

**Inquiry Witness Statement of
Jack BISSET**

BACKGROUND

1. My name is Jack Arthur Bisset. My contact details are known to the Inquiry. I was a friend of James Thomson who died at the Vale of Leven Hospital ("VOLH") on the 2nd March 2008.
2. I had known James Thomson, whom I called Jim, approximately 33 years. He appointed me to be his Executor and I was named as his next of kin when he was in the VOLH.
3. When Jim retired to Alexandria, I visited him once a week and we used to go out to places and have lunch. Prior to his admission to the VOLH in autumn 2007, his general health had started to deteriorate, he had stopped going out and could not walk up and down steps. He was still mentally alert. I visited twice a week and took him some lunch each time. He had a home help too for which he paid himself.

First admission.

4. Jim was admitted to the VOLH twice. The first time was in the autumn of 2007. I am not sure of the date. My recollection is that he went into Ward 14 which I believe is the geriatric ward. His symptoms were that he was unwell; he had a sore back, a bit of sickness, was immobile and could not get around.

5. I think he might have started with diarrhoea in the hospital but I cannot quite recall if he had it on this first occasion.
6. Jim did not like hospitals. He was determined to get out. He returned home after a couple of days but he was not well. He told me that he had sickness and diarrhoea.
7. He was very good on the computer and did some research on *Clostridium difficile* (*C.diff*). I think he suspected that he might have it. He did say to me that he did not want to go on to Ward 14 again.

8.

9. Jim was still on medication for his sore back. I do not know what he took except that it included co-codamol. He bought an electric bed which would raise him up and down but hardly got any use of it.

Second Admission

10. Jim was again admitted to the VOLH towards the end of January or beginning of February 2008. I believe that it was because of his poor health. He was also having sickness and diarrhoea.
11. I was at Jim's home when he telephoned the surgery. A lady doctor came out and brought a male nurse. They took his blood pressure. He was very gaunt and had a poor colour. I think that the doctor and nurse agreed that Jim should go into hospital and they called for an ambulance. He was admitted about an hour later.
12. During his second admission to the VOLH, he was only in one ward, Ward 14, although he was in different rooms within the ward. I have been shown a plan

of Ward 14 (original) (**Production No 12**) but I cannot recollect which rooms he was in.

13. Upon his admission, Jim was put straight into a single room in isolation from the rest of the ward. He was very poorly. I was introduced to Dr Khan who seemed to be the senior doctor in the ward and who had charge of Jim's care.

14. I did not see or speak to any doctors other than Dr Khan.

15. In his last few days he seemed to lose the will to live. By his demeanour it was apparent that he knew he was dying. I think he had given up. He was much weakened and I think he was frightened.

16. I do not think that there was a Do Not Attempt Resuscitation form ("DNAR") in place. No one ever spoke to me about one. I think Jim wanted to hang on and in fact we were talking about him going into residential care as we knew he could not look after himself any more.

17. Jim died on the 2nd March 2008. He had donated his body to Glasgow University but the University did not want it as he had had *C.diff*.

18. I collected the death certificate. I do not recall what was on it but I do not think that *C.diff* was recorded on it. I no longer have the death certificate as I subsequently passed it on to one of Jim's nephews who was doing some research into the family history.

C.DIFF

Diagnosis

19. I believe that Jim may have contracted *C.diff* on his first admission to hospital in Autumn 2007 but that he did not have it too badly then.

20. When he was at home between his admissions, Jim certainly did some research into *C.diff* and I think Jim believed that he had it.
21. On his second admission to hospital, I was never told that Jim had *C.diff* but I believed that he did have it. The reason I thought this was because he had symptoms which I associate with *C.diff*, that is, sickness, diarrhoea, he was not eating and his body ached. He told me of these symptoms. I was visiting each day and, towards the end, I visited twice a day.
22. Jim had been in the Indian Army and spoke a bit of Urdu and Japanese. One time when I went to visit Jim, fairly soon after his second admission, he said that he had spoken to Dr Khan in Urdu and Dr Khan had been upset. Of course, I only heard Jim's side of things. I do not know what had been said but after that it seemed that Dr Khan did not go near Jim and the one time I sought out Dr Khan to ask about Jim, I had the impression that he did not wish to engage with me about Jim's case.
23. Jim talked about *C.diff* when he was in the VOLH during his second admission. He said that they were testing for it. When he was moved out of the single room and into the larger one he said that he was clear.
24. There was not the same feeling of urgency when he was in the larger room and I felt that he was on the mend although I was still aware that they were testing him.
25. He said that they kept testing and so, when he was again moved to the single room in which he later died, I concluded that he had it again. By that time, he was not speaking much as he was too ill.
26. My wife told me that she recalls a time when Jim spoke about a test which had come back negative but was in fact positive. I cannot recall this.

