

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

WITNESS NAME: YVONNE CAMERON

**STATEMENT OF EVIDENCE**

I, Yvonne Cameron say as follows:-

1. My name is Yvonne Cameron and I live at an address which is known to the Inquiry team. I am a daughter of Mary Elizabeth Cameron who died at Antrim Area Hospital on 18 July 2007.

2. **Medical Condition**

My mother was 86 years of age when she died. Mentally she was very alert but physically she was not very active or in the best of health. She was able to "fend for herself" and used a walking aid.

3. She had previously lived in England and only moved to Northern Ireland a few years ago. She lived on her own in sheltered accommodation. She had been in hospital in England with her gallbladder and had also suffered from previous minor TIA episodes.

**Admission to Hospital**

4. My mother was taken by ambulance to Antrim Area Hospital having suffered a TIA on 8 June 2007.

5. After being assessed in Ward B1 she was moved to Ward A1.
6. The affect of the TIA resulted in a weakness in her right side and aphasia. My mother knew exactly what she wanted to say but sometimes the words just didn't come out. She would say "I'll come back to that."
7. Because she was in a ward with a number of men, she requested a move and was transferred to C3 on 14 June 2007. During her time in C3 she became ill with diarrhoea.
8. Various tests including blood tests and an ECG were carried out and she was transferred back to A1.

### **Isolation**

9. My mother was put into the isolation room in A1 on or about 16 June 2007 which was about one week after her admission to hospital.
10. The only reason given us to by the staff was that she had been moved to the isolation room because she had a bug in her bowel. No further information was given and at no point was it explained exactly what that bug was. The only advice we were given was to wash our hands on entering and leaving the ward. My mother was in the isolation room for at least 10 days.
11. Mother appeared to be responding to the medication, her speech and mobility were improving and she was able to get to the bathroom with assistance.
12. We were advised that when "the bug in her bowel" had cleared she would be transferred to Braid Valley Hospital for rehabilitation.

13. The family thought this was a positive move and that once she had been given rehabilitation that she would then be able to return home.

#### **Braid Valley Hospital**

14. She was transferred to Braid Valley Hospital on 27 June 2007 where she was put into an isolation room as they apparently wanted to ensure that she no longer suffered from diarrhoea.
15. Braid Valley Hospital is a world away from the bright airy ward of A1 at Antrim Area Hospital. An old workhouse initially, it looks no different now.
16. Instead of improving at Braid Valley she deteriorated, almost from the date of her admission.
17. She was in the isolation ward at Braid Valley for approximately three weeks. She was eventually moved back to Antrim Area Hospital on 16 July 2007, only two days before she died.

#### **Meeting on 10 July 2007**

18. My brother and I were deeply concerned about the deterioration in our mother's health and felt that she was and would be better cared for at Antrim Area Hospital.
19. We voiced our concerns to the management and staff and even had a meeting with a doctor and a ward sister on 10 July 2007 when we were told that our mother would not get any different care at Antrim Area Hospital.

### **Final Move to Antrim Area Hospital**

20. My mother's condition was worsening and my brother and I still thought that it would be better for her if she could be moved back to Antrim Area Hospital and finally this was done on 16 July 2007.
21. I queried with the nursing staff why at 6.00 p.m. my mother was still at Braid Valley Hospital on oxygen and in great distress and was told that it was not an emergency and that the Ambulance Service was busy.
22. My mother was eventually transferred to Ward C5 at Antrim Area Hospital where she was once again given a side ward. She was seen by at least two Doctors there.

### **Her Condition**

23. Tests and X-rays were done, fluids and antibiotics given in an effort to halt her severe dehydration and sepsis which was spreading through her body as her kidneys were no longer functioning properly.
24. Two doctors spoke to my brother and I and explained carefully just how seriously ill she was but it soon became apparent that it was too late. We were advised that nothing further could be done for her apart from ensuring that she was as comfortable as possible.
25. My mother died on 18 July 2007.

### **Visits**

26. My brother and I visited my mother on a daily basis and other friends and members of the family were also there on a regular basis.

## Care

### (a) Antrim Area Hospital

27. My brother and I did not have any problem with the care at Antrim Area Hospital. Although I did not have many dealings with the Doctors and nursing staff, my mother seemed to get everything that she needed. Her condition improved during her stay at Antrim Area Hospital and she never seemed to be agitated there.

### (b) Braid Valley Hospital

28. The staff at Braid Valley Hospital were very busy and polite but you always had to go looking for them. I used to stand waiting for them in the corridor just to get someone to speak to me.
29. I frequently asked them for a report on my mother and got conflicting opinions.
30. Most of the patients were elderly and immobile and required assistance. There never seemed to be enough staff on duty and they had too many things to do.
31. My mother only appeared to get cursory visits by staff and very occasionally by a doctor. She was left in the room on her own and did not get any exercise.
32. An occupational therapist called a few times but my mother was so unwell that little could be done. I thought 'so much for that rehabilitation'.

