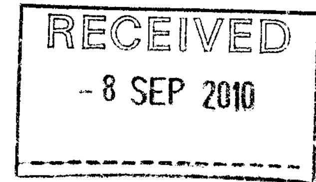
Witness Statement Reference Number

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

Witness name: Natalie Little



Statement of evidence

I, Natalie Little, say as follows:

1. My name is Natalie Little and I live at an address which is known to the Inquiry Team. I am the daughter of Nathan Little who died on 30th November 2007 at Antrim Area hospital.

2. Pre-existing medical history
My father had been diagnosed with prostate cancer and was taking warfarin. Other than this he was fit and healthy. He walked a dog twice a day and also liked to play darts with his sons on a Friday night. He also liked to go to football matches and horseracing. He was 76 years of age and lived with me and my daughter. He was fully mobile and able to cope on his own. He was completely independent and did not require any care or assistance.

3. Admission to Antrim Area Hospital
He had taken the dog for a walk and had come back home feeling slightly lightheaded and dizzy. He said that he thought he was going to fall over which was not like him because he was never ill. I telephoned my brother and he took him to the Accident and Emergency Department at Antrim Hospital. He was examined and then admitted to Ward B2 on 8th October 2007.

4. <u>Wards</u>

He was kept in Accident and Emergency for a few hours and then sent to the intensive care cardiac section in Ward B2. He was there for a few hours and then transferred to a six bedded 'ward' within Ward B2. It was a mixed ward and he was in the last bed on the right hand side beside the window. He was there for about two weeks before they transferred him to the Royal Victoria Hospital for dye tests. He was in the Royal Victoria Hospital for about three days and then transferred back to Antrim Area hospital Ward B2 but to a different bay. On this occasion he was in the middle bed on the left hand side.

He was there for about five or six weeks when he took a turn, which I think was a heart attack, and was moved back to the intensive care section of the ward for a few days but later moved to a single room where he died a few days later on 30th November 2007.

5. <u>Ward B2</u>

B2 had six bays with six beds in each bay and so I assume that there were a total of 36 patients in the ward.

6. <u>Conditions and symptoms</u>

The symptoms of Cdifficile set in quite suddenly about a week before he died. He started complaining of a sore stomach and then vomiting and diarrhoea. It appeared to start on the Saturday before he died. The sequence seemed to be that he had diarrhoea, he then suffered a heart attack, was moved to the open section in the Cardiac Ward and then three days before he died was transferred to a single room in the same ward. The vomiting and diarrhoea just seemed to exhaust him.

I would like to point out that the Royal Victoria Hospital had deemed him fit to have a heart valve surgery and had even given him a date for this surgery which was 17th December 2007. Had it not been for

him contracting C difficile the family believe that he would have had this surgery and hopefully been home again for Christmas.
Other patients in B2 had the same symptoms of diarrhoea and vomiting and were moved to a bay at the very back of the ward. I learnt this through talking to my father and the patient who was in the bed beside him.

7. Visits

Some members of the family would have been there every day. The family only visited at regular visiting hours. I visited in the afternoons and my brother William visited in the evenings. I do not think that enough chairs were provided as sometimes the visitors had to sit on the beds. I also noticed that although you should only have two visitors at any one time sometimes on occasions other patients in the bay would have had six visitors around the bed. I knew also that visitors should not be sitting on the beds. Visiting regulations are very lax. You should only allow two visitors to visit a patient at any one time and no-one should be allowed to sit on the beds. I saw at least six visitors and a pram on one occasion and at one bed around four visitors at another bed.

8. C difficile

I had never heard of C difficile before. The hospital did not give me any written or verbal information about it. I received no information from them about the condition or what precautions we should take. My brother William was only told by the nursing staff on the Tuesday before my father died that he had C difficile. I then looked it up on the internet and that is where I got my information. I also got some information from the newspapers and the television as details of the outbreak were in the news at that time.
The family were very worried and upset when we discovered that the infection could be life threatening. My father's symptoms at that time were quite bad.

