q** Yes. You then say, “I knew that I had the best care, I could only put my trust in them, but I would have had to be blind not to see the issues in the building itself.” Is that right?

**A** Yes.

**Q** When you say, “I would have had to be blind”, do you mean anyone would need to be blind to see that there wasn't an issue here?

**A** Yes.

**Q** Do you think the obviousness of that was reflected in the messaging that you were seeing coming from the Health Board at this point?

**A** No.

**Q** Are you aware of any messaging from the Scottish Government at this stage in relation to the issues that you were seeing?

**A** My dad had been in contact with members of the Scottish Government. For the first time he contacted the Chief Medical Officer during the summer months, so I was

aware of things in the background running that way. But I wasn't too involved in any of that. Because I was so acutely unwell, I had signed off, because I was over 16, that my dad could deal with things on my behalf, so that we could keep them separate. So, I was aware, and my dad always informed me of everything, but it was easier for me to try and maintain that trust when I kept that in the background.

**Q** And I suppose, going back to your story again, another thing that you were still focused on were your own plans, and you were pushing on with the Highers now, is that right?

**A** Yes. I was doing my Highers.

**Q** But are we right in understanding that those had to be scaled back a bit because the simple fact was you were in hospital and couldn't do science experiments, for example?

**A** Yes. So, I had originally set out to the six Highers. And it took a lot of work to try and get people to agree to allow me to do six Higher, but it was fine. And then I got the bug, and it meant I wouldn't be in school. And so, that meant that I couldn't do-- So, in order to meet your qualification, you have to do an assignment, and

part of that is an experiment.

Now, firstly, I couldn't get in to school to do the experiments, but I also was-- The chemicals, I could have had an issue with them. And so, I couldn't sit Biology or Chemistry, which are fundamental if you want to be a doctor. So, effectively, there was no point in studying them.

And as for Maths, I still continued to study Maths. I enjoy Maths, but there was no point in me sitting the exam because I was planning to do Advanced Higher, so we scaled it from 6 down to 3. I just continued with Spanish, French and English.

**Q** Yes. I have no doubt we'll come back to that later. Let's move into 2019, now, Molly. And I think, finally, your surgery took place, is that right? I think we can see it was the 16th of January 2019, is that right?

**A** Yes, to the day. Yes.

**Q** Ward 3A, again?

**A** Yes.

**Q** The same operation that you were going to have before, is that right?

**A** Exact same.

**Q** Yes. Was there an issue with pain relief?

**A** Yes. So, in the October, when I was supposed to have the surgery, there was a bed in PICU for

me for afterwards because of the pain relief I would need, just in case there was issues with my breathing as well. There was an issue with availability of PICU beds. This was a UK-wide thing. There was an issue with PICU everywhere, but because I wasn't acutely unwell, I thought, "Right, okay. Well, I could maybe go without PICU bed." So, I went back to 3A.

However, because of that, the idea for pain relief changed. So, I, just to have-- I've forgotten the name of it. An epidural in my back, so that I couldn't feel anything from below a certain point, so that they could cut down on pain relief because teenagers don't do well with morphine. I particularly don't. It makes you quite violently sick. And because I'd had surgery on my chest wall, I couldn't afford to be sick, in case I did anything in that area. And so, I couldn't be on morphine, and that was the only available drug that you could get on PCA in 3A. So, that was fine because we expected the epidural to work.

However, because of the tumour in my spine, the epidural didn't work, and I could feel everything. But there was still the issue of I can't get morphine, and there's no other PCA. So, we tried everything, and this went on for two days of us keeping on



trying, and eventually it ended up in a screaming match out in the corridors, because the doctors from Schiehallion came up and shouted with management that it was inhumane to leave me in the state I was in without pain relief. So, it was agreed that I was what they called “specialed”. The very first night, it was a nurse from PICU, but after that, it was Schiehallion staff for the remainder of my time in 3A. And I had a one-on-one nurse so that I could get ketamine PCAs, so that I had pain relief.

**Q** Yes. So, you said you went about two days without pain relief, is that right?

**A** Two days.

**Q** Yes. Scale of the pain?

**A** That was the first time I’ve ever used the number 10.

**Q** Now, move into February, you have clear scans, is that right?

**A** Yes. I had finished my treatment. So, I got to ring the bell.

**Q** Tell us about that.

**A** So, my friend that I went through treatment with – he was a patient of Dr Sastry’s as well – and the two of us luckily managed to ring it together. So, it was a big deal, and we went up to Schiehallion, and the nice thing about Schiehallion that’s different

from adults is that it’s an “end of treatment” bell, not a “cured” bell. So, regardless of what your outcome’s going to be, you can always ring it. But I had finished all my treatment, and that was me, clear scans, so I went and I rang my bell. And it was like a big party. It’s hard enough.