33. A few days after her admittance she complained of leg pains, it was some days later before a blood test was done and it was found that she may have a blood clot. However, to be sure, a scan would have to be done. It never was. A footstool was promised so that her legs could be elevated. However this had to be requested on several occasions before one was provided, although it was unsuitable as it was too high. There appeared to be no cohesion between the nursing staff, conflicting reports were given as to my mother's health. I was told that her diarrhoea had cleared up only to find a badly soiled nightdress for washing. On two occasions the discarded nightdresses were left on the floor, not placed in laundry bags. I saw liquid on the floor of her ward. I was never sure what it was and I cleaned up as the quickest course of action. Hygiene standards were not at an acceptable level. Mother herself complained that in all the time she was at Braid Valley she never had a proper wash, never mind a shower.
34. Mother's health and her frame of mind were very poor. She felt very unwell but no one seemed to take much notice, unless my brother or I spoke to the nursing staff. They were asked why mother could not be moved back to Antrim as she was not getting (in our opinion) the treatment needed to enable her to recover, but we were told that she was getting the necessary treatment.
35. I did not think that the care was adequate and that is putting it mildly.

#### **Cleanliness – Antrim Area Hospital**

36. The wards, isolation room, toilets and other areas in Antrim Area Hospital were all clean and tidy. I did not notice any spillages and the dirty laundry and nighties were put into a bag which was left at the bottom of the bed for me to take home and wash.
37. I was not told however that you could put this bag into the washing machine.

38. Her bed linen and nighties were changed regularly.
39. There was an en suite bathroom in the room and she could get to the toilet using a walking aid and with the help of a nurse. She used to buzz for assistance and the nurses always came promptly.
40. There was no smell or odour in Antrim Area Hospital. She did not tell me whether or not she had a bed bath but she was always clean and I was very satisfied with her personal hygiene.
41. There was also a wash-hand basin and gel dispenser in the isolation room.
42. I do not remember whether or not gloves and aprons were available but I did not wear them at Antrim Area Hospital.
43. The only doctor I ever spoke to at Antrim Area Hospital was wearing a shirt and tie but had no white coat on. Nurses all wore uniforms.

#### **Cleanliness - Braid Valley Hospital**

44. I did not see the staff doing any general cleaning at Braid Valley Hospital nor did I ever see anyone cleaning up a spillage. I cleaned any spillages myself using gloves, tissues and wipes. I noticed spillages on the floor on at least two separate occasions and cleaned them up myself.
45. There was no en suite facility in Braid Valley and my mother had to use a commode which was left in the room. She required assistance to get to and from the commode.
46. The room in Braid Valley was very small and although there was no odour or smell it did not smell fresh.

47. On at least two occasions when I came into her room I found soiled nighties lying on the floor. I was annoyed and disgusted by this as I thought that they could have been folded and put somewhere for me to collect rather than just thrown on the floor. I put them into a bag and took them home to be washed.
48. I am not sure how she was washed. She certainly was not fit enough to have a bath. Her hair was quite thin and she had very dry skin on her legs and hands. I used to rub cream on her hands.
49. There was a hand basin and gel dispenser in the room. I cannot remember what towels were used.
50. As far as I am aware there was no protective clothing such as gloves or aprons available for visitors.
51. If a Nurse was attending to her then they would be wearing an apron. Some gloves were available outside the door and I used to use them when I was for example cleaning up a spillage.
52. Braid Valley is a very old hospital with a bad colour scheme which does not make it look clean. Braid Valley is a world apart from Antrim Area Hospital.

#### **Communication – Antrim Area Hospital**

53. At Antrim Area Hospital I was not given any leaflets, brochures or any other documents regarding C Difficile or any other infection. The only verbal information they gave me was that my mother had a bug in her bowel.

#### **Communication – Braid Valley**

54. I looked up MRSA and C Difficile on the internet and then spoke to a nurse at Braid Valley who gave me a leaflet about C Difficile (a copy of which is attached to this statement and marked as Doc 1). She was surprised that I had not received a copy of this at Antrim Area Hospital. She also advised me about washing my hands, wearing gloves and how to wash mother's clothing. (A copy of that document that I received from her at that time is also attached to this statement and marked as Doc 2). The conversation with this nurse was about one week after my mother was admitted to Braid Valley Hospital.
55. The first time C Difficile was mentioned I immediately looked it up on the internet.
56. Apart from the nurse who spoke to me at Braid Valley the information I received from the hospital was non-existent or conflicting.
57. I always had to ask before anyone would tell me what was happening. I was sometimes told that my mother was improving when I knew myself that she was getting worse. They also said that she was an elderly lady and that her condition was only to be expected.
58. My mother was very unhappy at Braid Valley. The family thought that she was going to die there. She was getting weaker and weaker and all we as a family wanted to do was to get her transferred back to Antrim Area Hospital.
59. She was eventually moved back on 16 July 2007 and died at Antrim Area Hospital two days later.

