

Witness Statement Reference No. _____

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

WITNESS NAME: MRS JENNIFER ANN VICTORIA McMORRIS

STATEMENT OF EVIDENCE

I, Mrs Jennifer McMorris, say as follows:

1. My name is Mrs Jennifer McMorris and I live at an address which is known to the Inquiry Team.
2. I am the daughter of Reverend John Lyle who died on 11th October 2007 at Antrim Area Hospital.
3. I am a retired teacher.

Pre-existing medical history

4. Up until the date on which he was admitted to hospital my father was reasonably active for his age. However in springtime 2007 he had an aortic stent fitted in Belfast City Hospital. He also had a kidney removed several years ago and a hip replacement about 25 years ago. He was born in 1922 and was 84 years of age when he died in 2007.
5. He was fairly mobile before he went into hospital and was able to drive the car and just before he was admitted to hospital he had been down in the caravan with my mother for a few days holiday. My father was a very keen walker and was also doing some of his own gardening before he went into hospital. Mentally he was very alert and could have outstripped me on occasions. He was also very much on the ball regarding financial matters.

Admission to hospital

6. I received a phone call from my mother on 19th July 2007 to say that my father had taken ill and had just been admitted to hospital. They had only just returned from their caravan trip in Castle Archdale a couple of days before he took ill.
7. He had apparently taken a weak turn, was slumped in the chair and had also become a bit confused. An ambulance was called and he was taken to Antrim Area Hospital.

Family

8. My parents lived about 45 miles away from me. I was the main carer for my parents as my brother lived in Australia.

Antrim Area Hospital

9. My father was admitted to Ward A1 on 19th July 2007. He was in an open bay at the start and when I called in he was alright. He recognised me although he was a bit listless. He was very weak and slightly confused. He had no diarrhoea at this stage.
10. He was in a four bedded bay and he was in the bed nearest to the door on the right hand side. There was a toilet beside the entrance and a sort of sitting room with a television in the other corner. He was there for approximately one month.
11. He was then diagnosed with C difficile on 13th August 2007 and moved to an isolation room in Ward A4 the following day.
12. This was a small single room. There was a window, a commode, wash hand basin and a couple of chairs. I think that A1 and A4 were on the same level in

the hospital. He was in the isolation room until he was discharged from hospital on 24th August 2007.

13. When he was discharged his symptoms of diarrhoea had cleared up and the hospital told us that he was clear.

Home

14. After discharge from Antrim Area Hospital he went home. His GP attended him and on 12th September 2007 he was brought to Antrim Area Hospital by ambulance. He was examined in Accident and Emergency but returned home at 10.30pm the same day. I thought that he should have been kept in at least overnight because he was still very weak but they discharged him.
15. He was only back home for about three days when on 15th September 2007 when he had to be admitted to Antrim Area Hospital by ambulance. He was suffering from diarrhoea, was weak and in a daze.

Readmission to Antrim Area Hospital

16. On that occasion he was admitted to an isolation room in the hospital which was enclosed in glass and he stayed there for approximately two days until he was transferred to another isolation room in A4. He was very weak and confused at this stage. He was in hospital for about ten days and was discharged on 25th September 2007.

Third admission

17. He was home for a few days but very bad diarrhoea started again and on 2nd October my mother called the ambulance and he was again admitted to Antrim Area Hospital. On this occasion he was put into a private isolation room in Ward A1.

18. This was quite a pleasant room. It was larger than before and had a television set. There was also an en suite toilet. He was on a drip because his kidneys were starting to fail. He was going downhill rapidly.
19. The attention he received at that time was very good and we also got a lot of information from the doctors. A couple of different doctors spoke to us at that time and were very sensitive about telling us what was happening. One talked about pathways and making him as comfortable as possible. They also advised us to inform the family and so I phoned my brother in Australia and he arrived shortly before my father died on 11th October 2007.

Wards

20. He was originally in A1 in an open four bedded 'ward' and as I have already said he was in the first bed on the right hand side as you enter. There was also a wash hand basin and a television area.
21. His second bed was in an isolation room in Ward A4 where he had a commode and wash hand basin. This was quite a small room although it did have a window and you could get a chair on both sides of the bed. I do feel however that he got more attention in the ward than in the isolation room.
22. Then on the second admission he was put into a small isolation room which was enclosed in glass but I cannot remember which ward this was in the hospital. He was there for a couple of days before he was moved back up to A4.
23. He was then put into an isolation room in A4 which had a commode. It was a small room, the door was always closed but there was a small window in the door. Once again he felt rather isolated in this room.
24. Then on his third admission he was put into an isolation room in A1. This was a pleasant room. It was much bigger than the others and the attention was much better than before.

