



NI HEALTH AND SOCIAL SERVICES COUNCILS

Report on NI Bugwatch Pilot

November 2005

NI BUGWATCH PILOT

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NI BUGWATCH PILOT

1. EXECUTIVE SUMMARY

1. The NI Bugwatch pilot was developed by the four Health and Social Services Councils to support the Councils' lay visiting activity in relation to Healthcare Associated Infection (HCAI) and to promote patient/public input into the NI strategy.
2. NI Bugwatch was based on a model developed by the Commission for Public and Patient Involvement in Health in England (CPPIH). It provides a simple tick-box checklist in relation to hospital hygiene that allows lay visiting teams to carry out the survey.
3. The NI Bugwatch surveys were carried out in 8 hospitals during 'Bugwatch Week' 19-23 September 2005.
4. The results of the surveys were collated to provide an overall snapshot of hospital hygiene.
5. The results show that performance in the hospitals was uniform and positive. Of the 36 standards measured, only 9 scored lower when compared to the English bug watch pilot exercise.
6. Evaluation of the Trust representatives indicated a positive response to the Bugwatch experience and a willingness to participate in further exercises.
7. Evaluation of the HSS Council members indicated a positive response to the exercise but raised concern with regard to the announced nature of the visit.

8. A number of recommendations are made for further consideration by the NI Strategy Steering Group.
- The HSSCs believe that Bugwatch provides a useful lay monitoring tool in relation to hygiene. However, Bugwatch is a limited tool given its narrow focus. A number of broader issues were noted by the HSSC visiting teams but were largely outside the scope of Bugwatch. For example, Council visiting teams noted a range of concerns about clothing and staff changing. The dual role of ancillary staff as cleaning domestics and serving food to patients at meal times was raised with the Council by patients and the public but did not fall into the remit of the survey. Further consideration should be given as to how such initiatives can promote public and patient involvement and what is the most useful scope for such a survey.
 - Performance of NI hospitals against the UK average was very positive but shows some room for improvement. In order to ensure a consistent drive for improvement in Northern Ireland, consideration should be given by the Steering Group to areas where performance was below the UK average.
 - Feedback from the main stakeholders (HSS Council members and Acute Hospital Managers) was generally positive. Council members indicated a preference for unannounced visits. Feedback from hospital representatives indicated that they would be interested in participating in future events. There should be discussion as to how this can most usefully be done given the limited resources of the HSSCs and the Trusts.
 - The experience of Bugwatch reinforces the strategy recommendation that there should be a co-ordinated approach to public information on HCAI. Whilst good and imaginative information exists for staff, there was limited evidence of good resources aimed at patients, visitors, and the public are being developed. In order to make the best use of resources, this requires regional, centralised co-ordination.
 - HSSCs should maintain their lay role with regard to HCAI. This may include input into the promotion of the public partnership strand of the strategy.

- Council members believe that future Bugwatch visits should be on an unannounced basis but not necessarily annually. There should be further discussion about the most effective way of taking forward this form of public patient involvement in the light of RPA.

2. BACKGROUND

1. The Health and Social Services Councils were set up by the Government to represent the views and opinions of the public. There are currently 4 Councils covering each Health and Social Services Board, and are located in Ballymena, Belfast, Lurgan and Omagh. The Councils are independent from those who plan, manage and provide health and social care services.
2. One of the Councils' tools in exercising the 'power of influence' is the legislative right to visit health and social care facilities. The Health and Social Services Councils Regulations (Northern Ireland) 1991, states, "*The Council shall have the right to enter and inspect any premises controlled by a relevant Board or ... trust*".
3. The Councils Work Programme for 2004-2007 identifies a visit and inspection priority in relation to MRSA. This is in response to raised media and public interest in, and concern about, healthcare associated infection (HCAI).
4. Involvement in the development of the DHSSPS' HCAI strategy, particularly on the theme of partnership with the public and patients, offered the Councils a strategic opportunity to link local concerns and experience to this regional initiative. The Bugwatch Toolkit was identified as a suitable tried and tested mechanism for doing this.

3. ABOUT BUGWATCH

1. Bugwatch was developed by the Commission for Patient and Public Involvement in Health in England. It provides a toolkit for involving local health forums in measuring local Trusts' efforts to combat MRSA through hygiene regimes.

