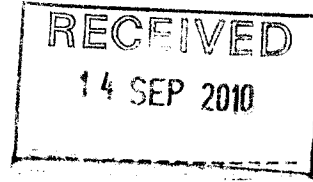


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## **Statement of Evidence by RCN Northern Ireland to the C Difficile Public Inquiry**

### **Introduction**

1. The RCN welcomes this opportunity to submit a written statement of evidence in respect of the RCN's experience of the c difficile outbreak, given that the RCN is a representative body for staff of the Northern Trust who were directly affected by the outbreak. The focus of the statement is primarily on the timespan stated in the letter of invitation i.e. 16 June 2007 to 31 August 2008.

### **Context**

2. The c difficile outbreak took place within the context of the implementation of phase one of the Review of Public Administration, with the amalgamation of three legacy trusts into the then (April 2007) new Northern Health and Social Care Trust. The RPA was intended to generate administrative cost savings that would be re-invested in front-line care. It is clear that the new organisations felt, at that time, under considerable pressure to secure significant financial savings to meet RPA targets, as well as seeking to tackle underlying financial pressures unrelated to the RPA. The RCN welcomed the modernisation of health and social care services in Northern Ireland and its underlying rationale of focusing resources on front-line patient and client care. However, as with the subsequent Comprehensive Spending Review and its impact

on health and social care, this underlying strategic rationale quickly became submerged under the pressure to secure financial savings.

### **RCN submission to the Northern Ireland Assembly Committee for Health Social Services and Public Safety, September 2007**

3. On 2 July 2007 the Northern Ireland Assembly Committee for Health, Social Services and Public Safety invited the RCN to submit written evidence to the Committee Inquiry into health care associated infections. Key points in the RCN submission of September 2007 are outlined below:

#### *RCN Wipe it out campaign*

4. In May 2005 the RCN began a UK wide *Wipe it out* campaign to combat healthcare associated infections. The campaign aimed to provide health care staff, employers and service users with the resources to promote better and safer practice through simple, evidence-based and cost-effective measures. The campaign focused upon ten minimum standards for infection control, as follows:
  - Mandatory infection control training at the time of induction for all health and social care staff working in all care settings should be introduced. An annual update, with protected study time to allow staff to attend, should be mandatory
  - A standardised infection prevention and control education module should be developed by an expert multi-professional undergraduate health care programmes
  - Directors of Nursing, senior nurses, sisters/charge nurses and other registered nurse managers must have the mandated power, authority and protected time to ensure that health care establishments are clean and decontaminated
  - Twenty four hour cleaning teams should be introduced in all acute health care facilities and be rapidly deployable by senior nursing staff,

especially for high risk areas such as intensive care and emergency care settings

- There must be sufficient provision of staff uniforms for all staff and students commensurate with the number of shifts worked and there must be provision of adequate on-site changing facilities for all staff. All acute health services must provide adequate and timely laundering arrangements for staff uniforms
- The implementation of the ward housekeeper role should be extended and supported by additional funding, rather than by changing existing nursing establishments
- Employers should be mandated to introduce straightforward, confidential and highly visible systems that allow patients, visitors and staff to report safely and / or challenge poor practice, incidents and mistakes involving infection control and cleanliness
- Clinical need and clinical advice given by infection control teams or senior clinical nurses must be paramount in determining how MRSA and other health care associated infectious outbreaks are managed
- Consideration should be given by the DHSSPS to the introduction of ring-fenced ward environment budgets, managed by the sister/ charge nurse or ward manager to promote safe, clean and hospitable ward environments
- Employers should ensure that there are appropriate, easily accessible and widely available evidence-based infection prevention and control policies for all staff groups, and appropriate and understandable guidance for all patients and visitors.

Craigavon Area Hospital Group adopted the campaign in 2005 and Newry and Mourne HSS Trust adopted it in late 2006.

#### *The Ward Sisters' Charter*

5. RCN NI worked in partnership with the DHSSPS Chief Nursing Officer to facilitate the development of the DHSSPS Ward Sisters' Charter<sup>1</sup>.  
Published in October 2006, the Charter acknowledges the role of the

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<sup>1</sup> DHSSPS (October 2005) *Ward Sisters' Charter. An action plan for cleaner hospitals in Northern Ireland* [www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk)

ward sister in ensuring that the highest standards of cleanliness and infection prevention and control are achieved and maintained. The Charter consists of ten commitments and proposed actions, providing guidance to ward sisters and ward based teams across Northern Ireland. Whilst its status is essentially advisory, the RCN submission to the Assembly Committee states that “the RCN believes that implementation of the key principles of the Charter should, instead, be mandatory for health and social care trusts. This, together with the adoption of the RCN’s *Wipe it out* campaign, would help to ensure the effective implementation of the DHSSPS’s own 2005 *Strategy for the Prevention and Control of Healthcare Associated Infections*”. The ten commitments outlined in the Charter were relevant throughout the period of the *C. difficile* outbreak and beyond.