### **Antibiotics**

60. She had difficulty swallowing but the medication was being given to her

in tablet form. I do not know when she was on antibiotics or what specific medication she was taking but presumably all this information can be obtained from her medical and hospital notes.

### **Death Certificate**

61. This was given to us about one hour after she died and the causes of death were listed as follows:-

I. (a) Sepsis.

(b) Clostridium difficile colitis.

II. Congestive cardiac failure. Transient ischemic Attack.

C Difficile was put on the Certificate automatically and the family did not ask for this to be done.

### **Antrim Area Hospital - Meeting in January 2008**

62. I wrote to the Northern Trust on 20 September 2007 and attach a copy of that letter (marked Doc 3) to this statement. In my letter I made a formal complaint to the Trust on behalf of my brother and myself regarding the treatment that my mother received at Antrim Area Hospital and Braid Valley Hospital. The Northern Trust replied to my letter on 23 October and a copy of their letter (marked Doc 4) is also attached to this statement.

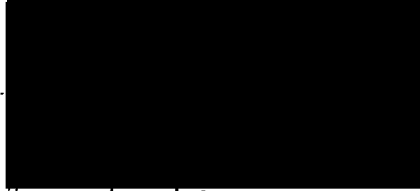
63. A meeting was then convened on 10 January 2008 at Braid Valley Hospital when various issues were discussed. A copy of the Trust's summary of the meeting was then sent to me with their letter of 14 March 2008 and I also attach a copy of these minutes (marked as Doc 5) from which it can be seen that the Trust apologised for "the unacceptable standard of nursing care" which my mother had received (3<sup>rd</sup> page of Doc 5).

**Comments**

64. I adopt the comments I made in my letter to the Trust of 20<sup>th</sup> September 2007 (Doc 3) as part of my statement to the Inquiry.

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

Signed: .



Dated: ..... 3/9/2010 .....

## HOME LAUNDERING GUIDANCE NOTES

- ④ Used clothing should be transported from hospital to home in a sealed polythene bag.
- ④ Clothing from patients should be washed separately whilst diarrhoea persists. The contents of the bag should be emptied directly into the washing machine. Dispose of the bag into the household bin, wash and dry hands thoroughly.
- ④ Whilst the diarrhoea persists the patient should wear clothing which can be easily washed.
- ④ Normal wash programmes should be used - garments should be washed at as high a temperature as is recommended on the care label.

**NB:** Staff on the ward are unable to sluice soiled clothes, due to the potential risk of contamination.

### WILL I NEED TO TAKE PRECAUTIONS AT HOME?

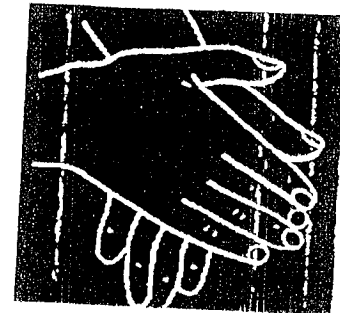
Not all of the precautions taken in hospital are necessary at home. However it is advisable for everyone to:

- ④ Wash their hands thoroughly and regularly, before handling food, before meals, and after the toilet.

- ④ Contact your general practitioner should anyone develop abdominal pain with watery motions.

If you have any further questions, please do not hesitate to ask a member of staff.

## Northern Area Infection Control Department



## Clostridium difficile Infection

PATIENT  
INFORMATION

February 2001

 **United  
hospitals**

  
**Causeway**  
HEALTH & SOCIAL SERVICES TRUST

 **Homefirst**  
COMMUNITY TRUST

0955 11502402 14 000

1113  
Doc 1

You have been told you have *Clostridium difficile*, associated diarrhoea. These notes may help you to understand what is meant by this and answer some of your questions.

#### WHAT IS CLOSTRIDIUM DIFFICILE ASSOCIATED DIARRHOEA AND WHAT CAN IT DO?

*Clostridium difficile* is a bacterium (germ) which can be carried by some people harmlessly in the bowel (gut). This germ may cause diarrhoea (frequent liquid motions) particularly if antibiotics have been taken: patients may also experience abdominal pain and feel unwell. A good standard of hygiene will prevent spread of the germ to other vulnerable patients.

