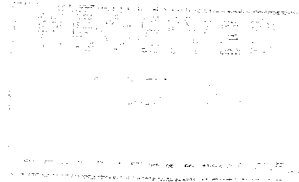
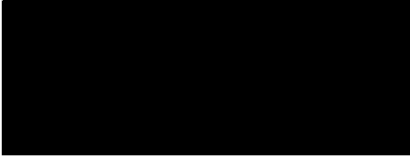


Mrs Marwin Scott



To whom it may concern

I am writing this letter as a voice for my father Mr Thomas Shaw who died on 21st July 2009. I feel that the cause of death was a result of him contracting the Clostridium Difficile Bug (C. Diff) at Antrim Area Hospital between 25th-31st May 2008.

My father was admitted because of a mild stroke and was transferred to ward 3 in Whiteabbey Hospital Rehabilitation Unit on the 31st May 2008. He was a strong healthy man at the age of 85 years and would have passed for a man in his 70's. He weighed a good 14 stone 6lb and the only medical condition he had was pleural plaques which was due to him working with Asbestosis in Courtaulds for 25 years. Although this was not severe he lived a very healthy normal life and needed no care or help at home. My mother passed away 6 or 7 weeks prior to my fathers stroke which we think contributed to this greatly.

* I left my father at ward 3 on the 9th of June 2008 to go on holiday for 10 days as he passed all his assessments and was due to go home to [REDACTED] in 2 days time. He had a slight personality change due to the stroke and slight weakness to his left arm which I was informed that this would probably improve with time. He was sitting up eating a salad and was commenting on how lovely his ham was for being hospital food. This was the last time I was to see and speak to my father in a happy normal way on the 10th June 2008. My father may as well have died and in someways with hindsight it would have been a blessing if the stroke had have taken him for what we as a family were about to go through for the next year and what he suffered.

As my father was in Antrim, Whiteabbey and the Mater Hospitals throughout his illness I go on order of admission

Antrim Hospital

The A&E was an absolute nightmare very confusing and disorganised and a bit overwhelming with not knowing what was happening. Ward C all I can say is rude, rude, rude and no support given to family and no information given either.

Antrim Hospital I found in Ward B nurses were attentive and quite friendly but didn't get to speak to any doctors.

When my father was in ward B1 I did notice that no staff members wore gloves or aprons to move people up beds or when they were changing beds they wore gloves but not aprons. One nurse smelt so bad of stale body odour the smell lingered for a good 10 minutes after she left the ward as I remember having to spray my dads deodorant to mask the smell. On day 2 of my dad being in Antrim Hospital they ran out of pillows and the beds were very old and had hard steel backs on them and my dad was complaining of a sore back. I met my sister coming in the next day with 2 of her pillows from home and I told her she wouldn't be allowed to give them to dad due to cross infection. My sister adamantly told me she asked permission to bring pillows in from her home and was told she was allowed to do so. She went to the nurses station with me and asked again with which the reply to my shock and horror was yes that is fine. One of the pillows the next day was missing and when I asked were it was the nurse informed me that they had to borrow it for the woman opposite.

Ward C was worse we had 2 nurses who were nothing short of being bullies, they had no understanding of my dad's condition as he was a little aggressive due to his stroke and they were very aggressive back. I told them that he isn't like this generally that it was due to the stroke but they took no notice! My father was put into a pad even though he was not incontinent and I found this strange but they seemed to put everyone over 70 into pads whether they needed it or not. I noticed that 3 of the nurses uniforms were very dirty and were dirty for 3 days and they didn't wear gloves or aprons when helping patients into beds etc. I never seen any cleaners on this ward and the smell of urine was sometimes very strong it just smelt like a public toilet. I was so relieved when my father was moved from Antrim to Whiteabbey and although I did have issues with Whiteabbey it was the cleanest hospital of them all.