9. Laundry

I was attending to his laundry and had to take it home every evening to be washed. I knew that he had symptoms of diarrhoea and vomiting. His pyjamas were put into a bag and left in his locker for me to collect. I was told to wash them separately but I was not given any other information or advice regarding the washing of his laundry.

10. Care

My father did not need much nursing care up until the last week of his life which was after he had contracted C difficile. He was in effect just lying in a bed awaiting his heart surgery which had been set for 17th December 2007. I only saw the doctor on two occasions. The first time was shortly after his admission when she talked about his condition and the proposed heart operation and the second time was on the Monday before his death when once again all she talked about was his heart operation. There was absolutely no mention of C difficile at that time.

I do not know if he ever received antibiotics.

He was perfectly fine up until he was moved to the Intensive Care section a week before he died but at the end he was totally exhausted and physically drained.

I have no complaint about the nursing care and I do feel that they acted appropriately and sensitively towards me and the family.

11. Cleanliness

I never actually saw the domestics cleaning the wards. I do feel however that the hospital did not meet the required standards in relation to cleanliness. It was not filthy but I do not feel that it was as clean as I think a hospital should be.

For example I noticed some blood on the floor which my father told me had been there for hours and had not been cleaned up. It was a small spillage beside the bed of the patient who was next to him. I also went into one of the toilets and discovered bedpans sitting there with waste material which looked like blood and a bandage in them. I did not think that this should have been left there.
The floors were not overly clean and I noticed dust and debris below the beds. I did not however notice any smell or odour in the hospital.
My father was able to wash himself and get himself to the toilet up until the last few days of his life. I was satisfied with his own personal hygiene and cleanliness.
We also noticed the odd stain on his bed linen.
There were wash hand basins and gel dispensers in the ward although I cannot say whether or not all of the patients, visitors and staff used them. One thing I did notice however was that the gel dispenser at the bottom of his bed was empty and the gel had not been replaced. I noticed this on more than one occasion. There were however other gel dispensers in the corridor.
The nurses wore uniforms and gloves but I do not remember them wearing aprons. No protective clothing or gloves were supplied for visitors.

12. Communication

We did not receive any written notices, leaflets or anything else at any stage from the hospital. No information was given by the hospital staff to the family about C difficile and the risk it poses. I did however see a notice on the wall advising you to wash your hands and use the gel dispensers.

There was no communication from the hospital and no-one spoke to me about my father's infection, his condition or what precautions we should take. My brother William did however speak to the nursing staff on the Tuesday before he died and was told that he

had C difficile. No other information was given. My brother told me and I then looked up the infection on the internet so that I could obtain some further information about it. The information given by the hospital about washing his clothes was very limited.

I am absolutely sure that my father must have contracted the C difficile prior to him having the heart attack on the Saturday before he died.

He was a private man and I cannot be certain as to when his symptoms first started but as far as the family are concerned he contracted the infection in B2.

We were never given any information about the diagnosis, nature of C diff or any prognosis from the hospital. We were never consulted on a one to one basis by any of the doctors or staff nor was any information or guidance given regarding personal hygiene or laundry.

13. <u>Death Certificate</u>

The first cause of death on the Death certificate was chronic heart failure and the second cause was sepsis but we as a family feel that it was the C difficile that weakened him so that when he had the heart attack he was not strong enough to fight it. We feel that it was the C difficile that caused his death and that this should have been stated as a cause of death on his Death Certificate.

14. <u>Food</u>

I have no comment to make regarding the food in the hospital.

15. <u>Various letters</u>

I am enclosing six letters marked NL1, NL2, NL3, NL4, NL5 and NL6 where you will see that I wrote to the Chief Executive for a full explanation in relation to my father's death and her reply is dated

19th June 2008 and is marked NL6. My address and signature have been edited out of these letters by the Inquiry.