**Q** People (inaudible) you get to say a few things, is that right?

**A** Yes. Yes.

**Q** However, you’re still being treated for the infection, is that right?

**A** Yes.

**Q** Still on the antibiotics.

**A** I wasn’t officially discharged.

**Q** Yes. I mean, you didn’t have a line at this point, did you?

**A** No.

**Q** Are these intravenous antibiotics?

**A** No. They’re antibiotics at this point.

**Q** Were there any injected ones over the period early 2019?

**A** No.

**Q** But, I think, am I right in understanding that eventually Dr Sastry and Professor Lawrence agreed that you’d stop?

**A** Yes. They said, “Enough’s enough,” by the summer. I

was so poorly on them and I had so many issues in my gastro system that they said that the benefits aren't-- the cons outweigh the pros. So, they agreed to take me off them in the hopes that the bug was gone.

**Q** And by July 2019, did you have some other plans underway?

**A** Yes. I had got into Cambridge's Summer School, and I went down and did a medical induction course.

**Q** Yes. How long did that last?

**A** Two weeks. Yes.

**Q** How did it go?

**A** Yes, good. I got a first.

**Q** Yes.

**A** Good. Enjoyed it.

**Q** I think, in July 2019, you also had a consultation with Dr Sastry.

**A** Yes.

**Q** And I think you probably know the one I'm referring to, is that right?

**A** Yes.

**Q** Now, I wonder if we want to just get your statement up. Quite a lot in this. Paragraph 128. So, just use-- I think if we did have that up on the screen, it might help. It's page 36. Thanks very much. Excellent.

So, just have a moment to look at that, Molly. Is that the meeting in July

2019 that I'm asking about?

**A** Yes.

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

**A** So, we believed it to be a routine check-up, and I was well at this point. And so, my dad was back at work. He was away on a trip, and my mum and I just went up for my check-up. At the end of it, Dr Sastry had us sitting in the doctors' room, which was unusual. He had to talk to us about something. I was in nettles that it was--

**Q** Sorry, Molly, I missed that.

**A** I was worried that it was my cancer or something. But he sat us down and the way the conversation went was he said, "And you're aware that someone else has contracted mycobacterium chelonae?" We were like, "Well, no. We weren't aware of that." And so, Dr Sastry was very taken aback because he was under the impression that we had been told and we knew that this had happened, and it was promised it wouldn't happen, but of course, it did. It was written into--

So, the infection management team had a meeting after the patient contracted MC, and it was written into the minutes of the meeting that

Professor Cuddihy was to be informed of what had happened, and it had been written in the following meeting that he had been informed, and that had been done, but it hadn't been done. And, in fact, it was Dr Sastry that told us because he believed it was important that we knew.

But, whilst we were in that meeting, he got a phone call from a member of the management team, and he said, "I'm actually in with Molly and Mrs Cuddihy just now and I've just told them." And he had to leave the room to speak to them. He didn't speak to them in front of us. I don't know what was said, but he was asked to leave the room.

**Q** And how did you feel about the disclosure of all of this?

**A** I was horrified. You build relationships with all these kids on the ward. So, I had all my friends that were my age, but not only that, there was the wee tots-- That was in my head, that one of these wee kids has got this bug, and I remembered how awful I felt. So, I was absolutely horrified that I just-- I kept imagining one of the one of the babies had this bug. And I'm not saying that it's any worse that a younger child's got it than an older child, but it no matter who it is, it's horrible, but it's just that that's all

that was in my head. I felt like it was something-- And I know it's not, I felt like it was something that could have been changed if it was done differently, that if I had done something differently. And I know it's nothing to do with me, but that all could have been avoided if the right measures were taken at the time that I had got that, that would have been avoided, and that was one less person that was sick.

**Q** I think you go on to say, at paragraph 132 that you were angry.

**A** Oh, yes. Yes. I just felt like that was when I wanted involved with what my dad was pursuing, because they weren't listening. If it had gotten to the stage that someone else had contracted it, they clearly hadn't listened the first time. And I'm not saying that I could do anything differently than my dad, but I just wanted involved.

**Q** Were you upset your father hadn't been told, as they had said?

**A** Yean. Yes. I was more angry that it was then said he had been told. That they'd updated their minutes that he had been told when he clearly hadn't.

**Q** Thank you. We can put that to one (inaudible). Now, I think we

know, Molly, that you relapsed in August, unfortunately. Had the infection impacted upon your treatment options?

**A** Yes. So, because of my reduced kidney function, that reduced my options. There was three options I was given from the get-go. So, the very first thing they did was I had an operation to remove the biggest tumour that was in my lung. Then, thereafter, it was Dr Sastry gave me three options, the first of which was I could go on a maintenance chemo, and that would buy me time. Obviously, that wouldn't have been curable that way. That wouldn't have been enough to cure it. So, to me, that was giving up. So, that was crossed off. I could have also tried a different chemo that was a bit more heavy duty, but it wasn't a guarantee and it was-- I just wanted something that they thought, "Right, okay."