Whiteabbey Hospital

Whiteabbey Hospital Nursing was fine very relaxed and friendly but there again you had to go and really push to get information. The issue about Diagnosis and Information well were do I start. As I have said previously I left my dad on the 9th June 2008 looking good and doing well, due to come home in a couple of days but this didn't happen.

One week into my holidays I received a phone call from my daughter who was very distressed. She told me that her grandfather was in a side ward and she was worried about him as he wouldn't eat, drink or talk to anyone. I asked her if she spoke to the nurses or doctor and she said they told her he would be ok that he was sick. I phoned my sister who told me the same thing and that nobody seemed to know what was wrong. When my sister asked she just got blank looks but she thought he had had another stroke but was told he hadn't.

I returned home on the 21st June and went straight to the hospital to see my father lying in bed flat on his back crying. I went to him and asked what was wrong to which he replied Oh! Marwin I'm dying I feel so ill, after that I went to find a doctor to be told that they were too busy to speak to me. I informed the nurse in charge that I would wait and asked her to inform the doctor that I was there and wanted to speak to him as soon as possible. The doctors were standing around the nurses station all afternoon and I could hear them talking and laughing but every 20-30 minutes I kept asking to see one and was told the same thing and at 6.30pm I was told that all the doctors were away home and that I couldn't see them. I then proceeded to ask the nurse in charge why my father was on Flagyl as I knew this was an antibiotic. She just shrugged and said that I would need to speak to the doctor in which I laughed (nearly hysterically) and said that if I could get a doctor to speak to me that would be great! I told her that I would be up in the morning and would not be leaving until I got speaking to a doctor. When I went up the next morning my father was in the same state and I sat with him and informed the nurses again that I wished to speak to a doctor and was not leaving until I done so. Dr James Quinn eventually came to speak to me at 6.30pm which was an extremely long wait which no explanation was given or apology. I was taken into a side ward and told that my father had C. Diff which I knew a bit about the disease but only from what I heard on the television. The doctor didn't tell me much else only that it took 5 tests to get a positive result. I asked him why he didn't inform the family of this and he informed me that he couldn't as he only got the positive result that day and due to confidentiality he couldn't tell anyone. I had a heated discussion with him as I couldn't see why they couldn't have given an explanation as to what he thought it was and also that he was testing for it and given the family guidelines and precautions about the C. Diff infection control. I told him I was concerned as my daughter had been doing his washing which was being washed along with my granddaughters clothes who was 3 years old and furious as my daughter has an auto-immune Disease of the liver and her immune system is very weak. He seemed shocked and said he would speak to Dr Byrne who told him to ring me the next day to ask my daughter to go to her G.P if she was worried as she was feeling unwell and had to have blood tests taken to see if she had contracted the C. Diff.

I read up on the computer that the alcohol doesn't kill the bug and that you need to use soap before the alcohol gel so the family left leaflets of information at the side of my fathers bed for any visitors to try and prevent getting this or spreading but these kept getting thrown out. My dad

deteriorated in front of my eyes as he wasn't drinking or eating properly in which Dr Byrne insisted that this was due to severe depression because of my mothers death. Of course I admitt that this was obvious that my dad would be depressed but he didn't want to starve himself to death as she implied. I fought this with her until she decided to tube feed him as a last resort but by this stage my father had lost 3 stone but responded well to this and started to eat some solid food and his mood lifted. The minute Dr Byrne saw this she stopped the tube feeding after 2 weeks even though my father begged her to let him have it for another week she refused and discharged him. My father never came back to us again he lived on soup and fortisips and feel back into a depression and was so badly dehydrated that he got confused and caught infections which he was admitted to either the Mater or Whiteabbey Hospital. His bowels were never the same and he was never out of pads and because he was on a sloppy diet his bowels were always loose and his bottom very sore which caused him a lot of distress. We were never allowed to say that this was due to C. Diff it was always depression and he was dying and no-one to help him. When we did get a doctor to help him in ward 9 it was too late and my father died on 21st July 2009 in ward 10, Whiteabbey Hospital weighing less than 6 stone.