16. Conclusion

In my opinion my father would still be alive today if he had not contracted C difficile in the hospital. The infection weakened his whole body and he could not fight it.

There should definitely be better communication in the hospital. The patients and family have a right to know what is wrong with them and what is happening. No-one in the hospital told us anything. The hospital should approach the family and tell them what is happening and what the position is.

There should also be tighter controls on cleaning. One of the domestics even told us that their numbers had been cut from three to one. Their work should also be checked and I certainly feel that consideration should be given to reinstating the position of a Matron in the wards as there does not appear to be anyone in charge any more.

In my opinion the responsibility for Hospital Acquired Infections lies with the Hospital Trust. They should 'patrol' things properly and make sure that everything is kept to a high standard.

I confirm that the contents of this statement are true and correct to the best of my knowledge and belief.

Date: 26\08\10

Signed

Natalie Little

AMV NOTES
078387
ICN 28279421
NL1

Dr Sylvia
Ward B3/Acute coronary care unit
Antrim Area Hospital
45 Bush Road
Antrim
BT41 2RL

Natalie Little

Dr Sylvia,

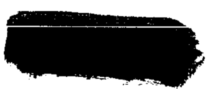
I am writing in connection to my Father Nathan Little who was admitted to ward B3 on the 8th October 2007 suffering from light-headedness, subsequently you where named as his consultant and therefore that is why I am writing to you.

I would appreciate it if you could forward me exact details of my Fathers illness and the treatment he was receiving.

On 30th November 2007 my father passed away in the acute coronary care unit. On the death certificate the cause of death was listed as severe aortic stenosis, sepsis and chronic renal failure, I would like some more information as to what sepsis refers to, I realise it means infection but what kind of infection, did this contribute to my father's death, where did he contract this infection and what treatment was he receiving.

Thank you in advance for your help with this matter and I hope you can supply me with the information I require or if not you can redirect my enquiry to the relevant person or department.

Regards



Natalie Little

SAVED AS TM RESULTS 270108 NL2

DEPARTMENT OF CARDIOLOGY
ANTRIM AREA HOSPITAL
45 BUSH ROAD ANTRIM BT41 2RL

TELEPHONE 02894 424192

14th February 2008

Miss Natalie Little

Dear Miss Little

I now have your father Mr Nathan Little`s hospital notes available to me. He was admitted under my care on 22.10.07. complaining of dizziness and episode of collapse. He was diagnosed with significant arrhythmia, ventricular tachycardia, which was related to his main cardiac disease, severe aortic valve stenosis.

He had coronary angiogram carried out as in patient, as is usual protocol for patients with aortic stenosis prior to cardiac surgery. His coronary angiogram showed that Mr Little needed coronary artery bypass surgery as well as aortic valve replacement and he was accepted by the Royal Victoria Hospital for in-patient cardiac surgery.

Unfortunately the procedure was complicted with retention of urine which most likely was related to his cancer of prostate. This was successfully managed by the urological team in Antrim Area Hospital. Unfortunately his retention of urine was complicated by haematuria with drop in his haemaglobin and urinary tract infection. This required treatment with antibiotics and delayed his cardiac surgery.

His symptoms had significantly deteriorated on 24.11.07. when he developed again the significant arrhythmia, ventricular tachycardia, and he required cardio-pulmonary resuscitation and elective shock once.

On 27.11.07. Mr Little developed diarrhoea and spikes of temperature. His culture showed growth of clostridium difficile which you may know is a very dangerous infection. He was commenced on treatment with a second course of antibiotics, Metronidazole, which is regular practice to treat clostridium difficile. Unfortunately he continued to have spikes of temperature and deterioration in his general condition.

We did multipe blood cultures but all these did not culture any growth. On 30th November 2007 we discussed his case with the Microbiologist and decided to proceed with transoesophageal echocardiogram to exclude the possibility of infection reaching his already damaged valve. Unfortunately Mr Little passed away.

