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Witness Statement Reference No. [REDACTED]

WITNESS STATEMENT TO THE PUBLIC INQUIRY INTO THE OUTBREAK OF  
CLOSTRIDIUM DIFFICILE IN NORTHERN TRUST HOSPITALS

WITNESS NAME: JANET SIOBHAN FINLAY

STATEMENT OF EVIDENCE

I, Janet Siobhan Finlay, say as follows:

1. My name is Janet Siobhan Finlay and I live at an address which is known to the Inquiry Team. I was a personal secretary up until 27<sup>th</sup> April 2001 when I retired.
2. I am married to Paul Finlay and I have three children. My youngest two children still live in the family home and my eldest son has now left home.

Pre-existing medical history

3. I have pancreatic insufficiency, Irritable Bowel Syndrome which from 30<sup>th</sup> April 2009 is now referred to as mild-moderate proctitis, under-active thyroid, hypertension, hiatus hernia, anaphylaxis and several allergies.

I had to leave work because of my condition and I have not worked since.

I am on a long list of medications and I am in regular contact with my general practitioner.

I have been in and out of Antrim Area and Whiteabbey Hospitals on several occasions over the last ten years. My main file would have been in Whiteabbey for that period of time as I was under my Consultant Gastroenterologist there for my pancreas and bowel.

I was diagnosed with C difficile in October 2007, but had the symptoms from leaving the ward in September 2007 in Whiteabbey and from then I only leave my home if it is extremely urgent and I know there are toilet facilities to use.

My husband has to care for me and he looks after the housework, shopping and cleaning.

#### Admissions to hospital

4. I was admitted to Whiteabbey Hospital on 17<sup>th</sup> September 2007 with my pre-existing medical condition.  
I was dehydrated and needed IV fluids, pain relief and was discharged on 20<sup>th</sup> September 2007. On discharge I told the doctor in the hospital that I had cramps and diarrhoea. On discharge the doctor gave me a sickness injection to ease the cramps in my stomach and sent me home.
5. I was admitted to Antrim Area Hospital on 23<sup>rd</sup> September into Ward B1 as I had constant diarrhoea from leaving Whiteabbey Hospital on the 20<sup>th</sup> September and needed IV fluids, pain relief and sickness injections. In Antrim Hospital they x-rayed my bowel and sent me home on the 24<sup>th</sup> September 2007. They kept me in the main admissions Ward B1 in a bay with about 5 other beds.
6. From 24<sup>th</sup> September to 3<sup>rd</sup> October 2007 I had severe diarrhoea and a GP from my surgery came out on request from my family on 3<sup>rd</sup> October 2007. He admitted me to Whiteabbey Hospital on the 3<sup>rd</sup> October. In Whiteabbey Hospital I was taken for a scan to the x-ray department. The radiographer had just started the scan when someone came to speak to her. She had gone over the top of my stomach once. She said "excuse me" left the room and about 15 minutes later, when I was freezing cold she came back in, told me to get dressed, she had finished with me. I asked why the scan was not being completed and the radiographer said she had seen all that was needed and her manager in charge of x-raying agreed that she should stop. I stated to her I had had several scans and could she at least go over my pancreatic area so

it would save me having to wait and come back for another scan, because I knew she had only commenced it and she told me to get dressed. A wheel chair was in the room and I got into it. The radiographer wheeled me back out to the x-ray area and asked the staff to send for a porter. At that stage, I thought she had noticed something bad on the scan and was concerned. On reaching the ward there was a debate going on between the doctors about the x-ray department not being fair in the procedures they were using for patients with hospital bugs, but as stated earlier I did not know I had C difficile and thought when the doctor came to see me at visiting time it was with bad news. The treatment I received from the x-ray department was appalling. The hospital had given me the bug and maybe this could have been understood if the scan had not commenced but it had. There still seems to be difficulty between x-ray departments and staff when you have a history of C difficile. Later on that day at visiting time I was first told I had the condition which is C difficile. The doctor in Whiteabbey Hospital told me that I had a hospital bug, it was nothing to worry about and that they could sort it out. He kept saying I did not have to worry about the name of it, when I requested it, all he would say was it was a hospital bug but and it was only when I told him my Consultant Gastroenterologist and Immunologist would need to know what I had and what they (the hospital) were going to treat me with, that he gave me the name. He did this when my mother was with me. We knew nothing about C difficile, what it did to people, what caused it and what made it appear in first place. Once the hospital discovered I had C difficile I was put into a single bay (isolation room). There was no toilet and the diarrhoea was too heavy to use commode. I was given a toilet to use at the bottom of the ward, meaning I had to walk past several patients' beds to get to the toilet. On the day I was told I had C difficile the doctor had emphasised about the minimal use of antibiotics once C difficile was discovered. He said antibiotics caused C difficile to come back. After a few days of treatment I noticed my skin being all infected around the area where the needle was. I knew it was infected and showed it to the doctor. He sent a swab away to the lab, saying I probably would be ok and not need antibiotics. However, the lab report came back saying I had an infection and needed flucloxacillin and antibiotic to clear it. A Consultant came and apologised but it was too late, they were treating me for

