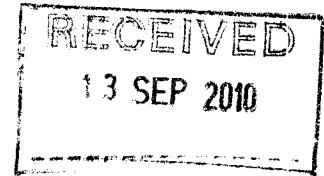


**WITNESS STATEMENT TO THE PUBLIC INQUIRY INTO THE OUTBREAK OF
CLOSTRIDIUM DIFFICILE IN THE NORTHERN TRUST HOSPITALS**



Witness name: Mrs Roslyn Iris Greenhalgh

STATEMENT OF EVIDENCE

I, Mrs Roslyn Iris Greenhalgh, say as follows:

1. My name is Mrs Roslyn Iris Greenhalgh and I live at an address which is known to the Inquiry Team. I am the daughter of Mrs Margaret Geraldine Newman who died at Whiteabbey Hospital on 22nd February 2008. I am a widow.

2. Pre-existing medical history

My mother was 90 years of age at the time of her admission to Whiteabbey Hospital. She had rheumatoid arthritis and was very immobile. She could not walk or even get out of bed on her own and needed constant care. She also was not eating very well.

She had previously been in the Royal Victoria Hospital with a fractured pelvis and had been transferred to Inver House, Larne for rehabilitation but she had come through this episode and was in fact discharged with a reasonable amount of mobility at that time. That was however about three years before her death.

She was living with me for about five years before her death and at the time that she was admitted to Whiteabbey she was virtually immobile.

Before she came to live with me she had been living with my sister in Plymouth for a short time but after my sister's husband took ill, she transferred to my home.

I was the main carer for both my husband and my mother although I got very good assistance from my daughter and son-in-law. We all lived in the same house together.

My mother was on a lot of medication. I cannot remember all the drugs that she was on but no doubt these details can be obtained from her medical records.

3. MRSA

She was MRSA positive and so when the hospital became aware of this she was always transferred to an isolation room. She was in an isolation room when she was admitted to both Royal Victoria Hospital and Whiteabbey Hospital.

4. Respite care

My husband died on 8th November 2007 and my mother was transferred to Whiteabbey Nursing Home to give me a week's respite care. At this stage she was getting me up two or three times during the night. However while she was in the nursing home she became ill and had to be admitted to Whiteabbey Hospital.

5. Admission to Whiteabbey Hospital

She was admitted by ambulance to Whiteabbey Hospital on 2nd December 2007 and was put into an isolation room where she stayed for approximately ten days. She was then transferred to the rehabilitation ward where she was again in a single isolation room. She died on 22nd February 2008. So she was in Whiteabbey Hospital for approximately 11 weeks.

6. Wards

She had an en suite toilet in the first single room but did not have this facility in the single room in the rehabilitation ward. I presume that the staff took her to the toilet at the start of her admission but later on when she was very weak they had to give her bedpans and a catheter.

7. Visits

I visited my mother every day from 11am until 3pm. This meant that I could give her the midday meal as she would take it from me easier than from the nursing staff. It took a very long time to feed her.

Staff were always very accommodating with regard to my visits and did not restrict me to the strict visiting hours. My daughter visited regularly and my sister from London came over on three occasions before she died. The neighbours and my sister-in-law also visited her in hospital.

8. Care

Her medical care was excellent and we were always told what was happening. The staff would tell me what they proposed to do, what drugs she was on, the tests she had been given and the results. The doctors and nurses were all very accommodating, helpful and willing to answer our questions and if I asked to see the consultant then this would always be arranged quickly and efficiently. They were all very open, helpful and straightforward.

9. Symptoms

Her symptoms got worse and worse. She developed C difficile after she moved to the rehabilitation unit at Whiteabbey Hospital. However, I believe she must have contracted the C. difficile Infection whilst on the main ward. She became dehydrated and was put onto a drip. She was very frail and elderly and I knew that she was deteriorating. The staff tried their best but the battle was always downhill rather than uphill.

