



Name: Mrs Carolyn Kerr

Employing Organisation: Northern Health and Social Care Trust
The Cottage
5 Greenmount Avenue
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Position: Deputy Director of Nursing

PERSONAL EXPERIENCE

1. I am the Deputy Director of Nursing in the Northern Health and Social Care Trust. I was appointed to this position in May 2007.
2. I was directly involved in the Northern Health and Social Care Trust management of the clostridium difficile outbreak by taking the lead in key pieces of work, directed by Miss Bronagh Scott, Executive Director of Nursing as follows:
 - 2(a). Drafting and presentation for endorsement by the Trust's Nursing Executive Team of the Interim Nursing, Midwifery and Allied Health Professionals Uniform Policy (NHSCT/08/53) (5 August 2008).
 - 2(b). Designing and disseminating corporate presentation for all staff groups re 'Clean Your Hands' campaign (June 2008). Co-ordination and preparation of acute hospital premises for the launch of the 'Clean Your Hands' campaign.
 - 2(c). Mattress Replacement Project (June / July / August 2008).
 - 2(d). Commode Replacement Project (July / August 2008).
3. I recognise that the timeline identified by the Inquiry Team refers to the period 16 June 2007 – 31 August 2008. I was personally unaware of any difficulties with respect to increasing numbers of patients suffering from clostridium difficile infection prior to my sick leave commencing 28 November 2007. I was on sick leave for a 9 week period (28 November 2007 – 31 January 2008).
4. In my role as Deputy Director of Nursing I worked with the Executive Director of Nursing and 2 Assistant Director of Nursing colleagues (appointed in October 2007) to drive forward the professional nursing agenda within the Northern Health and Social Care Trust.

5. A key focus of our work following the restructuring of the organisation was to establish a professional nursing infrastructure to provide assurance to the Executive Director of Nursing that statutory professional responsibilities were being appropriately discharged.
6. An underpinning philosophy of the professional nursing infrastructure is to enable nursing and midwifery staff at any level in the organisation to raise concerns through the professional line to the Executive Director of Nursing. The Chairpersons from the Trust Staff Side organisation, Ward Managers Forum, Lead Nurses Forum and Specialist Nurses Forum attend the Nursing Executive Team to represent the views of their constituent fora. It is through this infrastructure that issues of professional concern are raised and debated by the professional nursing team and the Senior Nursing Assistant Directors from each of the service directorates.
7. I operate an open door policy for all registrants with regard to professional nursing concerns / issues and I am contactable by telephone and e-mail.

ORGANISATION AND MANAGEMENT

Workload and Resources

8. I am the identified Deputy for Miss Bronagh Scott, Executive Director of Nursing, in respect of the professional nursing agenda. In addition, Miss Scott has an operational Deputy Director.
9. In this role I was a member of the Emergency, Primary Care and Older People's Directorate's Senior Management Team providing input from a corporate nursing perspective. In addition, I worked with the professional nursing Assistant Directors on the professional nursing agenda.

10. I was assigned responsibility for 4 distinct pieces of work which contributed to the Trust management of the clostridium difficile outbreak. These are:

10(a). I collated organisational comments and drafted the Northern Health and Social Care Trust's Interim Nursing, Midwifery and Allied Health Professionals Uniform Policy. The policy was posted on the Trust Intranet on 27 August 2008 and disseminated through the directorates for immediate implementation.

10(b). The 'Clean Your Hands' Campaign in May / June 2008

The Northern Health and Social Care Trust joined the Department of Health, Social Services and Public Safety Northern Ireland in launching a regional 'Clean Your Hands' campaign. The aim of the campaign was to help reduce preventable infections by improving the hand hygiene of healthcare workers.

I was the professional nursing representative on the Trust Project Team. I was responsible for preparing the acute hospital facilities for the launch of the campaign. This involved distribution of all campaign materials to all wards and departments across the acute hospitals in preparation for the launch.

I worked in collaboration with the Infection Prevention and Control Nursing Team to deliver on this agenda. Together we visited every ward and department and ensured that the campaign materials (posters and pump indicator signs) were displayed in each area. We talked with each Ward Manager and members of nursing staff on duty to reinforce the importance of scrupulous hand hygiene. The Ward Manager was identified as the named member of staff on each ward / department to take responsibility for local implementation.

In addition, I worked with the Senior Infection Prevention and Control Nurse to develop a corporate powerpoint presentation to reinforce the 'Clean Your Hands' message.

I co-ordinated and chaired a briefing meeting where the presentation was delivered to senior nursing staff and Infection Prevention and Control Nurses, the aim of which was to ensure a co-ordinated and consistent approach to the cascade of this information to individual teams.