27. The staff did not talk about *C.diff* at all. The staff were very caring and were always pleasant although Jim could be demanding. I never thought that he was neglected. There seemed to me to be sufficient staff.

28. I thought that Jim died of *C.diff*. This was for a number of reasons. The ward he was in was associated with *C.diff* and he had all the symptoms I associate with *C.diff*. He had diarrhoea, sickness and aching bones. It weakened him terribly. He was also isolated in the single room.

Hygiene

29. Jim was in the single room for about a week after his second admission to the VOLH and made a slight recovery from the condition he was in at the time of his admission. The sickness and diarrhoea stopped or, at least, abated. He was moved to a room which had either four or six beds. Someone else was moved into the single room the day he came out of it.

30. The four or six bed room was almost opposite the single room he had occupied. I think it was fully occupied and the patients were all men. I did not think that the beds were close together. Jim had perked up at that time and was communicating fine.

31. He was later moved back into a single room where he was for his last few days. It was not the same room as he had had before but was adjacent to it. By that time he was not speaking much as he was too ill.

32. At visiting times, I was there before the ward doors opened and I saw signs on the doors requesting you to use the alcohol hand gel. When the doors were opened and pushed back, the signs were not as prominent and I saw other people walking in without using the hand gel.

33. There were other signs around with requesting people to wash their hands.

34. I recall seeing families coming in with young children and not using hand gel. I remember thinking that there should be someone on the door telling people to wash their hands; there were signs but some people were not following the advice.
35. I saw families visiting and there being more than two visitors to a bed.
36. There was a gel dispenser outside the single room he was in. No one told me to wash my hands except for Jim. Jim was also scrupulous about waste being disposed of properly. He insisted on routine about washing hands and disposing of tissues.
37. The nurses and cleaners going into Jim's room always used the gel.
38. The nurses who tended to Jim when he was in the single room used to wear blue plastic aprons and blue disposable gloves. My wife and I were not asked to wear them.
39. I cannot remember anything about hand gel when Jim was in the larger room nor if there was a wash hand basin. I am sure that I did not use a hand basin if there was one. I do not recall the nurses wearing aprons or gloves in the larger room.
40. The two single rooms had en suite bathrooms and a wash hand basin by the bed. I cannot recall whether staff used the hand basin. I never used it and, as far as I can recall, I was given no instruction to use it.
41. In his last few days, Jim told me that I should not touch him: I took his hand in mine to try to give him some comfort and he withdrew his hand. I think he was concerned about my welfare and that I might catch something from him.

Cleanliness

42. There was nothing about the cleanliness of the hospital which jumped out at me. I do not think that I ever thought that anything needed cleaning either before or after there was a big clean. I never thought that it needed attention.

43. On one occasion, Jim was wheeled out of his room while it was cleaned and fumigated. There was a complete upheaval of the ward, I saw furniture in the corridors and commented to the Ward Sister that it must be a big upheaval with which she agreed.

Laundry

44. The lady who was his carer used to do Jim's personal laundry. He used to put it in a carrier bag, often the carrier bag she had used to bring in clean clothes for him.

45. She was not given any instruction about the laundry. I know this because we often visited at the same time and also I used to be instructed by Jim to organise payment for her.

Information

46. I did not receive any information about *C.diff* nor was I ever told that Jim had *C.diff*. Everyone was aware of illnesses in hospitals due to media coverage and knew that the VOLH was quite badly hit.

VOLH IMPRESSIONS

47. I have never had any worries about the VOLH. I visited Jim every day and, towards the end, twice a day so I had quite a good idea of the running of the

place and I was never concerned about his care. If my wife and I had thought that he was not being cared for properly we would have said so at the time.

48. Two of our children were born in the VOLH. At that time, the maternity unit was new. We had no concerns.

49. A friend died in the VOLH about 10 years ago and the care he received was good.

50. My mother in law was in the VOLH in about 2000 with a short illness and she thought that the staff were wonderful.

51. When Jim was in the VOLH, it was pretty awful outside but inside it seemed clean. I am not a medical person and I had no way of judging whether what they were doing was right.

52. A friend died in the VOLH about six months ago. He was in Ward 5 and I visited very frequently. I thought that his care was of the very best and he was well looked after. The staff were very caring and could not have been more helpful. His wife is quite meticulous and would have complained if things were not up to her standards.

I have no objection to my witness statement being published as part of the evidence to the Inquiry. I believe that the facts stated in this witness statement are true.



Dated 13/04/2010