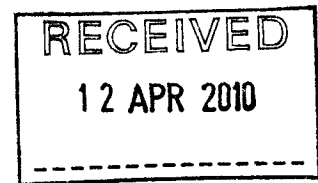


Witness Statement Ref No. 82



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

WITNESS NAME: MAURICE LIVINGSTONE

STATEMENT OF EVIDENCE

I Maurice Livingstone say as follows:

1. I am making this statement at the request of the Clostridium Difficile Public Inquiry. My address is known to the Inquiry. The following information is accurate except where I am uncertain about the exact times.
2. I am a son of the late William Livingstone who died on 10th October 2007 at Antrim Area Hospital.

Accident and Emergency and Admission to the Ward

3. I found my father in the bedroom of the bungalow where he lived alone at approximately 9.00 p.m. on Sunday, 30th September, 2007. His inability to move and my inability to move him without risking further damage suggested to my untrained eye that he had suffered a stroke. Obvious serious bruising on his face and body and abrasions to his knees and feet indicated that (a) he had fallen heavily and (b) had tried, over a considerable period, to move across the floor to get back in to bed or summon help, or both. He was very distressed, thinking that no one was going to find him, that he was going to die and also in considerable pain. The ambulance was on the scene within ten or so minutes and my father was transferred to Antrim Area Hospital.

4. My wife and myself arrived at Accident and Emergency at approximately 10.00 p.m. and were told to wait as the doctor was assessing my father. Some 60 – 80 minutes later I again spoke to reception, being concerned about my father's state of mind after his ordeal, to be told that he was still being assessed. Some time later, we were called through to accompany him to x-ray. The nurse who took him to x-ray was helpful, kind and concerned.

5. After x-ray, he was returned to A&E to again wait for further medical assessment. In my innocence I thought that he had been assessed fully in the time before we had first seen him. We sat in a waiting area, waiting to be spoken to by a member of staff. When nothing happened I approached a member of staff to ask permission to wait with my father. I found him in a curtained cubicle, on his own, distressed, in pain and extremely uncomfortable, having wet himself. It was clear from the unpleasant smell that there was a problem with his urine. I went for assistance and after a little time two members of staff "fixed him up". He was very thirsty and I asked permission to give him a little water. This permission was granted. Sometime about 2.00 a.m. or 2.30 a.m. a young doctor came to examine my father. I remained with him to help answer questions. The doctor was most considerate and the only complaint that I can have is that it took so long before the examination was carried out. I was aware of two other doctors making fleeting visits to the ward where the assessments were being made but the responsibility for the six or eight patients seemed to rest on the shoulders of this one doctor. At approximately 3.15 a.m., the assessment being apparently finished, I found out that my father was to be admitted and sent to a ward in the near future. Being extremely tired I asked if it was realistic for us to go home. I was told that there was nothing further to be done. As an after thought, I asked if the hospital had my contact number and the young doctor took this. We arrived home and got to bed at 4.00 a.m.

6. At 5.50 a.m. our telephone rang. I immediately assumed that my father's condition had suddenly deteriorated. Having been asleep for less than two hours, it took me some time to absorb what I was hearing. I was assured that my father was all right but the nurse in charge needed some details since they could not obtain my father's hospital records. I was then interrogated for approximately twenty five

minutes by this nurse and by another doctor, answering questions about address, date of birth, religion, previous illnesses etc. I was extremely angry about the absolute insensitivity of this call. I was also very concerned that (a) it had taken what appeared to be some two hours to transfer my father to a ward (b) these questions could have been asked during the five and a half hours which I had spent in the hospital while being largely ignored by the staff on duty.

The time in the ward up to the diagnosis of C.Diff. (1st to 6th October 2007)

7. That lack of communication was again evident in the ward. Unless I asked specifically, no information was offered. And, on some occasions, asking did not always result in a useful response. During our visits we were conscious of the number of times where no member of staff made contact with my father or us during our stay. Most disturbing of all, I cannot recall a member of the nursing staff coming to us to offer information or make themselves available to answer questions.

8. The rest of the week was not pleasant. He was in distress, unsettled and in pain for much of the time. He appeared to be reliving the trauma of lying alone at home and was occasionally shouting with pain. I was unable to determine the site of the pain which could have been associated with a urinary infection which he had before admission, with diarrhoea which developed while he was in hospital or cramps in his legs to which he had been susceptible. He also appeared to be wearing surgical stockings on both legs which may have been his reason for wanting the weight taken off his legs. He also complained about a pain in his head and was continually thirsty. The latter problem was possibly due to his diabetic condition which was diagnosed. My wife and myself visited, as usual on Friday and Saturday afternoons. It was clear that my father had diarrhoea and the staff dealt with that as required.

Confirmation of C. Diff. diagnosis and move to Isolation Ward (6th October 2007)

9. Late on Saturday evening, I received a phone call from a close friend of my father who had been sharing the visiting with us. She reported that she had been told by a nurse that (a) my father had had a stroke (b) that a test had shown that he had contracted clostridium difficile and (c) that he had been placed in isolation. When

we had visited on Saturday afternoon no member of staff spoke to us about my father's condition or about the possibility that he had contracted C. Diff. The information was given to our close friend but not to me as my father's next of kin.