If I can just finish by saying although a lot of the nursing staff in Whiteabbey Hospital were absolutely marvelous the Consultants and Doctors need to take a long hard look at the facts. My dad should never have been allowed to die the way he did and my opinion on hospitals across the board is please God keep me and my family out of them!!

Mater Hospital

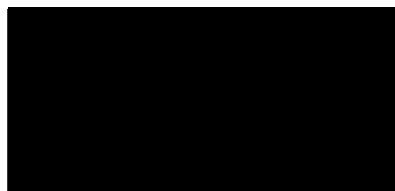
Mater Hospital Nursing staff were very, very good and did come forward with as much information as they could and always tried to reassure us about my dads condition or what they were treating him for. Although the nursing staff were very nice it was very dirty especially the floors. My dad was put into a side ward for a few weeks and the stains on the floor were still there when he was moved. Also one of the pillows lay under the bed for 4 days which my sister and I decided not to draw any attention to it to see how long it would be there for then he was moved to another ward so we can only go for 4 days which proved that the floors were not cleaned properly which was a disgrace.

Conclusion

The death certificate said my father died of respiratory disease but in my eyes what killed him was C.Diff. If he hadn't been as strong and healthy he would have died within a few weeks but it took him a year!

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

Yours Sincerely

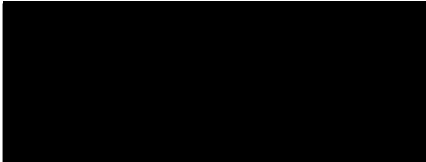
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Marwin Scott 09.09.2010

Northern Health and Social Care Trust

Private and Confidential

Ms Marwin Scott



22 September 2008 **Our Ref:** Comp/ns

Dear Ms Scott

Mr Thomas Shaw

Thank you for your letter of 11 August 2008. I am sorry to learn that you are dissatisfied with aspects of your father's treatment and care in Ward 3, Whiteabbey Hospital. I have now had the issues which you have raised investigated by Mrs Linda Patton, General Manager and Dr E Byrne, Consultant Geriatrician and will address each of these as follows.

On your consideration of my response I will be happy to arrange a meeting for you with the relevant senior clinical staff, if you feel this would be helpful.

Communication

I would have expected you to be kept informed of your father's progress and I am sorry to learn that you felt that this was not the case. Dr Byrne is also sorry to learn that you had difficulty in getting an appointment to speak to her and she would apologise for this. Dr Byrne advises that she has spoken to you on two occasions and she would be happy to speak to you and your sister again at a time, which is convenient for you. This can be arranged by ringing her secretary on telephone number 028 9055 2318.

Dr Byrne has explained that she and her secretary have been out of the office on leave for a period of three weeks. However, it is usual practice that her colleague, Dr Gilmore, Consultant Physician, would see relatives in her absence if required. I would apologise if this was not explained to you at the time. The Ward Manager advises that the medical and nursing staff in Ward 3 speak to you and your sister on a daily basis and staff will continue to assist

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you at any time with any questions you should have with regard to your father's care.

Nutrition/Weight Loss

I fully appreciate your concerns in respect of your father's weight loss and that you are anxious with regard to his present nutritional intake. Dr Byrne and the dietician advise that while your father has lost weight, his weight is considered to be within normal limits. Dr Byrne would also wish to reassure you that your father's nutritional status is being monitored, and if necessary, she will intervene in order to ensure he receives an adequate nutritional intake. Any decision taken with regard to your father's diet will be based on the nutritional and clinical needs of your father, Dr Byrne's physical assessment, and the results of his blood tests. At present, I am advised that the high calorie and high protein diet is meeting his baseline nutritional needs.