*Changing the Culture: Infection Control Nursing in Northern Ireland – A Way Forward 2006-2009*

6. This strategy<sup>2</sup>, produced by the Chief Nursing Officer, highlights the need for a multi-dimensional approach to infection control at both the individual and institutional level. Recommendation one emphasises the need for appropriate resources to tackle infection control issues.

*Bed occupancy rates and turnaround times*

7. Research published by the University of Ulster in 2005<sup>3</sup> and 2006<sup>4</sup> highlighted the adverse impact that excessively high bed occupancy rates can have upon the prevalence of health care associated infections.
8. The RCN submission to the Health Committee emphasised the importance of strong accountability arrangements exercised by the

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<sup>2</sup> DHSSPS (March 2006) *Changing the Culture. Infection Control Nursing in Northern Ireland. A way forward 2006/2009* [www.dhsspsni.gov.uk](http://www.dhsspsni.gov.uk)

<sup>3</sup> Cunningham JB, Kernohan WG and Sowney R (2005) Bed occupancy and turnover interval as determinant factors in MRSA infections in acute settings in Northern Ireland: 1 April 2001 to 31 March 2003. *Journal of Hospital Infection* **61**: 189-93

<sup>4</sup> Cunningham JB, Kernohan WG and Rush T (2006) Bed occupancy, turnover intervals and MRSA rates in English hospitals. *British Journal of Nursing* **15**: 656-60

DHSSPS at senior management level within health and social care bodies to ensure that strategies and action plans for infection prevention and control are adequately resourced, implemented and evaluated.

### **Issues identified by the RCN in the Northern Trust at the time of the c difficile outbreak**

9. In Northern Ireland each HSC Trust has a Joint Negotiation and Consultation Forum (JNCF) that provides a forum for discussion between employing organisations and representatives from the various trade unions. Collectively, representatives from the trade unions are known as 'staff side' or 'trade union side'.
  
10. RCN activists recall that, before the outbreak, they raised concerns over staffing levels at staff side meetings and at the JNCF. It appears that the Director of Nursing was very receptive in an open way, willing to listen to activists' concerns. She met with the RCN United and Homefirst Branch Secretary on a two monthly basis and it was felt that she was good at taking activists' concerns 'on board and to the Board'.
  
11. The following notes from the diary of the RCN United and Homefirst Branch Secretary between 15 March 2008 and April 2008 outline issues of concern that were to be brought forward to meetings with the Director of Nursing:
  - C5, a surgical ward in Antrim Area Hospital, was to be changed to a medical ward and the nursing staff were not happy with this (15.3.08)
  - Band 6 clinical sisters recommended for B1 medical admissions ward (20.3.08)<sup>5</sup>
  - Band 2 nursing auxiliary/ health care assistant recommended for accident and emergency to help with the workload (20.3.08)

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<sup>5</sup> At this time, Band 6 clinical sisters had already been introduced in other wards, and it was felt that the skills and expertise of band 6 clinical sisters were also necessary for the B1 medical admissions ward

- Why were Belfast patients being brought by ambulance to Antrim Hospital A&E? (20.3.08)
- No medical beds available for the night sister coming on duty and only three extra beds available (29.3.08)<sup>6</sup>
- 'Bed occupancy feels like over 100%' (April 2008)
- A&E attendances over 70,000 per year, originally built for 30,000 attendances (April 08)
- C5 surgical ward still operating as a medical ward and RCN members on C5 very unhappy looking after medical patients (April 2008).

12. The Branch secretary states that through her diary notes there is repeated reference to the need to relate to any manager through meetings or opportunistically:

- Always working from one crisis to the next
- Only ever minimum staffing levels especially on night duty.

She recalls that the workload of nurses in the trust at the time was 'high and increasing' due to growing numbers of patients with multiple morbidities and higher dependency. In addition, she repeatedly emphasised an urgent need for a hospital at night cleaning team.

13. However, there is no evidence of an unusual peak in calls to RCN by members with concerns relating to staffing levels. Much of RCN's activity at this time was focused on the restructuring of the trusts.

14. Minutes from the RCN United and Homefirst Branch meetings between June 2007 and August 2008 refer directly to the c difficile outbreak on two occasions. Firstly, in the minutes of the meeting held on 4 February 2008:

15. "New sick leave still causing problems in many areas, discussed at length around 10 day clause<sup>7</sup> in policy. Branch activists to ensure these

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<sup>6</sup> Beds for patients with medical conditions can be made available in non medical wards when the medical ward is full. The three extra beds to which this point refers were in non-medical wards/ departments

problems are raised through staff side secretary where possible. Sickness due to C.Diff policy cannot be changed, long discussion ensued around this problem, and again will be raised to senior management through staff side. Occ/ Health self referrals to be encouraged among our members”.