C difficile and this infection meant that antibiotics had to be used – thus making nonsense of any treatment I was being given for C difficile. I was discharged from Whiteabbey Hospital on the 12<sup>th</sup> October 2007 and was told to continue taking flucloxacillin up to and including 18<sup>th</sup> October 2007 at home.

7. I was then readmitted to Whiteabbey Hospital on the 1<sup>st</sup> November for five days where once again they told me that my test was positive and that I had C difficile. I was discharged on the 6<sup>th</sup> November. I cannot remember whether I was in an isolation room or not on this occasion.
  
8. I was admitted to Antrim Area Hospital, via A & E department on the 12<sup>th</sup> December and kept there for five days until my discharge on the 17<sup>th</sup> December. Once again I was told the tests were positive for C difficile. My husband stayed with me in A & E to 2 am – then had to go on home. I was on a trolley with the sides up and had a drip attached to the trolley which meant movement was restrained. I was told I was in that room as I had to be isolated. I called constantly for attention (there was no buzzer or bell) but did not get it. The nurses were walking past the door and I could hear them speaking so I would assume they could hear me. Eventually I gave up and managed to get my mobile signal and had to text my husband and ask him could he ring A & E and tell them I needed to go to the toilet. Not only did he do that, he came back up again. It was too late, I had soiled myself. When the porter came for me I was lying dirty on the trolley and assistance was offered by the nurse. I said to the nurse that I must have been heard. She told me I should not have had to ring my husband. I told her I couldn't climb over the sides of a trolley attached to a drip to get to the door. No one apologised or offered any help until my husband turned up and said he was complaining. He asked the sister in charge about the delay – he was told it was a very busy night. I was discharged on the 17<sup>th</sup> December once again with medication for C difficile.



difficile. I was re-admitted to Antrim Hospital on 17<sup>th</sup> July 2008 again with C difficile symptoms. I was treated with pain relief and fluids for vomiting and diarrhoea and discharged on 21<sup>st</sup> July 2008 again on metronidazole (flagyll) the antibiotic for C difficile. At this time the diarrhoea was so heavy that my operation to fix my prolapsed bladder became undone and I noticed the bladder becoming looser every time the C difficile relapsed. Up until now I had only ever had a proper en-suite toilet in my room on one occasion for 24 hours in Ward B1 and then I was moved out of it to an isolation room with no toilet and was given a toilet to share with other patients who had infections.

13. I was admitted to Antrim Hospital again on the 14<sup>th</sup> September 2008. I was admitted for pain relief, fluids and diarrhoea. I kept telling everyone I had C difficile. The nurse in the A & E department told my family I did not have it because she would know. I was placed in a main bay until after the third morning when the nurse came into the toilet after I had been in it for ages and I told her I knew I had C difficile. I was then moved into a single isolation ward, without any toilet facility. However, I gave the ward my samples and I was seen by a doctor on 18<sup>th</sup> September 2008 who said I was being discharged. I asked the doctor about the C difficile but he did not seem to know anything about it. I rang my husband and he said he would be up shortly to collect me. I was packing up my stuff when the ward sister came to see me and said when the doctor had checked the computer I had once again positive tests for C difficile so I would not be going home I was going to A1 ward. I had never been there and she explained it was an isolation unit, with people who had positive samples for C difficile and the staff on the ward were experts in dealing with it. When my husband came up to collect me I explained the situation. Both my husband and mother were relieved that I would be going somewhere with experts in dealing with C difficile as we had numerous questions we wanted answered. We kept asking what strain of it I had and no one could tell us. We also wanted to know how to get rid of it. The ward Sister or a nurse came down and explained that I was no longer going to A1 as there were no beds. My husband said he was not at all happy and was not leaving without seeing a Consultant and also having a letter