Transfers

25. We were always informed by the hospital if he was moving beds or being moved to an isolation room. We were told it was because he had C difficile but that I can recall were not given any other information in relation to the matter.

Visits

26. I visited nearly every day together with other members of the family including my mother, daughter and aunt. This would normally have been during regular visiting hours although when he later became very ill it was less restrictive and they allowed us to call whenever we wanted to visit. The family, friends and ministers visited regularly. There were normally enough chairs although on a couple of occasions I had to sit on the edge of the bed.

C difficile

27. I had heard of C difficile and I knew that it was an intestinal infection and that it caused diarrhoea. I do not remember ever given anything in writing about C difficile by the hospital and I would describe the verbal information I received as basic. They told me that he had C difficile, that he was being treated with antibiotics and that he should get over it in about ten days time. They also said that he was in an isolation room because it was highly infectious.
28. I was so concerned about my father's condition that I met with one of the doctors and he wrote down my concerns into the case notes. I would also have spoken to the nurses every day but no-one was very forthcoming with any information.
29. There was also a delay in the start of his treatment because they had difficulty in obtaining his aortic stent notes from Belfast City Hospital. I was very

surprised that this information could not have been accessed via the computer.

30. In the early stages I had difficulty getting any information from the staff in the hospital. I was asking for meetings and trying to obtain information about his condition and prognosis but very little information was forthcoming. That is before we were told that he had C difficile.
31. Once I was told that he had C difficile I then looked it up on the internet and that is where I got most of my information from.
32. There was nothing on the television or in the newspapers at that time.

Symptoms

33. I noticed a foul smell. His nightclothes were also badly soiled and my mother took them home every night to wash them. He was getting weaker and losing his appetite and becoming very listless.

Laundry

34. The laundry was left in a plastic bag. We never received any biodegradable bags for the laundry. I did not even know that they existed until after I received the letter from Norma Evans then Chief Executive of the Northern Trust (which I shall refer to later and which is also attached to this statement and marked JM3) to say that it was hospital policy for the laundry to be left in the biodegradable bags which could be put directly into the washing machine. None of this was ever explained to us and my mother who was 83 years of age then was actually washing the soiled laundry in the kitchen sink before putting it into the washing machine. We were not given any advice whatsoever regarding the laundry.
35. In my father's final admission to hospital, which was just before he died, I decided that I was not having any more dirty laundry being sent home with my

mother and so I spoke to the hospital staff and they agreed to give us the hospital gowns which we then used.

Care

36. I found the care in the hospital to be unsatisfactory at the start. I was only happy with the care provided on his last admission to hospital when the attention given was much better. I was not satisfied with his care and treatment at the start.
37. For example he had an eye infection at the start which lasted a fortnight. He told me that he had to keep asking the nurses for drops and I got the impression that they would not have bothered giving them to him unless he complained or asked for them. I felt that human kindness was lacking.
38. I felt that he got better care and attention in the ward than when he was in the isolation rooms. I felt that he did not get enough attention in the isolation room especially when he wanted the commode removed or his pads changed. I felt that they could have been more attentive on these occasions.
39. I remember one day when I called to visit that the commode was sitting there in his room and it was full and there was an awful smell. He had not even been given clean pads even though he told me he had asked for them and so I immediately went to find a nurse and she said that she would deal with it in a minute or two. As nothing happened, I had to go back up again and she was still standing chatting to someone and just said that she'd be down in a minute. I was getting so frustrated, and a young woman who may have been an orderly said to me 'there are some, take what you want.' So in future, any time I visited and my father seemed to be running short of pads I just took some and brought them to him.
40. If the commode was full it sometimes took a while before they changed it or removed it. Sometimes they just put the new container down on the floor rather than putting it back in its place in the commode. Quite honestly for

someone who has diarrhoea to have to put the container back onto the commode before using it is not right.