With regard to nasogastric tube feeding, I am advised that your father was progressing well with this treatment; however, you will be aware that this type of feeding is used on a short time basis and cannot continue indefinitely. As I have stated, Dr Byrne will closely monitor your father's progress and response to his present diet regime. I understand that it is in your father's best interest to continue to attempt to have his food by mouth, and that it may take time for your father to fully return to taking a normal diet. The ward manager advises that your father will eat with encouragement from you and from your sister, and from the nursing staff. The Ward Manager further advises that your father is on a food chart, fluid balance chart and his intake is monitored on a regular basis.

I am also aware that following your father's episode of vomiting blood he had investigations carried out, which confirmed that there was inflammation around his small intestines and that he has received the appropriate treatment for this.

Anti-Depressant Drug Treatment

Dr Byrne advises that your father's mood had been low and that he was re-started on anti-depressant medication shortly after his transfer from Antrim Area Hospital. I understand that you did not agree with the choice of medication, which the psychogeriatric team had prescribed, and that this was then changed to the medication that he had been on previously. I am advised that this change in medication was at your request when you spoke directly with the psychogeriatrician in Holywell Hospital. I understand that it was felt that your father's mental state, and hallucinations might be part of his grieving reaction to the recent death of your mother. I fully appreciate that it is

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extremely upsetting for you and your sister with regard to your father's mental state and I am advised that the psychogeriatric team will continue to review your father's progress.

Clostridium Difficile Associated Diarrhoea

On 31 May 2008 your father transferred to Ward 3 from Antrim Area Hospital. It was noted that your father had diarrhoea on admission, however the initial tests for clostridium difficile associated diarrhoea were all negative until 22 June 2008, when the first specimen tested positive. In line with the Trust's Infection Control Policy, your father was started on the appropriate antibiotic for fourteen days. As the diarrhoea had not cleared your father was started on a second antibiotic and I am advised that your father had recovered from clostridium difficile associated diarrhoea on 23 July 2008 and was then transferred out of the side room.

The Ward Manager advises that the family were kept informed during this period. With regard to your father's pyjamas being sent home in a sealed bag, I can advise that a sealed bag is not necessary, however, a plastic bag would be necessary if your father's pyjamas were stained in any way. The Ward Manager advises that she will discuss this issue with you in order to clarify and reassure you in this respect. She has also emphasised to staff that your father's pyjamas should not have been placed in a sealed bag.

Fall

The Ward Manager advises that your father fell at approximately 10.30 am on 12 August 2008 when he attempted to go to the bathroom unaided and I am sorry that he sustained an injury to his head, which required four stitches. It is Trust policy that when an incident such as this occurs an incident form will be completed by the staff on duty, and that the family be notified of the fall. I can confirm that the incident form was completed, your father received treatment by the doctor and that you were contacted by phone. Our records indicate that you attended the ward at lunch time. While it is recommended that the family is notified immediately, there can on occasions be a short delay, before relatives are notified and I would apologise that this happened in your case.

It is clear from your letter that your father has been very ill since he has had his stroke in May and that this is a very stressful time for you and your sister. I am also aware that in cases of a prolonged illness, it is important that a good relationship exists between the relatives and medical staff responsible for the patient. In this respect, I would encourage you to speak to Dr Byrne and her medical team so that they can share with you the basis of any decision they take in relation to your father's treatment plan.

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Thank you for bringing these matters to my attention, as it is our aim to learn from complaints. I hope my response has been of assistance and that I have reassured you that Dr Byrne and her medical team are available to keep you updated with your father's progress and to discuss his treatment plan with you. Dr Byrne would also wish to assure you that she and her medical team will always endeavour to ensure they provide your father with the appropriate treatment and care and to support you and your sister at this time.

If I can be of further assistance or if you wish to avail of the suggested meeting, please contact Miss N Shannon, Patient Liaison Officer, on telephone number 028 2563 3721.

Yours sincerely



for **Norma Evans**
Chief Executive

Cc: Ms Elizabeth Robinson



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