#### WHY IS IT IMPORTANT?

Special care is taken with *Clostridium difficile* bacteria in hospital, as they may cause prolonged diarrhoea and are easily spread to other patients.

#### HOW DOES CLOSTRIDIUM DIFFICILE SPREAD?

These germs can spread easily from one person to another on the hands, clothes or equipment. The germ is usually present in the bowel, therefore, if you have diarrhoea there is a greater chance of

spreading it. Thorough handwashing and drying is very important as it helps to prevent the germ from spreading.

#### WHAT TREATMENT WILL I REQUIRE?

Usually you will be asked to move to a single room to prevent the spread of the germs.

You may be asked to move to another ward if a single room is not available on your ward.

- The medical staff will assess your treatment and if possible stop current antibiotic therapy.
- Sometimes a specific antibiotic may be prescribed to help clear up the diarrhoea infection.

#### CAN I HAVE VISITORS?

You can have visitors as normal. They will be asked to wash their hand with an antiseptic after visiting you, so that they do not pick up or spread the germs to others.

#### HOW LONG DO I HAVE TO STAY IN HOSPITAL?

You will not have to stay any longer than necessary and can go home whenever you are medically fit for discharge.

#### WILL MY FAMILY AND FRIENDS NEED TO TAKE PRECAUTIONS?

To ensure that you receive a high standard of care and to prevent spread of infection, we ask that the following important steps are carried out by your family and friends.

- Report to the nurse-in-charge when entering the ward. The nurse will advise on the necessary precautions.
- It is not advisable for relatives or friends to visit other patients on the ward/in the hospital after visiting any patient being nursed in an isolation room.
- Seek advice from the nurse if you are bringing young children or the elderly to visit.

#### HANDWASHING

Strict attention to handwashing whilst in hospital is vital.

Handwashing is recommended:

- before eating meals;
- on leaving the isolation room;
- before visiting any other patient;
- before going home.

Handwashing is also strongly recommended after all visits to the toilet.

# HOME LAUNDERING

21/24

Doc 2

## Guidance Notes for Relatives

- Patient's personal clothing may not withstand hospital laundry processes and on entering the system prove impossible to trace.
- Soiled personal clothing will not be rinsed or sluiced by hospital staff prior to placing into a polythene bag for transportation.
- For patients suffering from incontinence or who currently have diarrhoea, the hospital can supply suitable night attire i.e., night-dress or pyjamas which are then laundered by the hospital laundry facility.

Personal clothing may be safely laundered by relatives at home but the following precautions should be taken:

- Used clothing should be transported from hospital to home in a sealed polythene bag.
- Clothing from the patient should be kept separate and washed separately.
- Place clothing into machine as follows:
  - Un-tie the polythene bag, DO NOT HANDLE soiled clothing;
  - Using the clean, outer base of the bag push the clothing into the washing machine, by inverting the bag;
  - Grasping the bag by the base pull it back the right way out;
  - Re-tie the top of the polythene bag and place into the household bin;
  - Wash hands thoroughly and dry well.

- Normal wash programmes should be used i.e. garments should be washed at as high a temperature as is recommended on the care label. However, if heavy faecal soiling is present either put clothing through a cold rinse cycle prior to wash cycle or re-wash i.e., repeat the main wash programme a second time.
- Non-washable clothes should be avoided. However if they are unavoidable they should be dry-cleaned as often as possible and at the end of treatment.
- All garments should be changed and washed as often as is practical.
- Regular hand-washing when handling patients clothing is vital.

Mrs Barbara Canning  
Northern Health & Social Care Trust  
The Cottage  
5 Greenmount Avenue  
Ballymena  
County Antrim  
BT43 6DA

20 September 2007

Dear Mrs Canning

Mrs Mary E Cameron (dec.d) DOB [REDACTED] 1921, late of [REDACTED]

I wish to make a formal complaint to the Trust on behalf of my brother Ronnie Cameron and myself with regard to the treatment afforded to our mother after her admittance to the Antrim Hospital on 8 June 2007 and subsequent transfer to the Braid Valley hospital

Mother was taken by ambulance to Antrim Hospital having suffered a TIA on 8 June 2007. After being assessed in ward B1 she was moved to a mixed ward A1. The effects of the TIA resulted in a weakness in her right side and dysphasia.

Due to the death of a patient and two being discharged mother was in a ward with three men and requested to be moved, which she was to ward C3. However, she became ill, had various blood tests, an ECG and was moved back again to ward A1. The day after we were advised that mother had been moved to a side ward as she had 'a bug in her bowel'. None of the staff at this point informed us of any more details other than we were to wash our hands upon leaving and entering the ward.