confirming I had C difficile, they had no bed for me and no treatment plan was being given to me on discharge home so he could give it to our GP for his information. A doctor eventually came up to the room. My brother rang from London and told me he was getting on a flight and coming over to try to sort it out because both my husband and mother had spent so long dealing with it he thought someone new coming into the situation would be able to clarify the situation more. A doctor came up from A2 and said that she thought I was fine. My husband explained I had C difficile and she said she would listen to my stomach for bowel sounds. She listened via her stethoscope and then said everything was fine to go home. My husband told her he was not leaving without a letter explaining to my GP why they had not treated me when I had tested positive for C difficile. She went away and came back around an hour later with a 10 day course of metronidazole (flagyll) the drug I had been on so many times which obviously was not working. The discharge sheet had relapse of C difficile on it and the doctor signed it. We later were told the doctor was an ST2 junior doctor. I was discharged on 18<sup>th</sup> September 2008. On discharge my GP contacted the hospital. He rang me to home on several occasions and without the services of our GP and my own Consultant we would not have got through this period as a family. After my discharge it was once again left to my GP to ring the hospital. He contacted the A1 unit and was advised to place me on a 6week course of Vancomycin. This tablet is a more expensive drug than the metronidazole (also called flagyll) tablet and that was why the hospitals used the flagyll before the Vancomycin. We know this because ~~my GP had tried to prescribe this medication to me at home on 30<sup>th</sup> November 2007, and we were told it was a hospital only drug and the GPs could not prescribe it in the community.~~ <sup>the practice GP</sup> ~~we were~~ <sup>30<sup>th</sup> the practice GP was</sup> By September 2008, due to the demand for this drug in the community, my GP was able to prescribe it to me.

14. After completing these tablets and still positive for C difficile, my GP had me admitted to the isolation unit in Antrim on 31<sup>st</sup> October 2008. It was my first time being in the A1 ward, before this I did not know it existed until the day I was told in the other ward I was going to it, even though I was discharged instead. I had kept asking if other people had C difficile and was told other patients had vomiting and diarrhoea but not the C difficile which I had. This

made me feel dirty and on my own being the only person with it. I was placed on a drip with one of the antibiotics going through it and the other being given in tablet form. I was discharged on 6<sup>th</sup> November and was given a 4-6 week course of pro-biotics called Saccharomyces Boulardii which is a pro-biotic which the hospital recommends for the treatment of C difficile. This is a hospital only tablet. My GP cannot prescribe it, several attempts have been made and Antrim hospital will not give it out to patients in the community, nor will they tell you where you can buy it. One of my Consultant's doctors at my clinic also tried to access it but couldn't. I have supplied the Inquiry with one of the pages of bills for it. From then until now I am buying this at a cost of £18.55 a bottle and I need three a day. The bottle only contains 50 capsules. The cost is over £1000. However, the pharmacist in Antrim hospital did tell me that other people who use this medication find the C difficile comes back when they stop using it therefore it is a pro-biotic that is necessary for some patients who have C difficile. It is also on the internet as the recommended pro-biotic for C difficile. I have stopped it several times because of the cost. However when I do, the C difficile starts to come back and I have to get it. It is only available to buy over the internet and it is posted out from England. I receive regular packages of two bottles every month, evidenced with the sheet supplied to the Inquiry personnel. I find this money difficult to find but have brought it up with the Inquiry before, so it is something that the Inquiry knows about and I ask that the Panel considers recommending that people can get this tablet from Antrim Hospital Pharmacy. \* Dec 2010 - I am still buying my own tablets via internet monthly \*

15. My most recent episode of C difficile infection was in June 2010 when I was admitted to A1 Unit in Antrim with vomiting and diarrhoea. The symptoms were the same as C difficile and I was told the tests were negative, however I was discharged on metronidazole (flagyl) the antibiotic used for C difficile. I was also given two bottles of Saccharamyces Boulardii pro-biotic on discharge, which I purchase myself anyway every month.