Senior nurses co-ordinated local presentations of the 'Clean Your Hands' presentation and recorded staff attendance.

To further promote the message I worked with the Infection Prevention and Control Nurses to co-ordinate events in each of the acute hospitals. The promotional materials were available for staff, patients and relatives and in addition "Glo-germ" light boxes were available to demonstrate the importance of using the correct hand washing technique. Feedback at these sessions was very positive from both staff and service users.

10(c). Mattress Replacement Project

In May 2008 I was directed to co-ordinate an audit of mattresses in Antrim, Mid-Ulster, Whiteabbey, Moyle and Braid Valley Hospitals. I worked collaboratively with the Infection Prevention and Control Nurses and Lead Nurses to co-ordinate this.

The Mattress Audit Proforma used by the Infection Prevention and Control nurses was circulated to each Ward Manager and the completed audit forms were returned to me for collation.

A paper outlining replacement numbers and associated costs was presented to Miss Scott and subsequently the Trust's Senior Management Team.

Mattress orders were placed following appropriate procurement procedures and delivered to the appropriate wards on various sites (August 2008).

10(d). Commode Replacement Project

I co-ordinated an audit of commodes in Antrim, Braid Valley, Mid-Ulster, Whiteabbey and Moyle Hospitals. I worked collaboratively with the Infection Prevention and Control Nurses and Lead Nurses to co-ordinate same.

The Commode Audit Proforma used by the Infection Prevention and Control Nurses was circulated to each Ward Manager and the completed audit form returned to me for collation.

A paper outlining replacement numbers and associated costs were presented to Miss Scott and subsequently to Trust Senior Management Team.

Replacement orders were placed, following appropriate procurement procedures and delivered to the appropriate wards on the various sites (August 2008).

RESPONSIBILITY AND ACCOUNTABILITY

11. I have outlined in earlier sections the key pieces of work I was involved in to assist in the Trust management of the clostridium difficile outbreak. I was responsible to Miss Scott for delivery of my assigned duties in a timely manner.

COMMUNICATION

To Staff from Management

12. I report directly to Miss Scott, Executive Director of Nursing. I have monthly supervision meetings where Miss Scott asks for updates on delegated responsibilities.
13. I attend Heads of Nursing and Nursing Executive Team meetings where dissemination of key professional issues and responsibility to lead on specific work strands both internally to the Trust and from a regional perspective are delegated.

To Management from Staff

14. In monthly supervision sessions with Miss Scott I have the opportunity to provide updates on current work and to seek guidance and / or support for challenges presented in completion of same. I updated Miss Scott on the progress of the key pieces of work I had been delegated to assist in, in the management of the clostridium difficile outbreak.
15. I find these management supervision sessions beneficial in terms of maintaining focus and as an opportunity to clarify specific issues and concerns. Miss Scott provided reassurance re progress against work strands and was available for support and guidance in respect of these issues. In these sessions we discussed the professional nursing issues in Ward C5 and C6, Antrim Area Hospital.
16. There is open dialogue and I have found this facilitative management style conducive to the establishment of a sound working relationship.
17. In addition, I have 24 hour access to Miss Scott through telephone, e-mail or face to face meetings if there are urgent professional issues on which I need to seek guidance / support.

To Patients and Relatives

18. I am unable to comment on this theme as I did not have any direct oral / written correspondence with patients or relatives with respect to their experiences of being directly affected by the outbreak.

19. As part of the 'Clean Your Hands' campaign I worked with the Infection Prevention Control Nurses on the promotional strands. I communicated the message of the importance of good hand hygiene to staff, relatives and patients (please refer to section 10b), the position of alcohol gel dispensers in the hospitals and encouraged relatives to use the light boxes to reinforce the importance of the correct hand washing technique. I feel this demonstrates that the Trust's Implementation Plan was effective and that there was clear communication with all parties involved to ensure the key message was disseminated.

Guidance / Protocols from Control of Infection Team

20. I have outlined in earlier sections the collaborative work I have undertaken with the Infection Prevention and Control Nursing Team. The 'Clean Your Hands' campaign launched new promotional literature for effective hand hygiene, but the message contained was the same message already available across the Trust disseminated by the Infection Prevention and Control Nurses. Each ward and department across the Trust had a hard copy of the Infection Control Policy Manual prior to 16 June 2007 and this included information on effective hand hygiene technique.

21. The Infection Prevention and Control nursing team delivered a comprehensive programme of training for nursing staff. This was established practice prior to 16 June 2007, continued throughout the outbreak and until the present date. They were involved in:
 - The Induction Programme for new nursing staff.