10. Antibiotics

She was on various drugs while she was in hospital including antibiotics.

11. Attention by staff

I would say that the attention that she got was very good and her bed and nightclothes were always clean.

12. Laundry

Her personal laundry was left for me to wash. I was informed of the infection implications although I considered this to be common sense. You would always wash her clothes separately.

13. Attitude of staff

It was very, very good. Everyone did their best to make sure that she was comfortable and well looked after. I very much appreciated all their little touches like they would wash and brush her hair and then dab on a little perfume. She liked that personal attention.

They also gave her a special mattress which vibrated and even though she was in hospital for three months, I never saw her with a pressure sore. She was turned regularly and was very well looked after in hospital.

14. Cleanliness

In general terms the cleaning standards were very high. The cleaners were in and out all the time. They were always wiping down the bed frames, bedside tables, cleaning the sinks, washing the floors and wiping ledges. I saw them doing this.

The nurses and cleaning staff also wore gloves and aprons when they came onto the ward. The staff always discarded their gloves as they left the room into a bin at the door. I was very happy with the precautions that they took in respect of personal hygiene.

There were gel dispensers at the entrance to the ward, in the corridor and in the ward.

I did not notice any odour or smell apart from the normal hospital smell.

Her nightclothes and other laundry were left folded for me to take home and washed. They were sometimes placed inside a plastic bag but never in any special laundry bags.

There were enough chairs for visitors to sit on although it has to be noted that my mother was in her own single room and so I cannot comment on how many chairs there were in the open wards.

15. Communication

I took a leaflet that was on display near the entrance. The leaflet explained the importance of washing your hands and using the gels and general hygiene. They were available for all patients and visitors to take and were left strategically at different places throughout the hospital.

My mother's chart was also left on the ledge outside her room and so I could have read it at any time had I wanted to.

I personally had a very good communication and relationship with all the staff, doctors and also with the consultant. If I had wanted to speak to the consultant he would have spoken to me that day or made an appointment to see me within 24 hours of asking.

My sister in London also came over three times and on each occasion we were able to speak with the consultant or his registrar together and discuss her condition and treatment.

The consultant and all the staff were always very sympathetic and supportive.

Our questions were always answered in an open and straightforward way.

There were notices up all over the place about hand washing and hygiene.

16. C difficile

We were told fairly early on after her transfer from the medical ward to the rehabilitation ward that she had C difficile. It was the Sister who explained it to me. She was also given special antibiotics at that time.

I knew very little about C difficile but I am satisfied with the information that I received from the hospital.

When I got home I also looked it up on the internet and there was quite a lot of information in the press and TV coverage.

17. Sensitivity

My mother died on 22nd February 2008, after being in Whiteabbey Hospital for nearly 3 months. On the day that my mother died, my daughter and I arrived

at the hospital at about 11.00am as usual, and it was quite obvious that my mother was much weaker than the day before. We stayed for about an hour, and she was sleeping. Sister suggested that we should perhaps go and have something to eat, and come back a little later. My daughter decided that she would go home, and that I would stay at the hospital. In the event, I was in the restaurant at the hospital, when the ward called me back to see the Doctor. It was obvious that my mother was dying, and Sister had already rung my daughter and asked her if she would like to return to the hospital. I was actually with the Doctor when Sister came to say that she thought I should return to the ward. My mother died shortly after this. Apart from the fact that Sister had already rung my daughter, who arrived just after my mother died, she also asked if we would like her to ring my sister in England, and inform her that my mother had died. This she did. In all respects, both in the hours before my mother died, and in the time following, the staff were excellent in the help and care given. All paperwork was completed and given to us before we left the hospital to enable us to obtain the death certificate.

18. Death Certificate

Bronchial pneumonia was mentioned as the first cause of death and C difficile as the secondary cause. My mother was 90 years of age when she died, she was immobile and frail and her primary cause of death was bronchial pneumonia.