Sepsis is a bloodstream infection with specific clinical picture and laboratory confirmed infection. Mr Little had no growth in his blood cultures but had all clinical signs of sepsis. He was treated with intravenous antibiotics, even without sensitivity.

Without any positive blood culture it is difficult to make any comments on where your father contracted this infection. Mr Little`s main cause of death was severe aortic stenosis which was complicated with sepsis and renal failure.

Once again I am very sorry for Mr Little`s death. If you need to discuss his case in more detail do not hesitate to contact me.

Yours sincerely

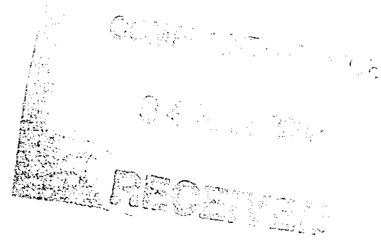
DR SILVIA JANAVICIENE
LOCUM CONSULTANT CARDIOLOGIST

SJ/AP

NL3

27th February 2008

FAO: The Chief Executive
Northern Health & Social Care Trust
Antrim Area Hospital
Antrim
BT41 2RL



Dear Sir/Madam

I am the daughter of the late Nathan Little of [redacted] who died in Antrim Hospital on the 30th November 2007 from both a heart condition and CDif.

Following his death I wrote to his Consultant Cardiologist and received a letter from her of the 14th February and I am not satisfied with the explanation given to me.

Both myself and my family are extremely annoyed and devastated of the death of our father and we need a full and complete explanation as to what happened and why no proper steps were taken to protect him from the development of this infection which we are convinced led to his death.

Accordingly we want you to forward to us copies of all his notes and records in relation to all treatment which he has received at Antrim and if possible copies of his notes from the RVH as well if you have them.

I look forward to hearing from you as soon as possible with these papers and a full explanation.

Yours faithfully

Natalie Little

NL4 Posted 4 Mar 08
+ YRTBH
GAT4HR
LA

Patient Liaison Office

PERSONAL

Miss Natalie Little

4 March 2008 **Our Ref:** C225/07-08

Dear Miss Little

Mr Nathan Little

I acknowledge receipt of your letter of 27 February 2008, which I received on 4 March 2008.

I shall arrange to have the issues which you raised investigated and will be in contact with you again as soon as possible.

May I take this opportunity to express my sincere condolences to you and your family on the death of your

I enclose a copy of the leaflet "Your Right To Be Heard", which advises on the Trust's Complaints Procedure, for your information.

I also enclose the leaflet "Gaining Access To Your Hospital Records", which advises on how to apply for copies of medical records.

Yours sincerely

for Norma Evans
Chief Executive

Enc

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

INVESTOR IN PEOPLE

NL5

PERSONAL

Ms Natalie Little

30 April 2008 **Our ref:** C225/07-08

Dear Ms Little

Mr Nathan Little

Further to your letter of complaint received dated 27 February 2008, forward to us by Dr T G Troughton, I am writing to advise you that the investigation into the issues raised regarding the Trust's response into your complaint have not yet been completed.

I would wish to apologise for the delay in issuing a response to you and I shall endeavour to do so as soon as possible.

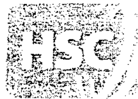
In the meantime, if you require further assistance with this matter, please contact the Patient Liaison Officer, Miss N Shannon on telephone number 028 2563 3721.

Yours sincerely

For Norma Evans (Ms)
Chief Executive

Trust Headquarters, The Cottage, 5 Greenmount Avenue, BALLYMENA, BT43 6DA
Telephone: 0845 6012333 Fax: 028 2563 3711

INVESTOR IN PEOPLE



Northern Health
and Social Care Trust

NL6

Patient Liaison Office

PERSONAL
Mrs Natalie Little

10 June 2008 **Our ref:** Comp

Dear Mrs Little

Mr Nathan Little

I refer to your letter of 30 April 2008, concerning your father's death on 30 November 2007, in Ward B3, Antrim Area Hospital.