- Mandatory update sessions for all nurses.
 - Link Workers Programmes (Nursing Auxiliaries and Staff Nurses).
22. In all of these programmes the range of protocols and procedures available to nursing staff was reinforced including:
- Hand Hygiene technique.
 - Wearing of Personal Protective Equipment.
 - Standard Precautions.
 - Transmissions Based Precautions.

The Infection Prevention and Control Nursing Team are available for information, support and guidance 24 hours a day / 365 days a year, through the on-call service they provide.

23. All members of the Infection Prevention and Control nursing team contributed to the roll out of the Clean Your Hands campaign and manned the promotional stands to demonstrate the correct hand washing technique.

From Microbiology

24. I cannot comment on this particular theme as I did not have any communication from Microbiology.

Access to Relevant Meetings

25. Throughout the timespan 16 June 2007 – 31 August 2008 I had access to all meetings as directed by Miss Scott, Executive Director of Nursing.

26. I attended the Trust Outbreak Control meetings on 14 August, 21 August and 27 August 2008 to represent Miss Scott as she was on annual leave. I updated her on all issues discussed on her return.
27. I chaired meetings to take forward the 4 key work strands I was responsible for during the management of the outbreak.
28. I shared the minutes of the meetings with key stakeholders from the service directorates in a timely fashion and followed up on action points to ensure appropriate action had been taken. I had full co-operation from my colleagues in service directorates in all of the issues and delivered on the preset objectives within the agreed timeframes.

Media Handling by Trust

29. I am unable to comment on this theme as I was not involved in media handling by the Trust.

SUPPORT

Management (both top and line management)

Support from Top Management

30. As I outlined earlier, I report directly to the Miss Scott, Executive Director of Nursing and I have always had both formal and informal opportunities to consult with her on any issue, personal or professional.
31. I have regular meetings with Miss Scott and my professional Assistant Director nursing colleagues to discuss corporate nursing issues. I have always found these sessions (both face to face and group) beneficial as they offer an opportunity to reflect on issues in an open and honest forum where there is the appropriate balance of both challenge and support.

32. I have built strong professional relationships with the Lead Nurses in the Trust. The Lead Nurses report directly to the General Managers of the service specialty and they are responsible professionally to the Professionals Heads of Nursing (Assistant Directors).

This dual reporting relationship enables the Professional Nursing Team to work collaboratively with service colleagues to drive forward the corporate nursing agenda. I have an open door policy for Lead Nurses or any registrant in the workforce who needs professional advice. I am contactable by e-mail / telephone and will visit any ward / department to meet with nursing staff as requested by Lead Nurse colleagues.

33. In the timeline specified I did not have any staff reporting directly to me.

Public / Visitors

34. I am unable to comment on this theme as I did not provide any support to members of the public or visitors.

Morale of Staff and Stress

35. I shall address these interrelated issues in a combined submission.

When the clostridium difficile outbreak was declared on 22 January 2008 a corporate decision had been taken to designate Ward A1 in Antrim Area Hospital as a cohort ward. This decision was based on evidence that to bring an outbreak under control it is best practice to care for all patients with clostridium difficile infection in one clinical area.

36. Ward A1, Antrim Area Hospital has the greatest number of single rooms in the hospital and also has advanced ventilation systems designed for the containment and control of infection. This decision had further operational ramifications as the patient population who had previously been cared for in Ward A1 were relocated to other wards throughout the hospital.

37. These operational changes which required to be actioned with immediate effect had an impact on the morale of nursing staff.
38. In Ward A1 the nursing staff experienced increased stressors as their expertise in caring for oncology patients and stroke patients (the focus on palliation and rehabilitation) was not being utilised and the patient profile had changed to one of very dependent, frail elderly patients with clostridium difficile infections.
39. During the course of the outbreak it became apparent to me that considerable expertise in care delivery in a cohort ward was developed.
40. In order to designate Ward A1 as the cohort ward, one of the surgical wards, Ward C5, Antrim Area Hospital, was re-designated as a medical / stroke unit. This was another decision which required immediate action and this resulted in increased stressors for nursing staff. The difficulty of this transition was never under-estimated.
41. Senior nursing staff and operational General Managers provided daily support to both nursing teams to enable them to deal with operational issues and specific patient management issues.
42. I met with Sister Russell (Ward A1) and Sister Irvine (Ward C5) to offer professional support and guidance in terms of professional issues and also to offer a meeting for staff with myself and Miss Scott. Sister Russell did not request a meeting.
43. Sister Irvine contacted me to advise that nursing staff in Ward C5 would welcome the opportunity to meet with Miss Scott and the meeting took place on 4 April 2008.