41. On one occasion I also noticed some faeces on the commode itself and I had to insist on it being cleaned. The surrounding area was also dirty and there were faeces on the roll of toilet paper. The commode was in the corner of the room and I thought that the whole place was in a disgusting state.
42. On another occasion I noticed a straw lying on the floor beside his cabinet and I left it there in order to see how long it would take before it was removed. Well it took three days.
43. My father did not like pestering the staff and so if he used the buzzer and no-one came he did not ring again as he said that he did not want to bother them as they might be dealing with people worse off than him. However I got the impression that because he did not complain that they just left him on his own.

Letter

44. I was not happy with the care and treatment that he received and so I wrote a letter to the Trust on 18th January 2008 and attached a list of my concerns. This letter and my list of concerns are attached to this statement and marked JM1 and JM2.
45. I then received a reply from the Northern Health and Social Care Trust dated 29th February 2008. This letter was signed by the Chief Executive, Norma Evans and I attach a copy of her letter which is marked JM3.
46. I started to draft a reply to her letter but did not finish it as I considered I would only be causing myself and my mother further annoyance. But some of the contents of the Chief Executive's reply have caused me much concern and annoyance. For example, I cannot understand why my 84 year old father was initially treated in an open ward when the C difficile infection was so rampant and rife and not in an area where the risk of contraction of the infection was

minimal. If I had known that there was a risk of infection I would have insisted on him being treated differently at that stage.

47. It was also about four weeks before my father was given a shower. Before that he was just given a wash hand basin to wash himself. Mrs Evans' letter suggests that it was the usual practice when there is an issue of a patient desiring privacy regarding personal hygiene that a hygiene action plan was normally discussed with the family. Well this was not done in my father's case.
48. I felt that personal hygiene was totally lacking, and while I do not blame that totally on the staff as they gave him washing facilities, I think they should have been more proactive in encouraging him to have showers and wash himself properly.

IV drip

49. The dressing for his IV drip had been on for several days and it was starting to become itchy and to annoy my father. He actually removed it himself but then the whole area was caked in blood and I then had to spend quite a considerable time trying to get a nurse to clean it. On another occasion the IV drip became detached and I again spent some time trying to get a nurse to reattach it. The care was just not there at that time. The nurses were slow, unresponsive and uncommunicative.
50. This occurred in his earlier admissions and as I have already said the care during the final admission was excellent.

Main concerns

51. My main concerns are set out in my attached letters marked JM1 and JM2 but there is one point in particular that I would like to mention and that is when my father was taken into hospital on 12th September 2007 when he was very unwell. He was unable to get out of his seat and was in a bad state. He was

taken by ambulance to Antrim Area Hospital where he was examined and then discharged. I could not believe that they had discharged him home as in my opinion he should have been admitted for treatment. He was in no fit state to be sent home at that time and I felt very annoyed about it.

Doctors and nurses

52. At the time of his last admission the doctors explained precisely what was happening, what was wrong with him and what the prognosis was. Everything was fully discussed and explained. They were all very caring and sensitive. The doctors and nurses were great at that time. They were very good with my father and also with the family. The treatment and care that he received then was much better than he received in his earlier admissions to hospital.

Cleanliness

53. I occasionally saw the wards being cleaned and in general the hospital seemed to be quite clean. My overall impression was that the wards were clean and tidy. The wards, bays and isolation rooms were grand. The beds were clean and tidy.
54. There were sufficient numbers of gel dispensers. The staff wore gloves and aprons when they were dealing with him in the isolation room (I cannot recall if they did when he was in the open bay) but the visitors did not do so. No advice was given to me about the wearing of protective clothing.
55. Although when he had C difficile the staff did advise us to make sure that we washed our hands but other than this there was really no other advice given to us.
56. There was a ward that smelt musty. The windows were rarely open and it always seemed to be hot and clammy. There was also an unwashed body smell about the place. It was just an unpleasant smell.