10. On visiting on Sunday, his condition had clearly worsened. His speech was mostly indistinct and he was having difficulty in raising his hand to rub the right side of his head where obviously he felt considerable pain. There were two episodes which stood out. The first was on Sunday and the second on Monday as far as I remember. The first was the administration of two large pain killers by mouth. This was attempted using water but my father was unable to swallow. An attempt was then made to administer the tablets in jelly. Note this was with a man who could not swallow. This also failed as we later found the tablets lying in his mouth. The second was when he was not allowed to have any liquid because he could not swallow properly. His mouth was dry, his teeth covered in what I could only call "gunge" and his thirst was extreme. I went to the nurses' station and asked if there was anything I could do to ease his discomfort. I was told that someone would come shortly, as indeed happened. The nursing assistant was what could be best described as rough as she swabbed out my father's mouth and we were told that we could treat his lips if necessary but not his mouth.

Dissemination of information relating to my father's condition and treatment

11. On Monday, 1st October 2007 in the middle of the day, my wife and myself called in the ward with clothes and toiletries for my father. We then had an opportunity to speak to the doctor, who was very pleasant, and we were given whatever information was available. We were told that a scan had shown up evidence of stroke(s) but there was some doubt whether one of these occurrences was recent so, at that time, there was a strong suspicion, but no confirmation, that my father had suffered a stroke. This evidence was to be discussed with a Radiologist on Wednesday, 3rd October 2007. We were also told that my father had been put out in a chair but had slipped off the chair. He had been checked over, however, and there did not seem to be any further damage. This matter then seemed to be closed.

12. I waited until after the Wednesday before I asked the nursing staff if my father's condition had been confirmed. I was told that I would have to speak to a doctor. I waited for one of the medical staff to come to me but they all appeared to be busy and no one came. Probably due to my reluctance to be a nuisance and due to my assumption that his treatment was progressing as might be expected in the circumstances, I did not see a doctor until the following Monday (8th October 2007).
13. On Monday (8th), I had an interview with the doctor who I had seen the previous Monday. I found him easy to talk to and sympathetic. By me asking straight questions and getting equally frank answers, I ascertained that my father was seriously ill, that he had had a stroke and that it was unlikely that he would survive that and the c. diff. infection. I then requested that my father's remaining time would be made as free of distress and pain as at all possible. The doctor told me that he would prescribe morphine.

End of life care

14. On Tuesday (9th) afternoon my father's condition had worsened. The agitation was still there, as was the pain in the head and elsewhere but there was increasing weakness. I became more and more annoyed by his condition. Eventually I went to the nursing station. There were, perhaps, eight people there, doctors, nurses, pharmacists and even, I believe, administrators, all busily involved in discussions. I waited for some minutes and a young woman spoke to me and asked if I needed help. I asked for the Sister in Charge but was told that she had had to go home and there did not appear to be a deputy, so I spoke to this young woman who listened with courtesy. I said, in measured tones, that I was very unhappy about my father's condition, that he was in pain, agitated, thirsty and, if I remember correctly, I stated that "his mouth was like a sewer". I also stated that the doctor on Monday had agreed to prescribe morphine and that if he was to die, surely it could happen without his last few days or hours on earth being full of suffering, both physical and mental. A short time later a nurse came to talk to me about my father's condition and told me that, so far, they had been unable to administer the morphine but that it would be done soon.

15. Again his friend visited in the evening and rang me after her visit. She said that morphine had been administered and that he was now lying still, breathing deeply. She found this disconcerting but assumed that he was now free of pain.
16. . At 3.00 a.m. on Wednesday, 10th October 2007, I received a call from the nurse in charge of the ward to say that my father's breathing was causing concern and my wife and myself left immediately and arrived in the ward at 3.30 a.m. We met the nurse and a male orderly (I assume) coming out of my father's room. We were told that he had stabilised to an extent and that his breathing had improved with the help of oxygen. The orderly kindly offered us tea which we accepted. At 4.00 a.m. I noticed a change in his breathing and asked my wife to find someone. The orderly came, stayed a few minutes, made a comforting comment and left. Some minutes later, I, again, sent my wife and the nurse came. I don't remember what she said but she left a short time later. At 4.15 a.m. I realised that the end was close and, again I sent my wife for assistance. She came back to tell me that the nurse had gone on her break and that there was no one available. My father died a few minutes later with my wife and myself by his side. A few minutes later, another nurse passed the open door and I motioned her in. I said "I assume that my father has died". It was quite obvious but I had to say something. Being assured that there was nothing more to be done, we left the hospital at 4.30 a.m.
17. To sum up, my wife and myself were left with my father as he died, having requested the presence of a professional three times in the period of fifteen minutes. As it happened, we coped with the experience and were glad that we were able to be there.
18. On a personal note, two and a half years on, I feel that I failed my father in his last few days. With a bit more information and support I believe that I would have dealt with his needs in a different way, being there and providing comfort, even if that comfort may not have been recognised.