Mother appeared to be responding to the medication given, her speech improved as did her mobility and was able to visit the bathroom using a rollator with the help of one nurse and to go for a short walk. We were advised that when the 'bug in her bowel' had cleared she would be transferred to Braid Valley which we understood to be a positive move as she would be given rehabilitation to hopefully enable her to return home. Albeit with a care package in place, how wrong we were.

Braid Valley hospital is a world away from the bright airy ward of A1 at Antrim. An old workhouse initially it looks no different now. Mother was again put into a side ward as staff wanted to ensure she no longer suffered from diarrhoea and other patients would not be put at risk. She was never to be moved from this ward, except to be

readmitted to Antrim hospital, as instead of improving she deteriorated almost from her admittance

Mother had always been a very independent and feisty lady, her bones may have been old but her brain functioned extremely well, always said it 'worked overtime' She enjoyed conversation keeping up to date with current affairs and getting out and about meeting people. None of this was available at Braid Valley, other than cursory visits by nursing staff and very occasionally a doctor she was left to sit on her own. As she had to use a commode in her room she didn't even get the exercise of walking to the bathroom. An OT came a few times but as mother was unwell very little could be done, so much for the rehabilitation promised

A few days after her admittance she complained of leg pains, it was some days later before a blood test was done and it was found that she may have a blood clot, however, to be sure a scan would have to be done, it never was. A footstool was promised so that her legs could be elevated, however this had to be requested on several occasions, before one was provided, although unsuitable as too high. There appeared to be no cohesion between the nursing staff conflicting reports were given as to mother's health. Told that her diarrhoea had cleared up only to find a badly soiled nightdress for washing. On two occasions the discarded nightdresses were left on the floor, not placed in laundry bags. Liquid was found on the floor of her ward, never sure what it was, I cleaned up as the quickest course of action. Hygiene standards were not at an acceptable level. Mother herself complained that in all the time she was at Braid Valley she never had a proper wash, never mind a shower, if they have one. It was up to me to make mother as comfortable as possible cleaning her feet and massaging all her dry skin as she was very dehydrated.

Mother's health, her frame of mind were very poor, she felt very unwell but no one seemed to take much notice, unless my brother or I spoke to the nursing staff who were asked why mother could not be moved back to Antrim as she was not getting, in our opinion, the treatment needed to enable her to recover, but were told that she was getting the necessary treatment

Quite why an elderly lady was daily being given a cocktail of drugs to swallow, which she did with great difficulty I did advise the nursing staff of this, including I believe medication for an overactive thyroid, diagnosed in the hospital, no one seemed to be focusing on the fact she had the Clostridium Difficile bug was very dehydrated and unwell. My brother and I always made sure we brought in daily drinks for mother and made staff aware there was always extra in her locker to hopefully help hydrate her. Her appetite was not good, I asked nursing staff if I should bring in items that were easy to swallow but was told hospital had them if it was felt necessary to give them to her. Mother only seemed able to eat the puddings so wasn't getting the nutrition needed to help her immune system

Mother also advised that certain staff became annoyed with her as she had to call them frequently to use the commode, not surprising, in the circumstances. My brother and I became so concerned about mother's increasingly fragile state and made an appointment on 10 July 2007 to speak with the sister in charge of the ward

We pointed out the issues of concern and again asked why mother couldn't be transferred back to Antrim hospital as it was patently obvious that she was not being properly cared for in any way at Braid Valley. Both the sister in charge and the doctor to whom we spoke, I believe Dr Ali, stated that mum would not get any different care in Antrim hospital, sadly this was very untrue

My brother was on holiday during this period and, living locally, was at the hospital whenever visiting times allowed so was able to see first hand and on a very regular basis that mother was getting increasingly worse, but again it was not thought necessary to move mum to Antrim hospital. A drip to give mother fluid was eventually set up a day before the Consultant, who had been on three weeks holiday, saw her on Monday 16 July 2007, at around 10.00a.m. and requested that she be transferred to Antrim hospital.

In view of her deteriorating health one would have thought that once a bed was found mother would have been moved immediately. This was not the case. I queried with the nursing staff why at 6.00p.m. mother was still at Braid Valley, on oxygen and in great distress and was told that the consultant didn't order it as an emergency and the ambulance service was busy. I complained again several times and eventually an ambulance bus arrived some time later.

Mother was transferred to ward C5 in Antrim, again to a side ward and was immediately seen by at least two doctors. Tests were done, xrays and fluids and antibiotics given in an effort to halt the severe dehydration and sepsis which was spreading through her body as her kidneys were no longer functioning normally.