### Admissions to hospital- operations

16. I have had three operations over this period of time.

My first operation over this period of time was a bladder repair in Belfast City Hospital on 7<sup>th</sup> April 2008 (mentioned earlier). I had a Sacrospinous ligament fixation, vaginal repair, TVT and Cystoscopy and was discharged on 10<sup>th</sup> April 2008.

I had a Cholecystectomy in Whiteabbey Hospital on 3<sup>rd</sup> June 2009.

I had a bladder repair, my bowel repaired and an ovary removed in Belfast City Hospital on 20<sup>th</sup> June 2010. This was major surgery.

### Symptoms

17. C difficile is a horrible exhausting illness. The diarrhoea is more watery and foul smelling than ordinary diarrhoea. The volume is also very heavy. The cramps, pain and sickness is indescribable. When I was told I was the only patient in Antrim Hospital with C difficile I felt very alone and depressed.

### Wards

18. On some occasions I was in open ward, and on other occasions I was in isolation. Even though I had C difficile I was not always in an isolation room. You had to wait on an isolation ward and in some wards you had to share a toilet with other patients who had infections. In other wards you were given your own toilet.

Most isolation rooms apart from A1 have not their own en-suite.

19. I noticed many other patients in the hospital with similar symptoms to my own. There were a lot of ill patients with very bad vomiting and diarrhoea. Whiteabbey Hospital seemed to have a lot of elderly patients.

## Visits

20. My husband and mother visited every day during normal visiting hours. There were insufficient numbers of chairs so quite often one of them used to sit on the bed. The rule of two visitors to a bed at any one time did not seem to apply as often we would have seen six visitors around a bed. Visiting is essential. I depended on my mother and husband to help me get washed and they would have fixed for example my drip stands so that I could use the toilet and due to my pre-existing medical history my mother brought up my lunch and tea every day. I could not have got through this period of time without visitors. However, as a family we decided not to have my teenage children visit. I feel I missed out on a lot of quality time with my family and felt isolated from my children. They also missed me. Some parts of Antrim Hospital especially the isolation unit in A1 do not have a mobile signal and often my communication was with notes or by texts.
21. I had never heard of C Difficile before. My family looked it up on the internet and that is where I got most of my information from. All of the symptoms matched mine and that was the first time that we realised that it was a serious illness.
22. I was not given any information by the hospital other than being given my medication and being told to make sure that I wash my hands.
23. Samples were being taken but I was not given the results. I was not being given any information and even when I was allocated a single room no one discussed it with me or told me why I was being isolated.
24. My family were not advised to wash their hands or use the gel dispensers on entering or leaving the ward apart from when I was in A1 unit. In that unit visitors also had to wear gloves and aprons.

25. The day that the press released the news about an outbreak of C difficile in Antrim Hospital I was discharged. It was only when I went home and watched the news that I realized other patients did have C difficile and I was not the only one. My family and I felt angry.

### Care

26. The care was basically the same in both Whiteabbey and Antrim Area hospitals. However, I needed my family to visit every day to go and see someone if I hadn't received certain medication and to help me get myself sorted out.

27. In Whiteabbey and Antrim Hospitals you had to buzz two or three times for attention. If no one came and in an emergency you had to open your door and call someone.

28. In Whiteabbey Hospital the nurses were very busy. There were a lot of ill and elderly patients in the ward who needed a lot of care. In saying this I was ill myself and with my pre-existing medical condition and C difficile on top of it I too needed a lot of care and would have found this period of time even more stressful if it were not for my family helping me out every day.

29. I felt that once C difficile was diagnosed people had minimal contact with me. The staff did what they had to do but tended to deal with only your medication and food.

30. Every day my mother and husband came and helped me to get washed and changed.

31. There seemed to be a lot of disorganisation. However the staff may have been so busy it appeared to be disorganised. The worst times of the day were when the nurses were in their meetings. They hand over to the new staff in the morning, mid- afternoon and evening. Obviously this needs to be completed but it left no one to deal with medication...or emergencies.

32. In both hospitals my mother and husband brought up my food and helped me to get washed etc. The nurses gave me my medication and food. I felt more care was needed on the wards in both hospitals.

#### Cleanliness in Whiteabbey Hospital

33. I saw cleaners in the ward but I was too sick to notice what was going on around me.

34. The toilets were disgusting. They were dirty. The bowls were marked with faeces. I spoke to one of the nurses about them and she said that she would get someone to clean them. After asking three times I ended up having to try and clean it myself. It was then that my husband brought me up anti-bacterial wipes etc. so that I could clean the toilet properly before I used it.