57. Generally I have no complaint about the cleanliness of the hospital other than the specific instances that I have already mentioned.
Communication
58. I do not remember receiving any written notices or leaflets from the hospital about C difficile or any other hospital infection.
59. I did however see notices on the notice board advising everyone to wash their hands on entering and leaving the ward and also to use the gel dispensers.
60. I did receive some verbal information from the staff but normally only when I asked for it. I was not approached with any updates on my father's condition.
61. There was one occasion when a young doctor did spend quite a lot of time with me. I spent about half an hour with him when I outlined my grievances about the whole set up in the hospital and the fact that I felt that I was not being kept properly informed. He wrote this all down in my father's case notes.
62. I also had discussions with the doctors and nurses at the time of his last admission when they were very open, communicative, informative and helpful.
63. Apart from these occasions I would say that I was not getting enough information. I do feel that the regular updates should be given automatically as a procedure. For most of the time I felt totally frustrated with the lack of information and communication. It was not satisfactory and this is one of the main areas that needs to be improved. It was like I was floundering, not knowing who to ask about or what to ask about.
64. Some of the information I received at the start from the nurses was superficial. I do not know whether they knew more than I was told but they never seemed to be able to say what was happening until the Cdiff appeared. I felt that more could have been said and done.

65. I feel that more should have been done for my father during the first three or four weeks that he was in hospital. If more had been done at that time then he might have been able to have his treatment and be discharged from the hospital without catching C difficile.

Death Certificate

66. The first cause of death on the Death Certificate is renal failure and the second is C difficile. Knowing that my father had had a kidney removed and knowing his advanced years I would have thought that they would have taken better care to ensure that he did not suffer renal failure. I am surprised that more was not done to prevent that, although as I am not a doctor I do not know if there was anything more that could be done. The causes of death were recorded by the doctor and were not discussed with me or the family.

Food

67. The food seemed grand and my father never complained about it. He was not eating very much and so the hospital allowed me take yoghurt and milky drinks from the hospital fridge and bring it to him.

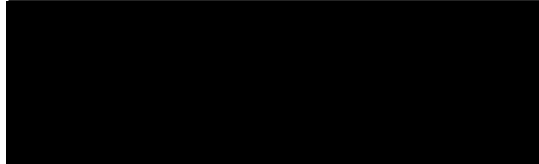
Conclusions

68. I basically thought that the care and hygiene at the start was not satisfactory. It was not what I would have expected in a modern hospital. The care was lacking then. Regarding communication, I feel that had I been kept better informed earlier of what was going on the outcome might had been different.
69. I was also very anxious about the lack of information given regarding the laundry. My mother should have been given instructions regarding the laundry and given the biodegradable bags.
70. The care was not what I expected from a new 21st century hospital. They should have modern systems and procedures.

I certify that this statement is true and correct to the best of my information and belief.

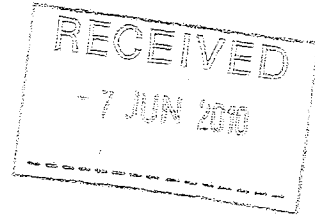
Dated 8th Sept 2010

Signed



Mrs Jennifer McMorris

J M I



18th January, 2008

To whom it may concern,

Re- Hospital care – Rev. John Lyle 19th July 2007 to 11th October 2007

Attached is a record of my concerns about the treatment of my father, Rev. John Lyle during his stays at Antrim Area Hospital between the periods above. They were written at the time.

More than anything else these concerns relate to

- Poor hygiene – there can not be any excuse for this
- Lack of individual/personal care – again inexcusable

I did make my concerns known both to the Nursing Staff and to the Doctors one of whom made a written record of this on my father's Case Notes.

While I understand that the ill and elderly will be prone to infections, hospitals are aware of this and should ensure that hygiene is of paramount importance. This unfortunately was, patently, not the case in Antrim Area Hospital and this failure was to an unquantifiable degree responsible for my father's death.

The death of any family member is distressing but the fact that this was, at least partly due (as stated on his Death Certificate) to an infection picked up while my father was under hospital care, (he developed the effects after some weeks during his initial period in hospital) makes it even more so.

My own observations convince me that poor hospital care must have contributed to his having contracted this disease. This is my concern. Have such failings been recognised and have measures been taken to ensure that others will not experience the loss and grief which we have felt?

I await your considered response.

Jennifer McMorris

Concerns About Treatment Of John Lyle

Admitted to Hospital on 19th July 2007
 C.diff. diagnosed 13th August 2007

Personal Care

Ward A1

- almost 4 weeks without a shower/full bed bath even though he had had diarrhoea.
- a bladder, eye and mouth infection occurred at or around the same time!

Ward A4

-had informed Deputy Ward Manager and Dad's nurse about his reluctance to cause a fuss/continually ask for help -on 14th Aug. I had to inform the Deputy Ward Manager that my father had been diagnosed with C.diff. the previous day - she was unaware of this.