Two doctors spoke to my brother and I, including one from ICU and explained carefully just how seriously ill mother was and what they would try and do, with our agreement, to try and save her. It soon became apparent that it had been left far too late to move mother for proper medical care and we were advised that nothing further could be done for her, apart from ensuring that she was as comfortable as possible.

Mother died in the early morning of Wednesday 18 July 2007. Her death certificate listed four reasons for death, Sepsis, Clostridium Difficile, Heart Failure and TIA.

My brother and I are in no doubt that the Trust hospitals are negligent in their duty to provide our mother with a safe environment in which to recover from the TIA, i.e. being infected with the Clostridium Difficile bug, being moved to a non medical hospital when it was still causing problems and being subjected to a standard of medical care and hygiene that was abysmal even to non medical people. It is common knowledge if you have prolonged diahorrea that you become dehydrated yet this basic treatment was not provided until it was too late.

I have probably omitted a lot from this letter as it has been incredibly difficult to compose. Mother deserved, as do all patients in any hospital, to receive the best care possible and not to die an unpleasant and undignified death. You expect to go into hospital to recover not to die from something totally unconnected.

I look forward to your comments in this matter.

Yours faithfully

Yvonne Cameron

[Redacted signature]



Northern Health  
and Social Care Trust

Chief Executive's Office

File Copy.  
Posted 6 Nov 07  
LA

PERSONAL

Ms Yvonne Cameron  
[Redacted]

Doc 4

23 October 2007 Our Ref: C115/07-08

Dear Ms Cameron

I refer to your letter of 20 September 2007, concerning the treatment and care your mother received in Antrim Area Hospital and Braid Valley Hospital. Firstly, I wish to offer you and your brother my sincere condolences on the death of your mother in Antrim Area Hospital on 18 July 2007.

At the outset, I wish to state that I expect medical and nursing staff to treat patients in a caring and respectful manner at all times and I am sorry that you felt this did not happen in your mother's case.

The staff looking after your mother were saddened that you feel so strongly about the standard of medical and nursing care your mother received. I would wish to assure you that they felt they had looked after your mother in a caring and professional manner and that she had received the appropriate medical and nursing care.

This is not an attempt to take away from your views of your mother's treatment and care and I would be happy to arrange a meeting for you with Mr G Martin, the Trust's Assistant Director Medicine & Unscheduled Care Services and Dr J Vahidassr, Consultant Physician / Geriatrician.

Clearly there is a difference in your account of what happened and the staff's view of the care and treatment provided to your mother and this causes me concern. Mr Martin, Dr Vahidassr, and I would wish to assure you that our staff will learn from your experience and become more aware of the impact their actions have on patients and relatives.

Dr Vahidassr has reviewed the medical management plan of your mother, and in his opinion, the medical treatment your mother received was appropriate and the treatment plan that was in place in Braid Valley Hospital would not have been any different to that which she would have received in Antrim Area Hospital. Dr Vahidassr further advises that on 15 July 2007, the Senior House

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



INVESTOR IN PEOPLE

Officer discussed your mother's condition with the medical staff in Antrim Area Hospital and they advised to continue the current medical management and treatment in the Braid Valley Hospital. On 16 July 2007, Dr Vahidassr discussed your mother's condition with the Senior House Officer again and as her condition had changed from the previous day, Dr Vahidassr arranged that she should be transferred to Antrim Area Hospital and an ambulance was ordered.

The Ward Manager advises that there was a delay in the ambulance arriving and she then requested emergency ambulance to transfer your mother to Antrim Area Hospital. I fully appreciate your concern regarding the delay of the ambulance at this particular time, and I have brought this matter to the attention of our colleagues in the Northern Ireland Ambulance Service.

### **Nursing Care, Antrim Area Hospital**

The Trust fully understands that mixed sex wards can be upsetting for patients and their relatives and where possible the Bed Manager and Ward Manager try to ensure that bays within wards are not mixed. You may be aware from media coverage of the extreme pressures on acute hospital beds and in order to facilitate the number of patients requiring emergency admissions, it is necessary on occasions to have mixed sex bays. However, when this does occur, every effort is made to return the patient to a single sex bay at the earliest opportunity and I am sorry to learn that this did not happen immediately in your mother's case and I would wish to apologise for the distress caused. The Ward Manager in Ward A1 advises that due to the number of admissions it was not possible to move your mother as you had requested. Your mother was subsequently moved to a single sex bay in Ward C3 on 14<sup>th</sup> June 2007. I can advise you that the Director of Nursing is devising a policy to guide staff on the use of mixed sex wards and will monitor the situation.