The third option was-- Now, thank God for Dr Sastry, that he had the foresight to think of this, but the third option was the heavy-duty chemo and the stem cell transplant, and that was ME-ME, so they would do that twice, basically, they called it. But the risks of that were I wouldn't make out of it because of my reduced kidney function and, not only that, how

horrible the treatment was itself.

**Q** As you put it in your statement, "Of course I was going to try."

**A** Yes.

**Q** Am I right in thinking you did the maintenance as well?

**A** Yes, so I wanted to get the fundraising out the way. The way I saw it was if, God forbid, anything happened and I did the ME-ME protocol, I'd done something good. So I got the Ball out the way.

**Q** Okay. Well, we'll come to the Ball later. I want to just finish 2019 because am I right in thinking that one of the other consequences-- Well, let's step back. We know that one of the consequences of the antibiotic treatment was the impact on your heart, is that right?

**A** Yes.

**Q** Am I right in thinking that one of the consequences of that was you couldn't have certain prophylactic antibiotics in relation to particularly the risk from fungus, is that right?

**A** Yes, so it wasn't so much that I couldn't have it. It was that they had to minimise the amount of medications I was on. So because I was going on this maintenance chemotherapy, Dr Sastry made the decision that, in order to try and

protect my heart, it was the plan that I was not going to be near that hospital, and that's the way he put it: "You're not coming up to the hospital. We don't plan on you being here." So I was taken off of the antifungals and the prophylaxis, and it was the fluconazole, an antifungal, and, unfortunately, things never quite work out with me, so I did end up-- Not only was I going back and forward for check-ups, I was an inpatient twice whilst I was on the maintenance chemo.

The consequences of that were, in the November, it was the first concert I was going to on my own with my friends, and I couldn't breathe properly. One of my friends took me home actually because they thought I was just panicking that I was around so many people again after being out of things for a while, but I now know that it was because of my lungs. Basically, I had PCP pneumonia.

But when I was first admitted, it took a while for us to get to the bottom of that. But, progressively, my breathing got worse and worse until one night I got admitted to PICU, and that was the first time I was in PICU. At first, they thought it was a blood clot in my lungs, just because of the way I was reacting. I just could not get a

breath, and so they had to move me down to get me onto high flow oxygen 'cause there wasn't enough oxygen up in Schiehallion.

Whilst I was in PICU, they made the decision to do a BAL test, so bronchoalveolar lavage or something. It's a very, very invasive test, so they were going back and forward whether they were going to do it or not, 'cause usually someone is under general anaesthetic for it because of how invasive it is. Basically, they put a tube in and it goes into your lungs and they put fluid into your lung, and then they aspirate the fluid so that they can test it for whatever's in your lungs.

But I had to be awake to intubate me because I wouldn't have come around from that, so I had to have that done awake. That was horrible. That felt like drowning, if I'm honest. That's probably the worst test I've had, but that's just yet another thing. There's just so many. At this point, I was just getting fed up, I think, with everything. But, from that, we found out it was PCP. We could treat it.

**Q** PCP, I think is pneumocystis pneumonia. Pneumocystic – something like that.

**A** Something-- Yes.

**Q** And do you know what causes that?

**A** Fungus.

**Q** Yes. I mean, in fact, did Dr Sastry have a conversation with you about the cause of it?

**A** Yes.

**Q** What did he say?

**A** That it was probably because I was on the prophylaxis.

**Q** Okay, so that's the story of your treatment in 2019 and the many problems that you faced, but let's talk about your other plans. In the autumn of 2019, you arranged, along with [REDACTED], the Every Thank You Counts Ball. We'll speak about that later. Am I right in thinking you got out from hospital on the 27th of November? That'd be after the PCP incident.

**A** Yes, yes.

**Q** And did you have something called respiratory physio?

**A** I did.

**Q** Why did you do that?

**A** My Make-A-Wish was to-  
- Like I said earlier, my favourite singer of all time is Paolo Nutini, and so I asked, for my Make-A-Wish, if I could sing a song with Paolo Nutini. But they went above and beyond that. They had me go down to London to record in the studio with him and I got to talk to him all day and sing as many songs as I liked, and I got to hear a

song of his new album and it had piano to it and everything. It was-- So, because I was going to sing, the physios. I mean, I don't think they've ever had a request quite like that, that I need respiratory physio in order to be able to sing with Paolo Nutini. But they did it for me and I got it and I did that just before Christmas.

**Q** And am I right in understanding from your dad's statement that you also went for an interview to Edinburgh University round about this time?