Nursing Care

The following points are just some of my concerns

- Lack of help with personal cleaning
- Slow/no response to bell ringing for help -Dad does not like to keep his finger on the bell!
- Slow /unhelpful responses to requests for clean pads/emptying of commode etc.
- Commode inset often not replaced for some time and then on occasions not in the commode but thrown at it or on the floor
- No straw provided to help with drinking especially when unable to sit up properly. I supplied them!
- Slow removal of dressing covering IV wound- several days- When dad removed it himself I had difficulty in getting a nurse to come and clean the dried blood away!
- Incident with IV drip- became detached- slow response to reconnect properly
- Poor treatment re. eye infection; still there 2 weeks later
- On several occasions my father has had to remind the nurses that he needed the drops inserted. Also lack of careful cleaning of eye especially in the morning

What has happened to a little friendly attention between routine check ups
Also a decided lack of any type of attention to mental or general physical
well-being

Hygiene Care

Not acceptable.

- Badly soiled clothes sent home on many occasions to be washed in kitchen sink prior to being put in washing machine
- Tues 21st - floor of side ward had not been cleaned properly for at least 3 days - there was a drinking straw still on it, beside cupboard
- Same day I had to insist on commode being cleaned and the floor area as well as both had faeces on them. Toilet roll also soiled and had to be replaced.

Discharged Friday 24th August with no satisfactory after care set in place.

Mon 10th - At home Dad fell when switching off TV. Several cuts to face- says he lost his balance. He had had some slight diarrhoea for a few days but had been seen by own GP and sample taken.

Wed 12th - Early afternoon. Unable to get out of seat- distracted behaviour - Ambulance sent for- taken to A&E but sent home at 10.30 pm

Sat 15th Sept- unable to move off toilet seat. Finally managed it but fell in bedroom, severe diarrhoea - Ambulance again - kept in this time-

C. diff again but better attention in general

Tues 25th Sept - Discharged. At least better after care in place this time

Sat 29th Sept - Diarrhoea begins again

Wed. 2nd Oct - 2.30 am taken to hospital by ambulance with severe diarrhoea and unable to stand

Admitted to Ward A1 - this time the medical and indeed overall care was of high quality but he progressively declined

Dad died in hospital on 11th Oct

Death Certificate included C. diff as part of the cause of death (the other causes listed were renal and pulmonary in nature)

JH3



Northern Health
and Social Care Trust

Chief Executive's Office

PERSONAL

Mrs Jennifer McMorris



29 February 2008 Our Ref: C181/07-08

Dear Mrs McMorris

Rev. John Lyle.

I refer to your letter of 18 January 2008, concerning the treatment and care your father received in Wards A1 and A4 in Antrim Area Hospital.

Firstly, I wish to offer you and your family my sincere condolences on the death of your father on 11 October 2007.

On reading your letter I am sorry to learn that the general hygiene in the ward and the attention to your father's personal hygiene was not to the standard you or I would expect and I apologise for the distress this caused at the time.

Your concerns have been discussed with the Ward Managers of Wards A1 and A4 and I would wish to assure you that the staff will learn from your experience and become more aware of the impact their actions have on patients and their relatives. On your receipt of my response, I would be happy to arrange a meeting for you with Mr G Martin, Assistant Director, Medicine and Unscheduled Care Services, and the relevant Nursing staff if you feel this would be helpful.

I fully appreciate your concern with regard to your father contracting Clostridium Difficile, and on reviewing your father's case. Dr Patterson, Consultant Geriatrician, advises that your father was diagnosed with Clostridium Difficile in August 2007 and at this time, responded well to the prescribed antibiotic therapy treatment.

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Dr Patterson has confirmed that due to your father's history of recurrent infections, he required to be treated with specific antibiotics, which have been implicated in the development of Clostridium Difficile Associated Diarrhoea especially in frail patients.

She further advises that on your father's readmission on 4 October 2007, he did not respond to treatment despite supportive therapy and his medical condition continued to deteriorate. Dr Patterson has advised that the family were kept informed of this deterioration and of the grave prognosis.