Availability of information about the use of protective clothing and isolation

19. My only recollection was of being told to make sure that we washed our hands thoroughly coming into and going out of the ward. We never used protective

clothing. The staff checking and, if necessary changing, my father were always gowned and gloved. We made minimal physical contact with him.

Communication as to cause of death as recorded on death certificate

20. I was somewhat surprised to note that the C. diff. infection was not mentioned on the death certificate where the diabetic condition was. If the stroke only had been given as cause of death, I would have thought nothing of it but I was not aware of my father exhibiting any of the classical symptoms of diabetes up to the onset of his stroke. I have some familiarity with the condition since my wife has been an insulin dependant diabetic for many years. However, as a lay person, I am in no position to argue the case with a professional – I simply make an observation.

Views on accountability

21. I do not want to look at accountability with the rose-tinted glasses of “everything in the past was better” but I find it hard to get away from that thought. In this situation I had a feeling of the professional, but brusque, approach of many of the staff. A job, and, admittedly, sometimes a very unpleasant job, to be done. There was a toleration of an old, sick man, so different in character to the venerable personality of a few days previously, there was a certain lack of compassion and understanding for both the patient and the family. The phrase “Dying with Dignity and without Pain” does not describe what I witnessed.

22. . All the degrees, qualifications, management skills and success at meeting targets mean nothing to a seriously ill patient or to that patient’s family, whereas a compassionate and understanding professional approach means everything. Who or what do I hold accountable? Politicians, lack of money, inefficient use of scarce resources, these, and many more, can all be blamed but personally I feel that all these can be overcome by using management strategies, from top to bottom, based on compassion for those people when they are at their most vulnerable.

Response by the Trust to the complaint made by family

23. . I have no complaints about the speed and thoroughness of the response from the board with regard to my original statement. I also had a subsequent meeting

with senior board personnel and ward staff which I appreciated. That is not to say, however that I agreed with all their findings.

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

Signed : Signature RESTRICTED

Date : 8th April 2010

[REDACTED]
6th, December 2007.

Miss Norma Evans,
Trust Headquarters,
The Cottage,
5 Greenmount Avenue,
BALLYMENA.
BT43 6DA

Dear Miss Evans,

It is with great sadness that I write this letter of complaint but I feel that something must be said and said most strongly. The reason for the delay in forwarding this letter is twofold. Firstly, I wanted to take time to reflect fully on what I had written shortly after the events I describe below and, secondly, I had a number of things to deal with including hip replacement surgery in early November.

My father, William Livingstone, died in Antrim Area Hospital on Wednesday, 10th October at 4.20 a.m. at the age of 93 years after a long and productive life. He had been admitted on Sunday, 30th September at approximately 10.00 p.m. having suffered what appeared to be a stroke.

As I reflected on my father's last ten days I felt both anger and helplessness. I thought about a man, very fit, alert and active for his ninety three years, fastidious about his personal hygiene, meticulous in the organisation of his affairs and his home, respected by his many friends, relations and neighbours, with a pleasant demeanour and a kind word for everyone. He had served his community as a music teacher and an organist and choirmaster until the age of eighty five. He was now a shadow of his former self, lying in an isolation ward, wearing an incontinence pad, suffering from diarrhoea, thirsty, confused, hard to deal with, afraid and in pain. I do not know about the technicalities of nursing such a patient, I do not know whether things were done well or badly, but I know that I felt utterly helpless, unable to bring him relief and it would appear that there was no one able to do any better. Maybe my father was beyond help – maybe his stroke was likely to bring an end to his life sooner rather than later – maybe his mental state had deteriorated so that nothing was going to bring peace to his agitated mind we will never know.

I have given, as an addendum, what you may consider to be a very long winded narrative giving, as accurate an account as memory will allow, to support the points which I now make.

These points are :

- (a) It took five hours in Accident and Emergency to complete the assessment of my father's condition. It took another period of close on three hours to transfer him to the ward. It has worried me that we left him in A&E because I wonder what attention he received in that time. At no time was I approached by a member of staff to tell me about my father's condition or to ask for his personal and medical information. However, I received a call from the nurse in charge of the ward (to which he was admitted) at 5.50 a.m. asking for the information.
- (b) That lack of communication was again evident in the ward. Unless I asked specifically, no information was offered. And, on some occasions, asking did not always result in a useful response. During our visits we were conscious of the number of times where no member of staff made contact with my father or us during our stay which led us to wonder about the regularity of observation.
- (c) I know that my father's condition dictated that he could not use any kind of toilet facilities but I do know that it caused him great distress early in his hospitalisation to have to urinate and defecate in the incontinence pad. I suppose that there was no option and certainly have no reason to believe other than that the pad was changed when required and that he was made as comfortable as possible. But it was just one more thing to add to the indignities of hospitalisation.
- (d) He contracted clostridium difficile. As I understand, this can only be the case when the patient is particularly vulnerable and where there are problems with hygiene. We were never told officially – we only knew when told by my father's friend by telephone on the Saturday night. I am sure that there were suspicions about this infection when we visited on the Saturday afternoon but no one made any contact. I can only believe that this infection hastened his end and added misery to his last few days. I was somewhat surprised to note that the C. diff. infection was not mentioned on the Death Certificate where the Diabetic condition was, and would suggest that the latter condition had a lot less influence on my father's death than the infection. I continue to wonder why this was the case.