16. Secondly, in the minutes of the RCN United and Homefirst Annual General Meeting held on 8 April 2008:

“D. Lowry<sup>8</sup> discussed the c diff issue and its effect on morale at the Trust also AfC [Agenda for Change] which he would raise with M. Scott<sup>9</sup> at a meeting on 9/4/08”.

17. The RCN Officer for the Northern Trust and an RCN activist recall that morale amongst nurses was very low at the time of the outbreak. They state that nurses ‘kept their heads down and kept working’ during the crisis and that media attention contributed significantly to high levels of perceived stress. There was not a ‘jumping up and down with complaints’, rather it became routine for nurses to work in difficult circumstances. Nurses ‘kept their heads down and kept working’. The effect on morale of the c difficile outbreak is also referred to in the United and Homefirst RCN Branch meeting minutes of 8 April 2008.

18. The experience of reorganisation was thought to exacerbate an already difficult situation. It became apparent that nurses needed support after the outbreak, and RCN supplied team building, debrief and individual support sessions for infection prevention and control nurses between September 2008 and November 2008.

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<sup>7</sup> The Northern Health and Social Care Trust *Managing Absence Policy (interim) September 2007* states that “At the third spell of absence or where absence totals 10 working days in any 12 month rolling period, managers should meet and inform staff that this is a formal meeting under stage 1 of the procedure dealing with short term absence”. Staff diagnosed with c difficile were required to take 10 days off as sick leave

<sup>8</sup> The RCN Officer for the Northern Trust

<sup>9</sup> Acting Deputy Director, RCN

## **Learning and development opportunities offered by the RCN - uptake by Northern Health and Social Care Trust**

19. The RCN in Northern Ireland offers a range of learning and development programmes to HSC trusts and other health and social care organisations. In particular the DHSSPS commissions RCN to provide a range of programmes specifically for HSC trust employed nurses in response to demand from the trusts.
20. During the financial year 2007-2008 the three legacy trusts - United, Causeway and Homefirst requested 86 DHSSPS commissioned places on RCN programmes. At June 2007 there were 2,336 trained nursing staff in the Northern Health and Social Care Trust<sup>10</sup>. Only the (now) Belfast Trust requested a higher number of places (135). The remaining three trusts – Western, South Eastern and Southern requested 17, 24 and 44 places respectively.
21. None of the programmes focused specifically on infection prevention and control. United Trust requested a higher number of places (18) on the conflict resolution and mediation programmes than any other trust. Causeway requested a higher number of places (16) on the root cause analysis programme than any other trust, along with the highest number of requests for places (12) on the managing performance programme (the Belfast City Hospital Trust also requested 12 places).

### **RCN letter to the Regulation and Quality Improvement Authority**

22. Although it falls outside the specified timespan, the Inquiry may wish to note that on 7 January 2009 the RCN sent a letter to the Acting Chief Executive and Director of Operations of RQIA. The letter highlights the points in the RQIA Review<sup>11</sup> that refer directly to levels of nurse

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<sup>10</sup> Source: Quarterly cost analysis 2006-2010

<sup>11</sup> Regulation and Quality Improvement Authority (August 2008) *Review of the Outbreak of Clostridium Difficile in the Northern Health and Social Care Trust*

staffing. The RCN letter highlights page 119 of 154 in the Review which concludes that: "The Independent Review Team found that the levels of nurse staffing across the hospitals in the southern sector of the Trust... are likely to have contributed to difficulties in maintaining good infection control standards at ward level and thus to the spread of the outbreak".

23. The RCN letter to RQIA further states: "in light of these conclusions, RCN members in Northern Ireland, particularly within the Northern Trust area, are surprised and somewhat concerned that none of the 53 recommendations in the interim and final reports specifically addresses the need to tackle inadequate nurse staffing levels in order to help ensure that such an outbreak never recurs". The letter states that the Director of the RCN would appreciate an opportunity to discuss this issue and asks for the Acting Chief Executive and Director of Operations to facilitate a meeting. The RCN has no record of a written reply to this letter. However it is thought that a meeting did take place between the RQIA Acting Chief Executive and Director of Operations and the (then) Director of the RCN.

## **Conclusion**

24. Again, RCN Northern Ireland welcomes this opportunity to submit a written statement of evidence in respect of the RCN's experience of the c difficile outbreak, and hopes that the evidence will be helpful to the Inquiry.

I confirm that the contents of this statement are true

Signature:

A solid black rectangular box redacting the signature of the person making the statement.

Date: 10 September 2010