44. Nurse staffing levels were raised as an issue and Miss Scott explained the lobbying and work undertaken with the Northern Health and Social Services Board in terms of recognising the chronic nurse staffing shortages in legacy United Hospitals Trust.
45. Miss Scott also outlined that she had never cancelled the use of bank, agency, extra hours or overtime and that she would continue to act to address staffing concerns. A commitment to an additional Staff Nurse for night duty and an additional Nursing Auxiliary for day duty was agreed.
46. Mrs Angela McErlane, Lead Nurse Medicine and Ms Mary Neeson, Lead Nurse Surgical Specialties continued to meet with Sister Irvine and staff in Ward C5 on a daily basis to address issues. No further professional concerns were highlighted to myself by nursing staff on Ward C5.
47. A further professional nursing issue was highlighted by a letter from Staff Nurse Donaghy, Ward C6 to the Chief Executive on 10 March 2008, in which she highlighted issues of concern around patient safety and standards of care the nursing team were able to deliver.
48. Ward C6 was also impacted on by the re-designation of Wards A1 and C5. Ward C6 was the only remaining acute surgical ward in Antrim Area Hospital. The crux of the matter was inadequate nurse staffing levels. I was asked by Miss Scott to meet with Staff Nurse Donaghy to discuss her concerns and also to meet with Mrs Linda Millar, General Manager Surgical Specialties and Ms Neeson, Lead Nurse Surgical Specialties to develop an action plan to address nurse staffing issues.

49. I met with Staff Nurse Donaghy on 31 March 2008 and then Mrs Millar and Ms Neeson on the same date. The staffing crisis in Ward C6 was due to a combination of high levels of staff absence and some staff vacancies. Both Mrs Millar and Ms Neeson were working to address the issues through provision of bank and agency staff, appointment of temporary staff and transferring staff from other Trust hospitals.
50. The acute issue of staff absence was noted to have improved from 10 staff members on 10 March 2008 to 4 staff members on 31 March 2008.
51. Following both meetings a series of actions were initiated by Mrs Millar, Ms Neeson and myself and both Mrs Millar and I wrote to Staff Nurse Donaghy to outline all actions taken.
52. These examples highlight collaborative working arrangements both across service directorates and between professional nursing team and service colleagues which were initiated when immediately required to support nursing staff in the delivery of safe, effective care.
53. During the period of the declared outbreak 22 January 2008 to 31 August 2008 the other nursing team subject to increased work pressure was the Infection Prevention Control nursing team. In response to same and in an attempt to provide support to the team and an opportunity for them to reflect on challenges, I co-ordinated an opportunity for the Infection Prevention Control Nurses to engage in group supervision facilitated by Mrs Anne Marie Tunney, Research and Practice Development Nurse. Meetings were held on 7 January, 19 March, 22 May and 3 July 2008.

ADDITIONAL THEMES

Morale of Staff in Ward A1

54. This theme has been incorporated into Support themes 3 and 4 – morale of staff and stress.

Perception of Relationship between Infection Prevention Control Nurses and the Taskforce

55. I perceived the relationship to be founded on principles of collaborative working and mutual support to address the Healthcare Associated Infection agenda and drive down infection rates.

Reasons for Establishing a Taskforce

56. The Taskforce was established following the visit of the Healthcare Associated Infection Improvement Team / (Department of Health Cleaner Hospitals Team) and the key priorities were to develop systems and processes for reporting on key performance indicators from wards to Trust Board for:

1. Hand Hygiene.
2. Cleaning of Clinical Equipment.
3. Environmental Cleanliness.
4. Use of Antibiotics.

Additional priorities were to:

- 56(a). Work closely with all clinical staff within directorates to ensure that all elements of the Action Plan were fully implemented.
- 56(b) Carry out audits of hand hygiene and take appropriate actions.

56(c) Function in an operational way and work closely with wards in respect to the Trust Action Plan.

56(d) Undertake initial ward observations in collaboration with Infection Prevention Control Nurses.

Absence or "Sick Leave" Among Staff

57. The issue of nursing absence or sick leave which I was directly involved in I have already discussed (Staff Nurse Donaghy's letter).

58. I cannot comment on the sickness or absence of any other staff group.

Issues Surrounding Any Visiting Restrictions on Chaplains

59. I cannot comment on this particular theme as I am unaware of any issues surrounding visiting restrictions on Chaplains

End of Statement

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

Signature:

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Date:

6th May 2010