(e) My wife and myself were left with my father as he died, having requested the presence of a professional three times in the period of fifteen minutes. As it happened, we coped with the experience but, if we had been unable to reach the hospital in time, was there a very good chance that my father would have died alone in that room?

I find it hard to put in words my analysis of what happened during the those days. I had a feeling of the professional, but brusque, approach of many of the staff. A job, and, admittedly, sometimes a very unpleasant job, to be done. There was a toleration of an old, sick man, so different in character to the venerable personality of a few days previously, there was a certain lack of compassion and understanding for both the patient and the family. The phrase "Dying with Dignity and without Pain" does not describe what I witnessed. I feel very strongly that of all the attributes that a person working in a hospital environment should have the most important is compassion for those to whom they minister, and I use that term advisedly.

Having managed professionals for most of my working life, I know how difficult it is to ensure that the people you manage always display attitudes which reflect the aims of the organisation of which they are a part. It is the role of management, however, to establish protocols to cover most eventualities e.g. to ensure that (a) communication with patient and/or next of kin is of good quality, (b) that at a request for professional support at a traumatic time like the death of a loved one is answered in the affirmative, and (c) the risk to vulnerable patients of exposure to an infection like c. diff. is minimised by the rigorous application of the best possible hygiene.

I do not think that I have over reacted and I am certainly not interested in a witch-hunt among the staff who dealt with my father. My only reason for taking the trouble to write this letter is to inform those in management roles of my experience and hope that something is done to address the problems which are undoubtedly there, as a matter of some urgency.

Antrim Area Hospital is my local hospital and my pride in things local wants it to be the best in every way. Unfortunately this has not been my experience on this occasion.

Yours faithfully,

Maurice Livingstone.

ADDENDUM

I offer the following background information. My father was a very active man right up to his final illness. He lived alone since the death of my mother, looking after himself in every way – cleaning, cooking and gardening – completely independent. On Friday, 28th September, 2007 he spent the day in his garden, cutting two medium size lawns and tidying flower and shrub beds. On Saturday, 29th September, he drove himself two miles to our house, bringing the newspapers and staying for his customary forty five minutes before driving home. On Sunday 30th, unusually, he did not join us for lunch as we had been invited to my son and daughter-in-law's and he declined the invitation due to an ongoing prostate problem which he found embarrassing. I did not check with him until later that evening at approximately 9.00 p.m. when my sister called from Scotland to say that he had not contacted her as he usually did on Sunday night. I found him lying on his bedroom floor, still fully conscious and alert but unable to move. His inability to move and my inability to move him without risking further damage suggested to my untrained eye that he had suffered a stroke. Obvious serious bruising on his face and body and abrasions to his knees and feet indicated that (a) he had fallen heavily and (b) had tried, over a considerable period, to move across the floor to get back into bed or summon help, or both. He was very distressed, thinking that no one was going to find him, that he was going to die and also in considerable pain. The ambulance was on the scene within ten or so minutes and my father was transferred to Antrim Area Hospital.

The following information is accurate except where I am uncertain about the exact times.

My wife and myself arrived at Accident and Emergency at approximately 10.00 p.m. and were told to wait as the doctor was assessing my father. Some 60 – 80 minutes later I again spoke to reception, being concerned about my father's state of mind after his ordeal, to be told that he was still being assessed. Some time later, we were called through to accompany him to x-ray. The nurse who took him to x-ray was helpful, kind and concerned.

After x-ray, he was returned to A&E to again wait for further medical assessment. In my innocence I thought that he had been assessed fully in the time before we had first seen him. We sat in a waiting area, waiting to be spoken to by a member of staff. When nothing happened I approached a member of staff to ask permission to wait with my father. I found him in a curtained cubicle, on his own, distressed, in pain and extremely uncomfortable, having wet himself. It was clear from the unpleasant smell that there was a problem with his urine. I went for assistance and after a little time two members of staff "fixed him up". He was very thirsty and I asked permission to give him a little water. This permission was granted. Sometime about 2.00 a.m. or 2.30 a.m. a young doctor came to examine my father. I remained with him to help answer questions. The doctor was most considerate and the only complaint that I can have is that it took so long before the examination was carried out. I was aware of two other doctors making fleeting visits to the ward where the assessments were being made but the responsibility for the six or eight patients seemed to rest on the shoulders of this one doctor. At approximately 3.15 a.m., the assessment being apparently finished, I found out that my father was to be admitted and sent to a ward in the near future. Being extremely tired I asked if it was realistic for us to go home. I was told that there was nothing further to be done. As an after thought, I asked if the hospital had my contact number and the young doctor took this. We arrived home and got to bed at 4.00 a.m.