19. Transfer

The Trust were talking about transferring all patients with C difficile to Antrim Area Hospital but I spoke to the Administrator in Whiteabbey Hospital and made it clear that I did not want her to be transferred. Partly because she was ill and partly because I live near Whitebbey Hospital and there is no public transport to take me to Antrim. Whiteabbey Hospital were very understanding and agreed to do all they could to look after her there rather than transfer her to Antrim Area Hospital but indicated that ultimately the

decision did not rest with them but with the area health authority. As it happened events overtook the need for this decision to be taken.

I was not aware of anyone else in Whiteabbey Hospital having C difficile at that time. In addition, I would like to know whether there were any other reported cases of C difficile in the Rehabilitation ward which my mother was in during the same period of time?

20. Food

Her food was all pureed but it was well prepared and presented. It was not mixed together but rather everything was pureed separately so that you could see what you were eating ie. carrots, peas, meat and potatoes. She was also getting yoghurts and candy drinks which were higher in calories and giving her more energy. The food, service, hygiene and attention to detail was very good.

21. Conclusion

My experience of Whiteabbey Hospital was very good but there are one or two areas that I would like to highlight.

I noticed staff coming into work and going home in their uniforms and I would have preferred if they had changed into their home clothes and discarded their uniforms at work. This might have prevented infection coming into and leaving the hospital.

I also feel that there is still a role for the Matron in the hospital. They always have very high standards of cleanliness and care and I feel that this role should be reintroduced.

I did however find my experience of Whiteabbey Hospital to be very positive.

All patients and visitors should be treated individually and on a personal basis.

22. Summary

I am enclosing a summary that I prepared for the interview which I have marked RIG1.

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

Dated this 7 day of Sep. 2010

Signed


Mrs Roslyn Iris Greenhalgh

"Right"

SUMMARY FOR ENQUIRY

24th May 2010

My Mother was taken into Whitehead Nursing Home on Monday 26th November 2007 for 1 week of respite care following the death of my husband, and was due to come home on Monday 3rd December 2007. She was nearly 91 years of age at this point, and was becoming quite hard to look after. However, on the morning of Sunday, 2nd December 2007, I received a telephone call from the Nursing Home to say my mother was unwell. On arriving at the Nursing Home I was told that my mother had seen a doctor and that they thought she had a stomach bug that was doing the rounds at that time. The doctor saw her again during the afternoon, and it was decided that as her condition had deteriorated during the day, she should be admitted to hospital. She was sent to Whiteabby hospital, and on admission was put into a side ward, because previously when in hospital she had been found to be carrying the MRSA bug. She spent some time on the medical ward, and it was then felt that she should have a little time in the rehab. ward, prior to being discharged, when a care package would be put in place for her. However, after being transferred to the rehab. ward, and again being placed in a side ward, it was discovered that she had contracted the C.Dif. bug, and until this had been cleared, she would not be able to be discharged. Throughout the rest of December, January and February my mother was treated with various drugs to try to control the C.Dif, but each time it seemed as if she was responding well, the infection came back stronger than before, and consequently each time my mother was less able to fight the infection. I would add that in addition to the problems my mother was experiencing concerning the C.Dif bug, she also had other problems. She had very severe arthritis and found it very hard to walk and move around, and also had reached a point where she was not eating. She seemed to spend nearly three months alternating between being on a drip and her condition improving, and being taken of the drip and her condition deteriorating again.