Firstly I would wish to offer you and your family my sincere condolences on the death of your father. I would also wish to apologise for the delay in issuing this letter, which has taken longer than I would have liked.

I am sorry to learn you are not satisfied with the explanation you were given by Dr Sylvia Janaviciene, Consultant Cardiologist with regard to the cause of your father's death.

I hope my response will further clarify the issues which you have raised with regard to the extent which infection and in particular, Clostridium Difficile, contributed to your father's death. I fully appreciate that this is a sad and difficult time for your family and on consideration of my response I would be happy to arrange a meeting for you with Dr P Flanagan, the Trust's Medical Director and Dr T Trouton, Consultant Physician (Cardiology) to discuss these issues in more detail.

Dr Trouton has reviewed the course of your father's illness and the treatment your father received under the care of Dr Janaviciene, and I advise as follows.

Dr Trouton advises that your father was known to have aortic stenosis (narrowing of the aortic valve) since 2004, when he was found to have impaired heart function with moderate aortic stenosis, which did not warrant surgery at this stage.

INVESTOR IN PEOPLE

Following his admission to Ward B3 in October 2007, it was clear to the medical staff that your father's stenosis had progressed significantly in recent months. Following the results of further investigations it was confirmed that your father had also significant coronary artery disease, which would require bypass grafting at the same time as aortic valve surgery.

Dr Trouton advises that your father's condition was complicated by retention of urine, which was most likely to have been related to the cancer of his prostrate gland. It is my understanding that this was successfully managed by the Urological Team, but unfortunately your father developed a urinary tract infection which required treatment with antibiotics and delayed his cardiac surgery.

Dr Trouton further advises that your father in the days before his death developed a Clostridium Difficile Colitis, which was detected in his stool (faeces) culture on 27 November 2007. At this time your father had completed his course of antibiotics for his urinary infection and in keeping with Trust Guidelines was started on metronidazole, which is the antibiotic, used to treat Clostridium Difficile infections. Dr Trouton advises that Clostridium Difficile undoubtedly contributed to your father's death and may have been responsible for causing his heart to fail suddenly 30 November 2007.

Clostridium Difficile is known in particular to target patients who are weak and frail and to whom antibiotics for other infections have been administered.

When any patient develops an infection then medical staff must weigh up the benefits and risks of antibiotic treatment. If untreated, infections can cause significant health problems and can lead to a patient dying. If treatment with antibiotics is given, this may well eradicate the infection but may lead to other problems, such as the development of Clostridium Difficile as happened in your father's case. However, in most cases, treatment of infection is the correct course of action.

This is a very regrettable sequence of events given that your father had been accepted for combined aortic valve replacement and coronary artery bypass surgery. Dr Trouton has advised that the surgery is high risk surgery given your father's age but the alternative to having surgery is to leave the patient in heart failure and vulnerable to any other physical upset.

I hope my response has been of assistance and has clarified the medical treatment plan your father received in the course of his illness, and the extent to which Clostridium Difficile contributed to his final illness.

Trust Headquarters, The Cottage, 5 Greenmount Avenue, BALLYMENA, BT43 6DA
Telephone: 0845 6012333 Fax: 028 2563 3711

INVESTOR IN PEOPLE

If I can be of further assistance or you wish to avail of the meeting with Dr Flanagan and Dr Trouton, to discuss this issue in more detail please contact the Patient Liaison Officer Miss N Shannon on telephone number 028 2563 3721.

Can I again offer you my sincere condolences on the death of your father.

Yours sincerely

Norma Evans
Chief Executive

Trust Headquarters, The Cottage, 5 Greenmount Avenue, BALLYMENA, BT43 6DA
Telephone: 0845 6012333 Fax: 028 2563 3711

INVESTOR IN PEOPLE