At 5.50 a.m. our telephone rang. I immediately assumed that my father's condition had suddenly deteriorated. Having been asleep for less than two hours, it took me some time to absorb what I was hearing. I was assured that my father was all right but the nurse in charge needed some details since they could not obtain my father's hospital records. I was then interrogated for approximately twenty five minutes by this nurse and by another doctor, answering questions about address, date of birth, religion, previous illnesses etc. I was extremely angry about the absolute insensitivity of this call. I was also very concerned that (a) it had taken what appeared to be some two hours to transfer my father to a ward (b) these questions could have been asked during the five and a half hours which I had spent in the hospital while being largely ignored by the staff on duty.

On Monday, 1st October in the middle of the day, my wife and myself called in the ward with clothes and toiletries for my father. We then had an opportunity to speak to the doctor, who was very pleasant, and we were given whatever information was available. We were told that a scan had shown up evidence of stroke(s) but there was some doubt whether one of these occurrences was recent so, at that time, there was a strong suspicion, but no confirmation, that my father had suffered a stroke. This evidence was to be discussed with a Radiologist on Wednesday, 3rd October. We were also told that my father had been put out in a chair but had slipped off the chair. He had been checked over, however, and there did not seem to be any further damage. This matter then seemed to be closed.

The rest of the week was not pleasant. He was in distress, unsettled and in pain for much of the time. He appeared to be reliving the trauma of lying alone at home and was occasionally shouting with pain. I was unable to determine the site of the pain which could have been associated with a urinary infection which he had before admission, with diarrhoea which developed while he was in hospital or cramps in his legs to which he had been susceptible. He also appeared to be wearing surgical stockings on both legs which may have been his reason for wanting the weight taken off his legs. He also

complained about a pain in his head and was continually thirsty. The latter problem was possibly due to his diabetic condition which was diagnosed.

I waited until after the Wednesday before I asked the nursing staff if my father's condition had been confirmed. I was told that I would have to speak to a doctor. I waited for one of the medical staff to come to me but they all appeared to be busy and no one came. Probably due to my reluctance to be a nuisance and due to my assumption that his treatment was progressing as might be expected in the circumstances, I did not see a doctor until the following Monday (8th October).

My wife and myself visited, as usual on Friday and Saturday afternoons. It was clear that my father had diarrhoea and the staff dealt with that as required. On Saturday evening, I received a phone call from a close friend of my father who had been sharing the visiting with us. She reported that she had been told by a nurse that (a) my father had had a stroke (b) that a test had shown that he had contracted clostridium difficile and (c) that he had been placed in isolation. On visiting on Sunday, his condition had clearly worsened. His speech was mostly indistinct and he was having difficulty in raising his hand to rub the right side of his head where obviously he felt considerable pain. There were two episodes which stood out. The first was on Sunday and the second on Monday as far as I remember. The first was the administration of two large pain killers by mouth. This was attempted using water but my father was unable to swallow. An attempt was then made to administer the tablets in jelly. This also failed as we later found the tablets lying in his mouth. The second was when he was not allowed to have any liquid because he could not swallow properly. His mouth was dry, his teeth covered in what I could only call "gunge" and his thirst was extreme. I went to the nurses' station and asked if there was anything I could do to ease his discomfort. I was told that someone would come shortly, as indeed happened. The nursing assistant was what could be best described as rough as she swabbed out my father's mouth and we were told that we could treat his lips if necessary but not his mouth.

On Monday (8th), I had an interview with the doctor who I had seen the previous Monday. I found him easy to talk to and sympathetic. By me asking straight questions and getting equally frank answers, I ascertained that my father was seriously ill, that he had had a stroke and that it was unlikely that he would survive that and the c. diff. infection. I then requested that my father's remaining time would be made as free of distress and pain as at all possible. The doctor told me that he would prescribe morphine.

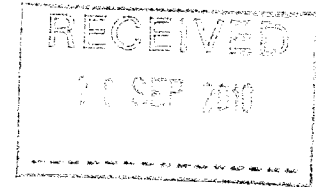
On Tuesday afternoon my father's condition had worsened. The agitation was still there, as was the pain in the head and elsewhere but there was increasing weakness. I became more and more annoyed by his condition. Eventually I went to the nursing station. There were, perhaps, eight people there, doctors, nurses, pharmacists and even, I believe, administrators, all busily involved in discussions. I waited for a few moments and a young woman spoke to me and asked if I needed help. I asked for the Sister in Charge but was told that she had had to go home so I spoke to this young woman who listened with courtesy. I said, in measured tones, that I was very unhappy about my father's condition, that he was in pain, agitated, thirsty and, if I remember correctly, I stated that his mouth was like a sewer. I also stated that the doctor on Monday had agreed to prescribe morphine and that if he was to die, surely it could happen without his last few days or hours on earth being full of suffering, both physical and mental. A short time later, a nurse came to talk to me about my father's condition and told me that, so far, they had been unable to administer the morphine but that it would be done soon.

Again his friend visited in the evening and rang me after her visit. She said that morphine had been administered and that he was now lying still, breathing deeply. She found this disconcerting but assumed that he was now free of pain.