**A** Yes, I was (inaudible), basically. I don't know why I did it, but I got an interview for medicine. Despite not doing my sciences at Higher, I did get an interview. I didn't get in, but I got the interview so I went to that after my spell in PICU.

**Q** Let's move into 2020. I think there was a family holiday in Dubai, is that right?

**A** Yes. So we hadn't had my kidney results back yet. If my kidney results had dropped, then the ME-ME wasn't an option anymore and so Dr Sastry told us to spend some time as a family, so we went to Dubai.

**Q** Did you like that?

**A** Yes, loved it.

**Q** And, as it happens, when you came back, you got good news

about the kidneys, is that right?

**A** Yes. When we came off the plane, we had a voicemail that my kidney results were 2 per cent better, so I got to have my transplant.

**Q** And you had a line fitted and then you moved on with the----

**A** The next day, yes.

**Q** -- stem cell transplant, is that right?

**A** I did, yes.

**Q** Was there a discussion about where that would happen, where you would be admitted to? Can you remember that?

**A** Yes, so we wanted for me to go in 2, and Dr Sastry was trying to get me a bed in 4B, which was the transplant ward. There wasn't a lot of beds and so the argument was that if I wasn't having a donor for my stem cell transplant, then I didn't have the risk of (inaudible) and things, so did I really need one of the beds.

But all of the medical staff were kind of saying to us on the side that they think that we should really push for one of those beds because it had a different air system and everything. It was a completely different ward and it was safer. So I had my conditioning chemo on 6A, but then I was moved down after things started to go downhill.

**Q** Yes. Now, speaking of that, am I right in understanding that one of the chemo drugs you were on as part of the process was, once again, the etoposide phosphate?

**A** Yes.

**Q** Is that pretty heavy duty?

**A** Yes.

**Q** What was the problem with it on this occasion in particular?

**A** I was given an overdose of 14 (inaudible).

**Q** And what was the result of that?

**A** I deteriorated very quickly. Whether it-- Basically, because I didn't pass away, there wasn't a post-mortem, so we can't say for sure that's what did it. But my mucositis had-- the doctors said that that was the worst they'd seen. This is horrible, and I do apologise, but I actually lost a whole chunk of my tongue. It just burnt everything all the way through, my stomach and everything.

I also ended up with what they thought was veno-occlusive disease, which is an issue with the liver, with clotting in the liver. We don't think that's what it is anymore because I've been left with permanent liver damage. But because of not only the pain from the mucositis, but my liver, I was on--

my pain relief just had to keep getting upped and upped and upped, and it got to quite a dangerous stage and I had a spell of delirium the very first morning of me being in ICU.

So I'd stayed the Tuesday night and then Wednesday morning, I had delirium. But delirium's probably too light of a term for it. I just had a complete and utter breakdown. They actually had to put me to sleep to get me to stop. But I had it in my head-- The medication messed me up completely, but everything was building up and this was all playing in the back of my head, and then I found out about the overdose and that was kind of like the last straw for me, and it all got muddled up, so I just-- I thought that people were out to get me basically because of the amount of pain relief I was on, and I decided that to stop other people doing it, I would do it myself.

So I tried to pull my line out, and if my mom hadn't noticed and pinned my arms down, and it took my mom and so many members of staff to actually pin me down until they could knock with out with propofol to get me to stop. I didn't recognise anyone in the room. I didn't recognise my mum. The only person I recognised was Bubu(?), one of the doctors from

Schiehallion. It wasn't until he came in that I calmed down, really. But it was a complete breakdown. Dr Sastry actually couldn't come in the room because he felt that it would just ruin the trust 'cause I thought that no one was in my corner, basically.

**Q** Am I right in understanding you've had a bit of advice around this event and how it arose?

**A** Yes.

**Q** It was, as you're describing, a sort of system overload is it?

**A** Yes, yes. So I-- It's something that I always come back to my psychologist 'cause it's the thing that always gets me the most, that that much happened that had such a knock-on effect. And I understand that the pain relief obviously exacerbated it all, but the fact that it was affecting me that much that I had that reaction just-- that really upsets me and it upsets me what I tried to do because it just freaks me out that-- 'Cause when I'm not on medication, obviously I would never try and do something like that, but-- So when we've tried to explain and understand why I did it, that that's the best way that we've gone, it's like system over-- I had enough. I couldn't take it anymore.



**Q** I expect most people would have said that a lot sooner than you did, Molly.

**A** I took the extreme way to say I'd had enough.

**Q** So if we move on just slightly from there then, you mention that there's a problem with your liver and you needed platelets.