35. As stated previously my family washed me each day. I had difficulty getting to the toilet or washing myself. My mother and husband helped me with this.

36. My family and I were not given any advice about laundering of clothes. After the press highlighted C difficile in the Northern Board, signs were put up in the wards telling people to wash their hands and use the gel containers provided. Even after this no one told us about the laundering of clothes.

37. I was very ill when in Whiteabbey hospital but I noticed dirty bed linen lying in the bed beside mine for over a day. I was not satisfied with the overall cleanliness of Whiteabbey Hospital. It was a very old building and was dusty.

#### Cleanliness at Antrim Area Hospital

38. Antrim Area Hospital needs to stop moving patients from ward to ward and they also need to put in more toilets. I was moved on several occasions within Antrim Area Hospital to different wards where I had C difficile. I had a year of it before I was moved to or found out about A1 unit.

39. Antrim Area Hospital would have been cleaner than Whiteabbey Hospital but mainly because it is a newer hospital. It looked cleaner and felt cleaner. However the toilets were dirty- and there are not enough of them. I think there is a maximum of five toilets, one of which is also a shower room so you are sharing approximately four toilets to twenty-four patients.
40. I remember soiling my bed in Antrim Area Hospital and it took some time before the bed was changed. Once again my husband went and got someone to get sheets during visiting.
41. Once again no advice was given regarding the washing of the laundry.
42. I do remember there being protective aprons and gloves in both hospitals. I think that the staff did change and dispose of the gloves after dealing with a patient.
43. There were plenty of gel dispensers and there was one near every bed.
44. Antrim Area Hospital was newer and cleaner than Whiteabbey Hospital although there was still an odour in the toilet.
45. There are not enough toilets in the hospital and I think they should have had separate ones for C difficile patients.

#### Communication

46. I never received any written notices or leaflets from either hospital at any time. Nor did I see any leaflets at reception or anywhere else giving advice about C Difficile or any other hospital infections.
47. Despite this once the outbreak became public and details appeared on the television I saw a few notices on the walls of the hospital advising you to wash

your hands when coming into and leaving the hospital and people handing out letters.

48. I do not think that the hospital enforced the washing of hands nor ever checked to make sure that people were complying.

49. We got more information from the internet than we received from the hospital. I would have liked more communication and information about the infection. No one has ever told me the strain of the infection even though I have asked them several times. It is always present and can relapse at any time.

50. No one has spoken to us properly and explained the position. I would like to know more about the infection, the treatment and outlook. I would like to have been taken to a room and had a private appointment with the doctor to discuss the matter.

51. The staff were nice enough but I was not getting any information.

52. It was only after the outbreak was on the news that I discovered that Ward A1 was an isolation unit in Antrim Hospital which had en-suite toilet facilities. I had never been put in that ward and before this I had actually been told when asking that I was the only patient in the hospital with C difficile.

53. Later on when I was put in A1 unit the doctor confirmed that I had a relapse of C Difficile.

54. I was not happy with the communication and I did not feel that the staff were open with me. The communication was bad in both hospitals and improvement is required in this regard.

## Food

55. I could not eat a lot because of my condition. My family brought me up food every day – I can only eat light food with my pancreatic insufficiency, having C difficile on top of that condition only added to the nausea.

## Family

56. After I was diagnosed with C Difficile my son and my grandchild moved out of the house in case the baby caught the infection. My daughter was doing her training at Stranmillis University and my son was doing his GCSEs. I had no contact with them from hospital (obviously I didn't want them to visit and run the risk of them catching something), and feel now that I lost out on a lot of quality time with them.

My husband also had to look after and care for me as well as running the family home. Consequently we all felt under stress. It could have all been avoided if Whiteabbey Hospital had not admitted anyone into the ward in the first place because there was a hospital bug. They should have diverted me to another part of the hospital or another hospital.