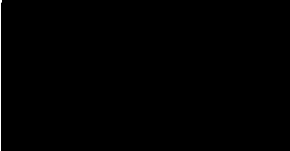
At 3.00 a.m. on Wednesday, 10th October, I received a call from the nurse in charge of the ward to say that my father's breathing was causing concern and my wife and myself left immediately and arrived in the ward at 3.30 a.m. We met the nurse and a male orderly (I assume) coming out of my father's room. We were told that he had stabilised to an extent and that his breathing had improved with the help of oxygen. The orderly kindly offered us tea which we accepted. At 4.00 a.m. I noticed a change in his breathing and asked my wife to find someone. The orderly came, stayed a few minutes, made a comforting comment and left. Some minutes later, I, again, sent my wife and the nurse came. I don't remember what she said but she left a short time later. At 4.15 a.m. I realised that the end was close and, again I sent my wife for assistance. She came back to tell me that the nurse had gone on her break and that there was no one available. My father died a few minutes later with my wife and myself by his side. A few minutes later, another nurse passed the open door and I motioned her in. I said "I assume that my father has died". It was quite obvious but I had to say something. Being assured that there was nothing more to be done, we left the hospital at 4.30 a.m.



PERSONAL



Mr Maurice Livingstone



11 January 2008 **Our Ref:** C160/07-08

Dear Mr Livingstone

Thank you for the opportunity to respond to the issues which you raised concerning your late father, Mr William Livingstone's treatment and care in Antrim Area Hospital. At the outset, I appreciate that this has been a very difficult time for you and your family and I wish to express my sincere condolences on the death of your father.

While I have attempted to address the issues you have raised in your letter I would at the outset, wish to offer you the opportunity to meet with Miss Bronagh Scott, Director of Nursing and the Ward Manager of Ward A1, where your father was cared for. It is sometimes difficult to address the concerns you have raised adequately in a letter and Miss Bronagh Scott has expressed her desire to meet with you if you think you would find this helpful.

Your father's care has been reviewed by Dr MD Vahidassr, Consultant Physician/Geriatician and Mrs L Patton, General Nursing Manager. With regards to the specific points you have raised I would advise as follows.

A. Accident and Emergency

I wish to apologise for the length of time your father waited in the Accident and Emergency Department before being admitted to a ward. Every effort is made by staff to ensure that patients are seen as quickly as possible. However, you will appreciate that the volume of patients may fluctuate in the Accident and Emergency Department.

Trust Headquarters, The Cottage, 5 Greenmount Avenue, Ballymena, BT43 6DA
Telephone 028 25633700 facsimile 028 25633733



1/6)

Records indicate that your father was admitted at 10.05 pm, and seen in the Immediate Care area of the Department at 10.14 pm. He then had x-rays taken and returned to the Accident and Emergency Department at 00.12 am. He was assessed by the Doctor at 3.40 am, a decision to admit your father to the ward was taken at 4.27 am, and he was admitted at 5.35 am.

The Ward Manager advises that, during this time in the Accident and Emergency Department, your father received intravenous antibiotics, intravenous fluids, his observations were monitored and he was changed for urinary incontinence on several occasions.

We recognise that it is important that family are updated about a sick relative's progress and management and I would wish to apologise that you were not kept fully informed by a member of staff at the time.

BLUE TONAL
DIPLOMA

Sometimes it is necessary for nursing staff in the admitting ward to obtain further patient information, however, I am sorry that you were contacted by a member of staff in the early hours of the morning for information which could have been gathered while you were with your father.

B. Lack of communication

I would expect staff to update relatives and seek additional information as determined by each patient's clinical and care needs. It can be difficult for staff to continually update relatives as and when they are involved in the day to day direct care activities of individual patients. I understand that you did ask for information on occasions and that you had an interview with the Staff Grade Doctor in Stroke Medicine, who gave you information regarding your father's serious medical condition. I am sorry that you felt that the level of communication between yourself and members of staff was not to an acceptable standard, and staff are aware of the importance of keeping patients and relatives adequately informed.

With regards to your father's observations, Dr Vahidassr would wish to assure you that he was seen on a daily basis by himself or a member of his staff and appropriate treatment instituted.

C. Nursing Care and Hygiene

The General Manager advises that regular observations were clearly documented in his medical records and it is recorded that your father had regular blood sugars taken, regular drinks were given and full assistance was given at meal times. Your father was also nursed on an airwave mattress and profile bed to ensure his comfort.

Trust Headquarters, The Cottage, 5 Greenmount Avenue, Ballymena, BT43 6DA
Telephone 028 25633700 facsimile 028 25633733



INVESTOR IN PEOPLE

Your father had suffered from a major stroke and unfortunately had no control of his bladder and bowel function. I appreciate that incontinence is very distressing for patients and relatives and I very much regret that it was necessary in your father's case for incontinence aids to be used. I can assure you that records support that his pads were changed very regularly to maintain comfort and prevent skin problems developing.

The General Manager advises that when your father's condition deteriorated he required a catheter and this negated the need to pass urine into a pad and aided the accurate monitoring and adjustment of your father's fluid balance levels.

D. Clostridium Difficile

With regards to your father contracting Clostridium Difficile, your father was receiving intravenous antibiotics and developed diarrhoea on 6 October 2007. This was quickly diagnosed as being positive to this infection. The Trust has an Infection Control Policy in place and in accordance with this policy, a single room was organised for your father to prevent the spread of further infection occurring and the situation was explained to a close family friend who was visiting and visited regularly. Staff on the ward assumed that you had been informed by this family friend of your father's infection status and I would wish to apologise that this information was not communicated directly to you.