On transfer to Ward C3, the Assistant Clinical Services Manager advises that while your mother was breathless on exertion, her condition remained stable overnight. The following day it was noted that she had a temperature and had an episode of diarrhoea. She was then seen by the medical team and started on Intravenous fluids and Intravenous antibiotics. Blood tests were taken and a sample of urine and stools were sent to the Laboratory for analysis. Your mother was again reviewed by the medical team at 7.30 pm and on examination the Doctor noted that she was complaining of chest pain and an electrocardiogram (heart tracing) confirmed that your mother's heart rate was increased.

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



INVESTOR IN PEOPLE

Given the change in your mother's condition and the confirmation that the diarrhoea was due to Clostridium Difficile, the medical team transferred your mother back to Ward A1 the following day to a single room so that isolation precautions could be undertaken. The Ward Manager confirms that you were informed that your mother had an "infection in the bowel".

Can I assure you that this is not the standard of communication the Trust would wish to provide for patients and relatives. It is usual practice that when a patient has an infection, the patient and their relatives are informed of the precise nature and treatment of this infection and I would regret this did not happen to you at the time.

The Ward Manager wishes to apologise to you and your family that staff did not keep you fully informed with regard to the cause of your mother's diarrhoea. This matter has been brought to the attention of staff to ensure that correct information is always given to patients and their relatives.

#### **Nursing Care Braid Valley Hospital – Ward Second Floor Centre**

Isolation wards are thoroughly cleaned on a daily basis and any spillage is cleaned as soon as staff are aware of this and the Ward Manager wishes to apologise that you found the standard of hygiene unacceptable. It is usual practice that a patient's night clothes which are being taken home are placed in a bag for relatives and she would again apologise that this did not happen.

I wish to assure you the Trust treats the matter of hygiene and cleanliness with the upmost seriousness and there is ongoing training on this for all staff. In addition, infection control audits are regularly undertaken in all of the wards. The Director with responsibility for cleanliness standards has been informed of your concerns and the issues which you have raised have been brought to the attention of nursing and domestic staff. It is my expectation that staff will learn from this.

The Ward Manager and staff are sorry that your mother felt isolated in a side ward and she advises that at a meeting with you and your brother she explained that this was in line with Trust policy and as soon as the infection had cleared, she would be moved out of the side room. The Ward Manager advises that rehabilitation was restricted due to the nature of your mother's illness and she again apologises that this was not explained in full to you. I understand that your mother's diarrhoea had settled at one time but her treatment for Clostridium Difficile had to be restarted because of persistent diarrhoea.

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



INVESTOR IN PEOPLE

It is usual practice that patients are bed bathed on a daily basis and when the clinical condition permits, a bath or shower is then offered. The Ward Manager advises your mother was bed bathed every day, and that she was offered and declined a bath shortly after her admission. As her medical condition deteriorated, the ward manager advises that she felt a bed bath was more appropriate at this time

On 4 July 2007, your mother complained of a painful leg and a diagnosis of possible DVT was made and the Doctor increased her Clexane (anti clotting treatment). A foot stool was provided but your mother found this to be uncomfortable and did not use it all of the time. With regard to having a scan, it is my understanding that a Doppler scan was requested and an appointment was made for 17 July 2007.

The Ward Manager advises that your mother's swallowing was assessed by the Speech and Language Therapist on 9 July 2007 who recommended she had a soft diet and that she discussed and agreed with you that you could bring in items of soft food which your mother enjoyed and could manage.

I am sorry to learn that your mother felt certain staff became annoyed with her as she needed to use the commode on a frequent basis. The Ward Manager would wish to assure you that this was not the case. However, she has brought this matter to the attention of all staff.

In conclusion, I wish to assure you that we have taken your complaint very seriously. I would reiterate my offer to arrange a meeting for you with Mr Martin and Dr Vahidassr. If you wish to avail of such a meeting please contact the Patient Liaison Manager, Miss N Shannon, on telephone number 028 2563 3721 and she will make the appropriate arrangements.

Finally, let me again offer you my condolences on the death of your mother.

Yours sincerely



For Norma Evans  
Chief Executive

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



INVESTOR IN PEOPLE

Summary of meeting held under the Trust's Complaints Procedure

Date 10 January 2008  
Time 12 noon  
Venue The Fracture Suite, Braid Valley Hospital

Present Mr G Martin, Assistant Director, medicine and Unscheduled Care  
Dr Vahidassr, Consultant Physician / Geriatrician  
Miss Y Cameron  
Mr R Cameron

In attendance Miss N Shannon, Patient Liaison Manager

Introductions were made and condolences were offered to Miss Y Cameron and Mr R Cameron. Miss Shannon thanked the Cameron family for attending the meeting which provided an opportunity for the Trust to address outstanding issues of concern.