**A** Yes.

**Q** Was there an issue there?

**A** I was getting platelets, sometimes a few bags a day, and because they had to be so fresh, I had to just keep putting them up. But I then started taking temperatures again, really high temperatures like I was taking when I had the bug, and they were trying to get to the bottom of it and they found out that one of the bags of platelets had the acne bug in it. But because I'd had my transplant and they had to bring me to zero, that obviously had-- it was a lot worse in my system than it would be for a healthy person. So I ended up really poorly with that as well.

This is where my dad and I disagree. So Dr Sastry was away at that point and the doctor-- the consultant that was in charge made the decision. He (inaudible) duty decided not to tell me that that's what

had happened, that I'd probably had enough at that point. I disagree because I think that thinking I had the bug back was even worse of an effect, but my dad thinks that they took the right decision, so we tend to disagree a lot on that. But, I mean, like I said, it was just yet another thing. I just-- It didn't seem to stop.

**Q** And I think, just to complete the picture, you had a year post-transplant and I think you've recently had a bit of radiotherapy, is that right?

**A** Yes. So, in the summer, one of the-- I had what we believed to be a dead tumour that I've had for a while. But, unfortunately, it grew, so I had to have a bit of radiotherapy over the summer. But, I mean, I found out today – not officially, but just earlier on – that it doesn't look like anything extra is there, so it seems to have worked.

**Q** Good. Molly, that really completes the story of your treatment and I was going to move on now to ask you some questions, just to get your reflections on some things. Now, it's 3.25. We may or we may not finish this by four o'clock. I'm not entirely sure. How are you doing? Do you want a wee break?

**A** Is that okay?

**Q** It is okay.

**THE CHAIR:** Absolutely okay. I think, again, we're talking about 15 minutes, if that works. We'll rise for 15 minutes.

**15:25**

(A Short Break)

**15:40**

**THE CHAIR:** Mr Duncan.

**MR DUNCAN:** My Lord. Molly, we move towards the conclusion of your evidence and I want to get your reflections on some of the things that we have speaking about, and we won't be looking at your statement in relation to this. We've already got your position on most of this, but I just want to maybe get some additional thoughts. First thing I'm going to ask you about is communication, and the first thing I'm going to ask you about that is what are your views on clinical communication in the hospital?

**A** I had no issues whatsoever with the clinical staff's communication. Like I said at the start, it was personal, it was always adapted to the individual and it was kind, and they were upfront about everything. If they didn't know something, they told you that.

**Q** What are your views about communication about the

hospital?

**A** Dysfunctional. I'd say disjointed. There's not one clear message. It's mixed up, it's not consistent, it comes from different people, it comes in different ways. Sometimes you hear it on the news before you hear it from them, and majority of the time you don't hear what's actually going on.

**Q** We've gone through your timeline. I have been looking at Molly's story and I have been looking at the hospital's story, but the truth of it is that they are just the same thing. Do you see communication about the hospital as being somehow different and outside of communication about your clinical situation?

**A** No, because it impacts on it.

**Q** Let's move into the detail then and think about communication with you about your MC infection. June 2018, the very start of June 2018, you've already told us, Dr Sastry, I think, the way you put it is he was completely upfront about what he did know and what he didn't know, is that right?

**A** Yes.

**Q** And you had a conversation with Dr Peters, your parents had a conversation with Dr

Inkster, and would you say that, as far as you're aware, they were also upfront about what they did and what they didn't know?

**A** In June, no. That was before there was a lot of answers. So the meeting with Mum and Dad, I know certainly there were things that my parents had to chase up from that. So I don't think that was upfront, no. I think Dr Peters was upfront. I think they learned in that sense for the second time, but it wasn't the same.

**Q** I think something we'll come back to that you've touched on already is that one of the things you were told at the start was this was, as far as they were aware, the first instance of this infection in the hospital, is that right?

**A** Yes.

**Q** Yes, we'll come back to that. Am I right in understanding that at some point, round about September 2018, there was some sort of acknowledgement about what had happened, is that right?

**A** Yes, so there was a letter from the Head of the Board apologising for my hospital-acquired infection.

**Q** Into the following year, I think by this stage, as you've already told us, your father has asked that he

wants to be told if there's any further recurrence anywhere in the hospital of this, is that right?

**A** Yes.

**Q** And that, as you said, is because, among other things, you were worried not just about yourself, but you were worried about your friends, is that right?

**A** Yes, and not even just my friends, the patients in general.

**Q** There is another infection and that news is not passed on initially, is that right?

**A** Sorry?

**Q** There was another instance of MC----

**A** Oh, yes.

**Q** -- in 2019 and, as you've already told us, that wasn't passed on to you. That's right?

**A** Yes, yes.

**Q** And, again, it's in fact Dr Sastry who provides the information, is that right?

**A** Yes.

**Q** Fast-forward to 2021 and you are part of and you see the Independent Case Note Review, is that right?

**A** Yes.

**Q** And you've set out your reflections on that beginning at paragraph 188 of your statement and

at paragraphs 191 to 192. Do you want to have a wee look at it?