In relation to your concerns about the Ward cleanliness on Ward A4, I wish to assure you the Trust treats the matter of hygiene and cleanliness with the utmost seriousness and there is ongoing training for all staff. In addition, Infection Control Audits are regularly undertaken in all of the wards. Isolation Wards are thoroughly cleaned on a daily basis and any spillage is cleaned as soon as staff are aware of this. The Ward Manager wishes to apologise that you found the standard of hygiene unacceptable. It is my expectation that Ward Managers will take action to address issues of poor hygiene/cleanliness in their wards and this has recently been reinforced with all Ward Managers by the Trust's Executive Director of Nursing.

The Director with responsibility for cleanliness standards has also been informed of your concerns and the issues which you have raised have been brought to the attention of Nursing and Domestic Services staff. Revised cleaning schedules have been implemented in all wards and plans are in place to recruit additional cleaning staff at present.

With regard to soiled linen, and in line with Trust's Infection Control Policy, items of soiled clothing are put into a special airtight bag which relatives can safely put into their own washing machines. An information leaflet is also available for relatives and I am sorry that this was not explained in full to you at the time.

I expect Senior Nursing staff to be aware of all issues relating to hygiene matters and in particular, those relating to the nature of a patient's infection status and I am sorry to learn that this did not happen. The Deputy Ward Manager advises that she was aware of your father's Clostridium Difficile status and she apologises to you for this unacceptable breakdown of communication.

On reviewing the issues you raised concerning your father's personal hygiene, the Ward Manager of Ward A4 advises that nursing staff did assist your father with his personal needs particularly after having used the



commode and she is sorry you were unhappy with the overall standard of care your father received.

The Deputy Ward Manager of Ward A1 advises that following a discussion with you and your family, your father had a shower but did not wish to have his hair washed at this time. The Ward Managers advise that your father was a very private person and quite often did not wish to have assistance from staff while attending to his personal hygiene. Staff in these circumstances are limited in what they can do. However, it is usual practice that when such a problem arises, it would be discussed with the family and an action plan agreed with regard to the level of hygiene that can be carried out. Staff usually enlist a family member to assist them with this matter. The Ward Managers would again apologise that a planned approach to this problem was not discussed with you and put in place for your father.

The Ward Manager in Ward A4 is sorry that you felt that the Nursing staff's response to your father's needs were unsatisfactory and she advises that while staff did endeavour to meet your father's needs, staff will learn from the experience as you have described.

Both Ward Managers further advise that eye drops were commenced as your father had an eye infection and according to his care plan, regular eye care was carried out and he did receive the prescribed eye drops. However, I would apologise to you that these were not always given on time, which resulted in him having to ask for them.

The Ward Manager of Ward A4, advises that your father was seen by the Hospital Social Worker prior to his discharge in August 2007 and that this time he was deemed to be independent and he was discharged home with family support. A contact telephone number was given for the Community Social Worker, who was to be contacted should your father's needs change.

With regard to your father's discharge in September 2007, the Ward Manager advises that you telephoned her to advise that your mother was going for one weeks respite care and that she was the main carer. This information was passed onto the Hospital Social Worker. On 24 September 2007, an assessment was made by the Occupational Therapist and she advised that your father was independent with personal care needs and he was deemed safe for discharge with the support of your mother and it was arranged for him to have cooked chilled meals.

Thank you for bringing this matter to my attention. I note your comments that the medical and overall care was of a high quality in Ward A1 in October 2007. I am sorry that the hygiene standards of the ward and the personal care

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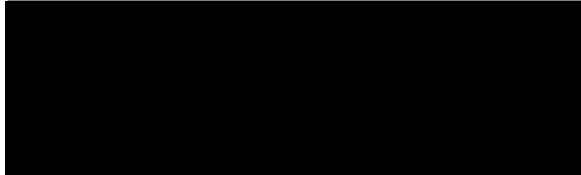


of your father did not meet your expectations, however, I can assure you that tight procedures are in place and the standard of hygiene is closely monitored.

I would also wish to assure you that the staff have been made aware of your concerns in relation to your father's personal hygiene and the quality of the basic nursing care he received, and it is my expectation that staff will learn from this.

If you wish to discuss this matter further, or feel that a meeting would be helpful, please contact the Patient Liaison Officer, Miss N Shannon, on telephone number 028 2563 3721, so that the necessary arrangements can be made.

Yours sincerely



Norma Evans
Chief Executive

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10/10/10