During this time, she was still in the rehab. ward at Whiteabby, and the care she received was excellent. The staff were working under less than ideal conditions, as for part of the time my mother was there, redecorating and various other works were taking place. However, whenever I was on the ward (which was daily throughout the nearly three months my mother spent there), the staff were always very helpful, Medically they worked really hard to try to keep my mother stable and comfortable, and as far as I myself was concerned, they were always very helpful. They would always give me an update on her

condition, and what had happened during the last 24 hours, the result of tests, what treatment was planned, and which drugs they were using and why. During this time my sister, who lived in England, rang regularly, and the ward staff were always very helpful in telling her how my mother was, and what her condition was at that point. I saw junior doctors on the ward quite frequently, and they were usually very forthcoming. Obviously, there were some aspects of my mother's care that they were not able to tell me about, but on the occasions that I asked to see the Consultant in charge of my mother's care, an appointment was always made for me to talk to the Consultant, or at the very least his Registrar. During this period, my sister came over to visit my mother on three separate occasions, and each time either the Registrar or the Consultant were available to see us together and discuss my mother's case.

During the time my mother was in Whiteabby hospital, I usually visited from approx. 11-30am until 3-00pm each day. This was in order to be able to feed my mother with her mid-day meal and take a little pressure off staff. During this time, there were always cleaners on the ward, and they appeared to be very thorough. Window ledges, bedside cabinets and bed frames were wiped down, sinks and toilets were cleaned regularly, as well as floors being washed. Also during this time, (as a general precaution, I assume) all curtains and curtain rails at windows were removed and not replaced.

As far as my mother's personal hygiene was concerned, she always appeared to be well cared for. Her pads and her bed were changed frequently, as and when necessary. In the early days, she was dressed each day, but as she deteriorated, she was left in her nightclothes. Her nightclothes were always clean, and changed as required, sometimes several times a day. In the three months that my mother was in Whiteabby hospital, she did not seem to suffer from any pressure sores.

During January/February 2008, it became obvious that the outbreak of C.Dif was very severe in various hospitals, and the transfer of patients to Antrim hospital was put in place by the area health authority. We were informed that they were considering sending my mother to Antrim Hospital. However, after meeting with the Consultant and stating that we were not very happy with the idea of this move, because of my mother's general low condition and because of her age, we were informed that they would do all they could to keep my mother at Whiteabby hospital, but that ultimately the decision did not rest with them, but with the area health authority. As it happened, events overtook the need for this decision to be taken.

My mother died on 22nd February 2008, after being in Whiteabby hospital for nearly 3 months. On the day that my mother died, my daughter and I arrived at the hospital at about 11-00am as usual, and it was quite obvious that my mother was much weaker than the day before. We stayed for about an hour, and she was sleeping. Sister suggested that we should perhaps go and have something to eat, and come back a little later. My daughter decided that she would go home, and that I would stay at the hospital. In the event, I was in the restaurant at the hospital, when the ward called me back to see the doctor. It was obvious that my mother was dying, and sister had already rung my daughter and asked her if she would like to return to the hospital. I was actually with the doctor when sister came to say that she thought I should return to the ward. My mother died shortly after this. Apart from the fact that sister had already rung my daughter, who arrived just after my mother died, she also asked if we would like her to ring my sister in England, and inform her that my mother had died. This she did. In all respects, both in the hours before my mother died, and in the time following, the staff were excellent in the help and care given. All paperwork was completed and given to us before we left the hospital to enable us to obtain the death certificate. Cause of death was stated as I(a)Bronchopneumonia, II Clostridium Difficile, Diarroeoa.

During all the time my mother was in hospital, we were made well aware of the fact that hygiene was of the utmost importance. We were encouraged to use the hand gel provided frequently and to wash hands thoroughly. There were leaflets placed at the entrance to the ward, stressing the importance of this, and also at various points inside the ward. Staff always had gloves and plastic aprons on when attending my mother, and these were discarded as they left the side ward. Bed linen and pillows were bagged on the ward for laundry. Personal laundry was not bagged up, but we were made well aware of the fact that because of the infection, care should be taken to keep laundry from the hospital completely separate from all other laundry.

I would like to express my thanks to all staff concerned with the care of my mother, both from a medical point of view, and also from the caring point of view. Little things such as making sure her meals were pureed, but in such a way as to still make them look attractive, washing and brushing her hair, putting a little perfume on for her, and so on. These are the little things that make such a difference to patient care.