**A** Yes.

**Q** If you just look at the conclusion of paragraph 188:

“The biggest thing for me was that the report also said that I wasn't the first case, but we were always told right from the start that I was. But there was a case earlier than me, and so that damaged my trust in the hospital for a while.”

So what you'd been told in 2018 was, in fact, incorrect, is that right?

**A** Yes.

**Q** And, very broadly, what did the report say about the connection between your infections and the hospital environment?

**A** It didn't conclusively say that that's where it was from. They could say that there was a certain belief that that's where it could come from, and it also said about how there were samples found of mycobacterium on Ward 2A in rooms that I had previously stayed in a lot, that I spent the majority of my time in, and the report went on further to say that perhaps if they had looked at the time of my infection, then they would have found it in order to be able to link it, but they never took the samples.

**Q** Reading the report, how did it make you feel?

**A** Really angry because that was yet another thing that was hidden and wasn't told. It was just----

**Q** Okay, so step back a bit and just to get an overview of all of that: how would you assess the effectiveness of the hospital's communication with you on your MC infection?

**A** Dysfunctional. It was lacking. If someone's made a mistake and they say, “Look, this is what's happened. We're sorry that this has happened, but we're going to try and find out why it has happened,” then you'd be upset, but you want to get to the answers so you get over it. But this is consistently-- It's like they were trying to cover their own backs and tell you a wee bit at a time, as much as they'd absolutely need to in order to get you to shut up for a while. And it's samples not being taken and things. It's just unfair that they can't because there's no samples there.

Now, I'm not saying that if samples were taken, that it would definitely say that that's where I got my bug, but no one bothered to take the samples to look, to see. Surely, in my opinion, if I wanted to prove someone wrong, I would take the samples to

make sure that it didn't come from there. Why didn't they take them?

**Q** Still on the subject of communication, I want to ask you a wee bit about prophylactic medication. We've already touched on that in your evidence, in particular in relation to the conversation that you had with Dr Sastry. Was that, again, another instance of Dr Sastry being absolutely upfront about how he thought you had developed the PCP pneumonia, is that right?

**A** Yes. Yes.

**Q** What about prophylactic medication more generally? Was that something that you were told about at the time?

**A** Yes. So the very start when I was first diagnosed-- So everyone is put on cotrimoxazole, and depending on your age is how often you get it. But I was under the impression from the very start, and I don't know if this is the case anymore, but I thought that that was just a standard for treatment, that everyone's on this antibiotic. But the more and more prophylactic medication that you're on, the more you think, "Is that actually standard?", and it was never fully explained that that was standard. You were just put on it. So then I was also on the fluconazole as my

antifungal and then I was on ciprofloxacin, which is another antibacterial one and was on voriconazole pre- and post-transplant because they thought that was another thing they had to cover me for.

Dr Sastry always told me that he was making sure that I just didn't get anything else and that was why I was on it, but I don't think other people were necessarily afforded the same. I don't know.

**Q** Yes. Now, I want to go on and have you think about another aspect of communication. You touch on it in your statement, and it's candour. What would you consider candour or the duty of candour to be?

**A** The responsibility of both clinical and other staff that work in the hospital to exercise their due diligence, if you like, about what they tell you and why they tell you it.

**Q** Yes. Is it particularly engaged, as you see it, when maybe something has gone wrong?

**A** Yes.

**Q** It's about being open with the patient, is that----

**A** Yes, even if it has an effect on themselves.

**Q** Even if it has an effect on themselves?

**A** Yes.

**Q** Okay, let's look at it this way: think about all the things that you told us today in your statement and I'm going to ask you this question. We'll go through each of them, and the question overall is this: how many times would you say that Dr Sastry or the other clinicians sat down with you or your family and put their hands up and said something had gone wrong? Or let me put it another way: was there ever any instance where they didn't do that?

Let's look at them: number one, the MC infection and indeed the return of that infection. The response of the clinical staff was to tell you exactly what had gone wrong and what they knew and what they didn't know, is that right?

**A** Yes.

**Q** Secondly, what might be described as the "near-miss" in the operation in October 2018. Then, were hands put up and said, "This is a return of the MC infection?"

**A** Yes.

**Q** Third one, PCP pneumonia infection. Dr Sastry puts a hand up again and says, "This is because you've not been on prophylactic antibiotics," is that right?

**A** Yes.

**Q** Fourthly, the failure of

the pain relief in January 2019. Was that something that was acknowledged?

**A** By the medical staff, yes.

**Q** Fifthly, the chemotherapy overdose. Again, Dr Sastry, hand up?

**A** He came in on his weekend.

**Q** And the only one I think maybe where you would disagree with your father on, I think, is the last one, the sixth one, the infected platelets, where one of the doctors decided not to tell you there and then. Is that what the call that he made was?