With regards to your father's cause of death, Dr Vahidassr advises that it is the clinical responsibility of medical staff at the time to determine the cause of death and to record this in the patient's death certificate. Clostridium Difficile is a very serious infection but Dr Vahidassr advises that it was felt that Clostridium Difficile did not directly cause or contribute to the cause of death and therefore was not entered on the death certificate.

E. Support for family

In relation to the experience you have described, I wish to sincerely apologise that you felt so alone when your father was dying and that a member of staff was not available at the time. This is not the standard of support we would wish to provide for distressed family members and the General Manager would wish to assure you that she and her team would seek to learn from your experience. It is my expectation that staff will reflect on their practice and the General Manager advises that this incident will be discussed at Senior Management Team meetings and staff will explore methods of improving their service to relatives in the future.

Trust Headquarters, The Cottage, 5 Greenmount Avenue, Ballymena, BT43 6DA
Telephone 028 25633700 facsimile 028 25633733

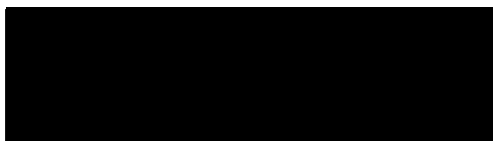


INVESTOR IN PEOPLE

1(d)

Please accept my sincere apologies for the distress you have experienced. I would always expect staff to be sympathetic and compassionate and your experience is of value to us as it helps to identify areas where the service we provide should be improved. If you would find a meeting with the Director of Nursing would be helpful I would be happy to arrange this for you. Please contact the Patient Liaison Officer, Mrs B Canning, on telephone number 028 2563 3721 and she will be able to make the necessary arrangements. May I again express my sincere sympathy on the death of your father.

Yours sincerely



Norma Evans
Chief Executive

Trust Headquarters, The Cottage, 5 Greenmount Avenue, Ballymena, BT43 6DA
Telephone 028 25633700 facsimile 028 25633733



INVESTOR IN PEOPLE



PERSONAL

Mr Maurice Livingstone



23 January 2008 **Our Ref:** C160/07-08

Dear Mr Livingstone

Further to your telephone conversation with Mrs Louise Alexander, Secretary, Patient Liaison Office, on Wednesday 23 January 2008, I write to confirm that a meeting has been arranged for:

Date: Monday 28 January 2008

Time: 10 am

Venue: Conference Room 2, Trust Headquarters, The Cottage
(Please report to Reception on arrival)

At the date of writing, I can confirm that Miss B Scott, Director of Emergency, Primary Care and Older People's Services / Director of Nursing, Mrs L Patton, General Manager and Sr D Russell, Ward Manager Ward A1, will be in attendance at the meeting.

Please do not hesitate to contact the Patient Liaison Office on telephone number (028) 2563 3712 if you require further assistance.

Yours sincerely



RE

**For Norma Evans
Chief Executive**

Copy to: Miss B Scott
Mrs L Patton
Sr D Russell

Trust Headquarters, The Cottage, 5 Greenmount Avenue, Ballymena, BT43 6DA
Telephone 028 25633700 facsimile 028 25633733



INVESTOR IN PEOPLE



Northern Health
and Social Care Trust

Emergency, Primary Care &
Older People's Services/Nursing

Mr M Livingstone



26 February 2008 **Our Ref:** BS/Letters **Your Ref:**

Dear Mr Livingstone

Thank you for meeting with myself, Sr Russell and Mrs Patton on 28 January 2008. I appreciate that this meeting was difficult for you and would offer again my condolences on the death of your father and my apologies that your experience and that of your father, at the end of his life, was not what you would have wanted or expected.

I have attached a very brief note of the meeting for your information.

If I can be of any further assistance to you, please do not hesitate to contact me through my Secretary, Mrs Ruth McNeilly Tel: 028 2563 3763.

Yours sincerely



Bronagh Scott
Director Emergency, Primary Care & Older People's Services/
Executive Director Nursing

Enc.



INVESTOR IN PEOPLE

Trust Headquarters, The Cottage, 5 Greenmount Avenue, Ballymena, BT43 6DA

Tel: 028 2563 3722 Fax: 028 2563 3733 Email: bronagh.scott@northerntrust.hscni.net

BS LETTERS AND ENGAGEMENT

**Notes of a Meeting held under the NHSCT's Complaints Procedure to discuss
a Complaint made by Mr Livingstone**

Date 28 January 2008
 Time 10 am
 Venue Conference Room 2, Trust Headquarters, The Cottage

Present Miss B Scott, Director, Emergency Primary Care and Older People's Services/Executive Director of Nursing
 Mrs L Patton, General Manager, Older People and Lifelong Illness
 Sr D Russell, Ward Manager, Ward A1
 Mr M Livingstone, Complainant

In attendance Mrs L Alexander

Miss Scott made introductions and welcomed Mr Livingstone to the meeting. She offered her condolences to Mr Livingstone on the death of his father.