57. The family (as stated previously) have suffered a lot of stress and anxiety. Three times in Antrim's A & E I had to contact my husband and ask him to come up because no one would listen to me calling for help. He has consistently had to visit the hospital every day and on top of this I have also had to call him on several occasions in the middle of the night, because I was in pain or vomiting and could not get a doctor to see me. He had to come up, say he was going to put in a complaint if a doctor did not give me something and then wait for maybe two to three hours in the wards with me until a doctor came. It is unfair. People should be listened to and Antrim Hospital and their A & E obviously do not have enough doctors to cover all the wards, particularly over the evenings, weekends and bank/public holidays.

### Samples

58. When I was in Antrim Area Hospital I was told to leave a sample in the toilet. They give you a container from a commode to use and you leave your sample in this on the toilet floor. It has your name and number written on it. You cover it with a towel or hankie for someone else to collect.
59. The sample could be sitting for some time before it is collected as sometimes when I went back into the toilet I saw my sample still there. I always informed the nurse in charge of me that the sample had been left but on a few occasions I have had to go back again to use the toilet and ask the nurses to dispose of the previous sample and then leave a new one.
60. My husband actually brought me up cleaning utensils that I would use before I went to the toilet and after I used it. I dislike going into and using the toilet in hospital but I suppose that is to be expected with the experience of getting C difficile from a hospital toilet.

### A & E department and X-ray department

61. I have previously described within the admissions section of this statement what my experiences of trolleys, isolation rooms and long waits I have had in Antrim A & E. As well as lying with no buzzer or any bell to use, you also have to endure the system that goes on between A & E and the X-ray department. All kinds of excuses are used by X-ray. The last time I went into an X-ray room in Antrim, everything was covered in plastic – this I thought was extreme in the other direction from people not doing enough to isolate you to plastic everywhere. When you are wheeled in and they are told this is the patient to A1, I personally feel dirty and when I see all the plastic covers I feel so low it is unbelievable. You can be in the majors part of A & E, waiting on a room to isolate you in A & E, in the middle of a six bay ward and using a commode and then get wheeled into plastic everywhere. It creates a very negative statement when they can wipe the machinery and other items of

equipment down with MRSA/C difficile wipes when I leave – five minutes will do it. There is only ever one radiographer within the room and that person will ask the nurse to stay with you and say ‘so that she is not sitting outside A & E waiting to go back’. I am sure that during the Inquiry the X-ray departments and A & E staff will discuss this problem. My experience in Whiteabbey was unbelievable and it is one area that needs sorted out.

62. As well as that as stated before, three times my husband had to return back to Antrim A & E, twice I had soiled myself and the other time urine was all over my trolley. These were the occasions that I had to text him to come back or contact the hospital for me.

63. It would be far easier to admit a C difficile patient (or one who has a history of C difficile) and is presenting with the same symptoms directly to the ward. It would save the X-ray department, the A & E department and most of all the families and patient a lot of unnecessary stress and complications

#### Recommendations

64. The hospital needs more isolation rooms with toilets on all the wards.

65. The information and communication needs improvement. A formal meeting between the family, patient, Consultant and nurse in charge should take place to outline the nursing plan for the patient.

66. The isolation rooms in A1 are glass fronted and need more air. My last stay in A1 was during hot weather in June 2010 and staying within the room was nearly unbearable with the heat and the fact there was no window to push out. There was no cold air conditioning coming into the room either. The windows would then open out onto the grass verges around the hospital.

67. I feel that there should be less movement of patients throughout the hospital – if someone comes in there with no history of C diff/MRSA and gets a positive

test, they could have been moved around numerous wards and toilets because people are constantly moved in Antrim Hospital.

68. Patients should be supplied with pro-biotic medication from the hospital pharmacy especially when it is approved by the isolation Unit for patients with C difficile and is also on the internet as a treatment for C difficile. I have spent hundreds of pounds on buying these tablets in from England and due to my being under the immunologist I can only use the one manufacturer.

69. Direct Admission to wards for C diff patients would help.

The Inquiry

70. I am not well enough to give oral evidence at the Inquiry due to having had major surgery in Belfast City Hospital.

I declare that this statement is true and correct to the best of my knowledge and belief.

Dated \* 9/12/2010

Signed



Janet Siobhan Finlay

(\* My first statement from Sept 2010 was amended and submitted to the enquiry <sup>as this</sup> before the oral hearings, however <sup>SSR</sup> this typed amended version is my being signed now - due to time constraints on the enquiry team \* eg received 9/12/10 from enquiry team amended and for my signature \* - I was in AI in Antrim at that time.)