**A** Yes. Yes, and then Dr Sastry said when he was back.

**Q** And the doctor that decided not to tell you there and then, was that to cover his or her own back?

**A** No, I think it was because of my response with the delirium.

**Q** So that was a call that that doctor made in good faith and based on what that doctor thought were your best interests, is that right?

**A** Yes.

**Q** So, that one possible distinction aside, on every single other occasion where something had gone wrong, the clinical staff had put their hands up, is that right?

**A** Yes, without fail.

**Q** At any point during all of that, and thinking about all of the things that you faced, did you ever lose trust in your clinical team?

**A** No.

**Q** Okay, let's do the same exercise with the hospital managers. On the water, at any point did they put their hands up to say there's something wrong with the water and tell you what it was?

**A** No.

**Q** What about the ventilation? We've not really spoken about that today.

**A** I don't know what's wrong with that.

**Q** I mean, did anyone ever say anything about there being an issue with the ventilation that you recall?

**A** That it was in backwards.

**Q** What about on the falling windows? Did you feel that the hospital put their hands up in relation to that?

**A** No.

**Q** The cladding?

**A** No, not really.

**Q** On the question of whether immunocompromised children would be safe in an adult ward, did you feel that the hospital offered a full and candid explanation on that matter? On

the duration of the move to that ward?

**A** No, that continues to change.

**Q** What did you say there, Molly? Sorry.

**A** That continues to change.

**Q** And maybe just overall: on the history of infections in the whole of the hospital, do you think that, to this day, the Health Board have put their hands up and given a full and frank explanation of what the position is?

**A** Not at all.

**Q** What was the effect on you and other patients of the deficiencies that you've described in relation to communication?

**A** Don't feel safe. The building itself is sick. That's where you're supposed to go to be made better and you don't have an option. It's not just something that you can think, "Oh, it will go away itself." You have to go. You're left there not feeling safe.

**Q** What about the effect on the staff?

**A** The amount of staff that left, good staff that left; it was horrible. Some of them used to-- They'd be sitting crying, and that's horrible to watch.

**Q** Sitting where you are today, we're thinking about your perception of things. Do you think that the NHS GGC gets this? Do you think they're starting to understand?

**A** No. No.

**Q** In your statement in paragraphs 175 and 176, you say something about communication in relation to the Oversight Board report. Do you want to have a quick look at that, Molly? Just to remind yourself of what you've said.

**A** Yes.

**Q** Do you want to summarise the issue that you're describing there?

**A** So when the overview report came out, there was a letter sent to every family that had a patient since 2015, over 400 families, I believe. It was the exact same letter that was sent to current patients, patients that were out of treatment, families of those patients that had passed away and patients that were over 18, and it was the exact same general letter talking about a child in the present tense that is going through treatment.

Now, I was put out that they were talking to me about "my child", bearing in mind it was me that was the patient. That is nothing compared to writing a

letter to a parent that has lost their child and talking about said child in the present tense, as if they're still going through treatment. That's sick (?).

They're not thinking. That's four categories of people. Even if you're going to send the same generic letter, at least send four different versions of it.

And so I took issue with this, and there's a closed Facebook group, and I made it known how I felt about it, that it was a poor generic letter, and I did get a response, but there is also-- I mean, there is a parent of one of my friends that passed away and she was really upset about the letter. We'd lost him and that's not something you want to live through with them not even caring with the way they've written it.

Eventually, I got a letter addressed to myself from the Chief Executive apologising, but that letter itself was inappropriate because the whole end of the letter was hoping I was okay in troubling COVID times, as if that was the worst thing that could possibly be going on in my life. Not the cancer, the infections or anything, it was COVID that was the most talked about thing in that letter. It was just poor.

They just didn't get it.

**Q** This is not just a story of poor communication, as you describe



it. There are also actual impacts on you. I think the way you put it in your statement is you have suffered “avoidable” impacts as a result of the condition of the hospital, is that right?

**A** Yes.

**Q** And presumably emotional impacts from that too?

**A** Yes, I have to meet with my psychologists hopefully every week, if not, at the most every two weeks.

**Q** So if we conclude the story of the hospital so far, against this background that you've described, Molly, I'm going to ask you this question. It's not something that's been dealt with in your statement, but just thinking about the story of the hospital so far, would you say that it's a story that involves delivery of the highest standards of healthcare in a state-of-the-art hospital?

**A** I don't think it's a state-of-the-art hospital, no. I think it's the highest standards of healthcare from the clinical staff. It's a world-class team, but not in a world-class hospital.

**Q** Okay, let's uncouple the story of the hospital from your story.

Let's go back to your plans. So you got your Highers and you're studying physiology in [REDACTED] year, did you say?