Mr Livingstone advised that he had concerns regarding his father's experiences in Ward A1. He hoped that his complaint and this meeting would result in changes being made, and if this was the case it would be worthwhile. Miss Scott advised that the Trust felt it was important to hear all comments whether they are good or bad.

He explained that his father had been a fit and independent man of 93. Advising that he had recovered from illnesses in the past he had expected his father to recover from his stroke.

Mr Livingstone raised the following issues with regard to Antrim Area Hospital, Accident & Emergency Department:-

- Lack of explanation of what was happening. His father was taken to x-ray, and moved to a side ward without the family being informed.
- Family were excluded from his father's bedside for hours.
- His father was kept in Accident & Emergency too long.
- IV fluids were not commenced in A&E.
- On a previous visit rubbish and debris were seen in the department.

Mrs Patton said that it could be possible that a drip was erected before his father went to the ward, Miss Scott advised that a Doctor from the Accident and Emergency Department would start IV fluids before the patient leaves the department.

Miss Scott stated that A&E is a difficult area to keep tidy, however she would take on board his comments and advise the appropriate staff. She stated that someone should be regularly updating relatives, and that she will speak with the Manager of Accident & Emergency Department.

Mr Livingstone was concerned that the hospital account of times was incorrect as he had left the hospital at 3.30 am following a decision being made to admit his father, and was called at 5.50 am to be told his father had been admitted to a ward. Mrs Patton explained that it is Trust Policy to advise next of kin when a patient is admitted to a ward.

Mr Livingstone highlighted issues with regard to his father's nursing care:-

- His father had difficulty swallowing and the family had been advised not to give him drinks, yet large tablets were given by nursing staff that he couldn't swallow.

Sr Russell apologised and agreed that this medication should have been given by a different route. She advised that staff have now set out an action plan.

- Mr Livingstone wanted to be informed that his father was closely approaching death, and he had wanted a nurse to be present. He asked if it is clear what is going to happen in the last 10 minutes of life? Sr Russell explained that the end stage of life can be a few minutes or more prolonged over days. She stated that the nurse on duty did not get the message, that the family wanted her. She assured Mr Livingstone that if a family member is not present then a nurse would always remain with a patient approaching death.
- Mr Livingstone stated that Diabetes was recorded on his father's death certificate and C Difficile was not, yet C Difficile was more related to his death. He felt this was somewhat dishonest. Miss Scott advised that Dr Flanagan would be happy to review Mr Livingstone's father's records. Mr Livingstone declined the offer as he wished to move forward from the event.

Miss Scott advised Mr Livingstone that tests have to be carried out to differentiate between the different causes of diarrhoea, and that a person can be harbouring the C Difficile infection for many weeks while their immune system is low. Mrs Patton stated that the Trust are working on systematically eradicating problems related to C Difficile.

- Mr Livingstone enquired why was a Specialist Nurse required to put a drip in?

Sr Russell advised that patients who have had a stroke on occasions had poor veins and that specialist assistance is needed to find a vein.

Sr Russell apologised that she had been on sick leave when Mr Livingstone's father died, but assured Mr Livingstone that no complaint is made in vain. She advised that she had discussed the case with her staff at a Ward Meeting, and assured him that staff have learned from the issues raised and that action has been taken as a result of his complaint, and she apologised again that Mr Livingstone and his wife did not receive the communication and support that they needed.

Mr Livingstone reiterated the importance of communication and emphasised the need for staff to make themselves available to talk to relatives.

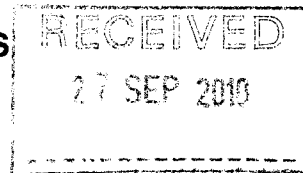
Mrs Patton advised that Care of the Elderly Wards have regular meetings and that this complaint will be discussed in this forum. This action was welcomed by Mr Livingstone.

Miss Scott thanked Mr Livingstone for coming to the meeting to discuss his concerns with staff.

Meeting ended.

WITNESS STATEMENT TO THE C DIFFICILE PUBLIC INQUIRY

PROVISION OF SUPPORTING DOCUMENTS



WITNESS NAME: Mr Maurice Livingstone

1. I, Mr Maurice Livingstone, hereby make this further statement in order to exhibit the supporting documents to which I refer in my original statement of 8 April 2010:

- Document 1 (Pat Ref 82-3-2 P1) – Letter dated 6 December 2007 from Mr M Livingstone to Ms Norma Evans, Chief Executive, NHSCT.
- Document 2 (Pat Ref 82-3-2 P5) – Letter dated 11 January 2008 from Ms Norma Evans to Mr M Livingstone.
- Document 3 (Pat Ref 82-3-2 P9) – Letter dated 23 January 2008 from Ms Norma Evans to Mr M Livingstone.
- Document 4 (Pat Ref 82-3-2 P10) – Letter dated 26 February 2008 from Ms Bronagh Scott to Mr M Livingstone.
- Document 5 (Pat Ref 82-3-2 P11) – Minutes of meeting dated 28 January 2008.

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

Dated this *23rd* day of *September* 2010

Signed