Clostridium Difficile

Miss Cameron asked why her mother was transferred from Antrim Area Hospital when it was known that she had Clostridium Difficile. Dr Vahidassr explained that having Clostridium Difficile, would not exclude patients from being admitted to Braid Valley Hospital for medical rehabilitation. Many patients transferred will have an existing medical condition that will be managed by medical staff.

Mr Martin explained that ideally, patients with Clostridium Difficile could be treated in their own homes or in a Community setting as this infection posed severe risks within the acute hospital setting.

Miss Cameron advised the nursing care was different in Antrim Area Hospital and her mother had difficulty in swallowing tablets

Dr Vahidassr explained that although some urinary infections are treated with intravenous antibiotics, antibiotics used for Clostridium Difficile to be most effective, should only be given by mouth.

A short discussion took place regarding the administration of antibiotics in cases of Clostridium Difficile.

Mr Martin stated that it was unacceptable that Nursing staff in Ward A1 referred to the infection as a 'bug in the bowel'. It is usual practice that staff inform relatives as soon as possible and this information should always include the type of infection, the treatment involved, and the importance of strict hygiene measures (Universal Precautions are implemented). This is an ongoing problem in all health care settings, acute hospitals and community setting.

Dr Vahidassr explained that staff will often use layman's terms when explaining medical conditions and this is not to mislead patients or relatives, but to give an explanation without using medical terminology or jargon.

Dr Vahidassr also explained that any antibiotic can cause diarrhoea and until fairly recently, within the last 15 years, Clostridium Difficile was rarely heard of and the cause of antibiotic related diarrhoea. Clostridium Difficile is present in normal bowel flora, and can flourish to cause diarrhoea.

Miss Cameron then asked if it was true that lack of hygiene can cause this? Dr Vahidassr confirmed that it is true, and it was considered a highly infectious agent. Dr Vahidassr confirmed that the diagnosis of Clostridium Difficile was made in Antrim Area Hospital prior to her transfer to Braid Valley Hospital.

Mr Cameron felt that there was a gradual deterioration and discussed their concerns to Dr Ali, Staff Grade Doctor, Braid Valley Hospital, and their request to have mother transferred back to Antrim Area Hospital.

Dr Vahidassr explained that routine blood tests indicated that mother's thyroxine was low and this medication must always be given by mouth. Blood tests are done routinely on Mrs Cameron and the results of these did not show any evidence of dehydration.

On 10<sup>th</sup> July 2007, Mrs Cameron became unwell and had episodes of diarrhoea and antibiotics and intravenous fluids were started. At this time there was no indication to transfer Mrs Cameron back to Antrim Area Hospital.

A discussion took place with regard to the administration of antibiotics.

Dr Vahidassr explained that for a urinary infection for example, would require/respond to intravenous antibiotics, whereas with Clostridium Difficile, this antibiotic should be given by mouth. If the patient was not able to swallow, antibiotics then this would be given rectally in some cases. Any antibiotic can cause diarrhoea and dehydration.

Mr Martin advised that the bed bath / bathing of a patient would be discussed with the Ward Manager together with the manner in which soiled nightwear was sent home with relatives.

On 16 July 2007, Dr Vahidassr was requested by Dr Ali to see Mrs Cameron as there was a sudden deterioration. Dr Vahidassr explained that this deterioration was due to a surgical emergency known as toxic megacolon, the onset is very sudden and can occur over a matter of hours. Dr Vahidassr also explained that as Mrs Cameron had developed an acute abdomen due to toxic megacolon, that she now required a surgical opinion and assessment of her overall condition.

A short discussion took place with regard to Dr Ali's overall experience and Dr Vahidassr explained that when Consultant staff go on annual leave, they are covered by another consultant colleague and in this case, it was Dr Flanagan. Dr Flanagan may not see all of the patients but he was available to assist Dr Ali if the need had arisen.

A detailed discussion followed concerning Mrs Cameron's Nursing care with regard to hygiene, administration of medication (tablets left on locker), assistance with feeding, feeling isolated in side room, and that flexibility around visiting time would also help to ensure relatives can assist with feeding as well as provide stimulation to patient.

Mr Martin advised that all of these issues were being treated very seriously. He apologised for the unacceptable standard of nursing care which their mother received and assured family that these issues were being taken very seriously. Staff have been made aware of these concerns. Also, there is a programme of cleaning in place with Regional audits being undertaken. All issues of cleanliness and hygiene of ward discussed with Domestic staff and Ward Manager

It was also agreed that with the benefit of hindsight, given the nature of Mrs Cameron's illness, she should have had an emergency vehicle in the first instance to transfer her to Antrim Area Hospital. Mr Martin apologised for the distress this caused and assured Mr and Ms Cameron that this matter has been discussed with the Ward Manager and she will ensure that such a situation will not happen again in the future.

Meeting ended