**A** Yes, yes.

**Q** And that's at [REDACTED] University, is it?

**A** Yes.

**Q** And are you involved with the Anthony Nolan Trust there?

**A** Yes, so the best age range to recruit people to the stem cell donors list is from university age, and so Anthony Nolan have student-run branches in the main cities across the UK and I'm on the committee for [REDACTED]'s group. I'm on the Exec Committee. I'm the volunteer coordinator and the secretary, so I effectively do admin but I'm also in charge of training and making sure that all the right stuff's done with that and everything's set up properly so that we can fundraise and recruit people to the stem cell donors list.

**Q** Yes. And you've spoken a few times now about the Every Thank You Counts charity and the Ball. Remind me, was that in October 2019?

**A** Yes.

**Q** And (inaudible) 330,000?

**A** Yes.

**Q** And that's contributed to a blood analyser, is that right?

**A** Yes. There's a specific one. There's one in A&E and there's one in PICU, but now we have one

specific for us as well so blood doesn't need to go through the hospital's general system. So it comes back quicker and it analyses it quicker, and we need our blood cell counts really fast.

**Q** Is there any issue around that presently? About the speed within which blood is analysed?

**A** The machine's there now, but before you could be there for hours just to have your bloods done. And that's taking up a room and it's also taking up the staff's time, but it's not nice for a patient. Sometimes, by the time the blood actually gets through the system, it's clotted so they can't actually test it, so then you need to get your bloods done again.

**Q** And another thing I noticed that your fundraising efforts have gone towards was a relief facility for the PICU staff, is that right?

**A** Hopefully, yes, that's the next challenge.

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

**A** So we felt that the best way to offer support for PICU-- So, both [REDACTED] and I were patients in PICU for a long time and the staff work tirelessly in there. Unlike any other ward, when they're on call, they can't actually leave the hospital, so they're

there all around the clock, basically. And so we thought the best way to support patients was actually supporting the staff, for them to have somewhere that they can go and even just lie down, or even like the La-Z-Boy chair things so that they can just sit back and relax on their break and have somewhere maybe that there's a fridge or something, but just-- If you're looking after the staff, then they're going to look after the patients better, and that's probably the best way that you can do that. So that's the next challenge.

**Q** And then we go back to, really, where it all started, the one thing that set the ball rolling on this work, which was----

**A** The room.

**Q** -- the room. Is the room being completed?

**A** So there's still things that have to be fit in, like with the TVs and the gaming screens and stuff, but it's essentially done, yes.

**Q** Do you know when it's going to open?

**A** It'll open when the ward opens, so I believe it might be six to eight weeks. I don't know for sure. I don't know a real date. It extends all the time, so just whenever the ward opens.

**Q** Yes, you don't presently know when it's planned to open----

**A** No, I don't have a date.

**Q** -- the Schiehallion unit?

**A** No.

**Q** Molly, I've run out of questions, at long last, for you today. Is there anything you want to say before you conclude your evidence?

**A** I think the biggest thing to point out is that what I think's been forgotten along the way with how management and indeed the Health Board have dealt with things is that it's not a normal job where if mistakes are made, you can just try again tomorrow. There's patients at the centre of it and that's lives that are impacted, and I think that's forgotten a lot of time. Even simple things like communication that could be improved, the difference that makes to a life and how much easier that makes it for someone because it's hard enough to go through cancer treatment, never mind throwing everything on top of that and then having to worry if where you're getting said cancer treatment is safe or not. Now, that's ruined for me. That's tainted, and I don't know if that'll ever not be. But there's new patients and there's current patients that it's not ruined for yet and that can still be fixed. It's not an unfixable thing. It can

be changed. If this does anything, if it just goes to contribute in that small way to make it easier for the next people, then I think it should because, like I said, I'm going to be in and out of hospitals for the rest of my life and I'm always gonna rely on them and, unfortunately, I don't trust them the same. But it doesn't have to be the same for everyone.

**Q** Thank you, Molly.

**THE CHAIR:** Thank you very much, Ms Cuddihy. That's, as you will have gathered, the end of your evidence. But thank you very much for coming, thank you for providing a full and useful witness statement and thank you for answering questions, but that's your evidence over. Thank you.

**A** Thank you very much.

(The witness withdrew)

**THE CHAIR:** I understand that we were perhaps more successful in livestreaming this afternoon than we had feared, so if anyone was anxious on that score, it appears that I can reassure them. We, I think, plan to sit again tomorrow at 10 o'clock, Mr Duncan?

**MR DUNCAN:** Indeed, my Lord. We have one witness lined up for the next two days. I don't really have a

good feel for how long his evidence will take.

**THE CHAIR:** Well, we shall adjourn until tomorrow at 10.

**16:10**

(End of Afternoon Session)

---