2. The toolkit takes the form of a simple tick-box checklist. Surveys were undertaken in England in September 2004, in over 300 wards in 36 hospitals, using 170 Patient Public Forum members. There was a co-ordinated approach to media to promote the results of the survey.
3. In Northern Ireland, the toolkit was amended to reflect the broader concerns of the HSSCs and the wider scope of the NI strategy. This was done with the assistance of the NI Infection Control Nurses and HISC.
4. The NI strategy recommends, "HSS Boards should support an Annual Bugwatch survey involving the HSSCs in all hospital environments with year on year demonstration of improvement in results." The HSSCs were keen to pilot Bugwatch to explore the practicality and value of this recommendation.
5. Therefore, to coincide with the ending of the consultation on the strategy, the HSSCs held 'Bugwatch Week' from 19-23 September 2005. This involved visits to 8 hospitals, which were planned on a partnership approach with the HSSBs and Trusts. This included announced visits and related media activity. A co-ordinated approach to regional and local media was developed resulting in good coverage, which highlighted infection control in a positive proactive way. The NI toolkit is attached as Appendix 1.
6. As a precursor to the visits, two training/briefing workshops were arranged for Council members.

4. SURVEY RESULTS

The findings of the survey have been collated and are set out below. Details of the hospitals involved are attached at Appendix 2.

RESULTS OF REGIONAL SURVEY

Results have been expressed as percentages to facilitate comparability and to comply with the CPPIH format. Where the score falls below the UK average, this is noted in red.

PART ONE: HAND WASHING

| | Bugwatch | UK Average |
|---|----------|------------|
| 1. All staff were seen to wash their hands / hand sanitising agent between patients or between different caring tasks for the same patient. | 94% | |
| 2. Liquid soap available at all sinks. | 94% | 97% |
| 3. Hand sanitising agents are readily available in all clinical areas. | 100% | |
| 4. Paper towels available at all sinks. | 100% | |
| 5. Hand washing basins are easily accessible. | 100% | |
| 6. Mixer taps available at all sinks. | 83% | |
| 7. Elbow control taps available at all sinks. | 67% | 71% |
| 8. Staff seen to use correct hand washing techniques. | 82% | 88% |
| 9. Poster showing correct hand washing techniques on display by at least one sink. | 94% | |
| 10. No wrist jewellery or rings with stones are worn by staff carrying out patient care. | 89% | |
| 11. Staff wearing aprons and gloves when handling linen that is fouled with body fluids. | 94% | |

NOTES:

- Doctors were seen wearing jewellery and not washing hands on some wards.
- In some wards hand sanitising agents were not available at all sinks.
- A number of sinks observed did not have mixer taps.
- Some nurses and domestic staff were observed not wearing aprons when removing bed linen.

PART TWO: GENERAL INFORMATION

Bugwatch **UK Average**

- | | |
|--|-----|
| 1. Staff wearing a clean disposable apron and gloves when handling all body fluids such as urine or blood. | 93% |
| 2. Staff questioned had received training on infection control. | 98% |
| 3. Staff can name their infection control nurse. | 94% |
| 4. Staff knew where to find the ward's infection control manual. | 94% |

NOTES:

- Some doctors observed not wearing white coats.
- Some staff were not able to name their Infection Control nurse.
- A member of staff had been working on a ward for seven months and had not yet received any infection control training.

PART THREE: WARD ENVIRONMENT

- | | | |
|--|-----|------------|
| 1. Ward furniture is clean and in a good state of repair. | 94% | |
| 2. Ward is visibly clean and free from dust and dirt. | 94% | |
| 3. Bath is cleaned after use. | 94% | |
| 4. Bathrooms / showers / ensuite facilities are clean and clutter-free. | 89% | |
| 5. Cleaning materials are available for cleaning the bath. | 71% | 78% |
| 6. Toilets are clean and free from equipment. | 89% | |
| 7. There is a procedure for patients to notify staff when toilets are dirty. | 82% | |

NOTES:

- A number of wards were found to have dust on shower curtains, curtain rails, televisions etc.
- Some wards had no notices telling patients to inform nurses if toilet areas needed cleaning.
- A number of wards were noted to have equipment left in toilet areas.

PART FOUR: WASTE DISPOSAL

Bugwatch UK Average

| | | |
|--|-----|-----|
| 1. Information on waste disposal is on display to staff. | 89% | |
| 2. Waste bags are not over-filled and are capable of being secured. | 94% | |
| 3. There are foot operated bins in working order for clinical waste. | 89% | 95% |
| 4. Full waste bags are stored away from the public. | 94% | |

NOTES:

- Some wards did not display information on waste disposal.
- On a number of wards waste bins were not cleaned properly.

PART FIVE: LINEN

| | | |
|---|-----|-----|
| 1. Linen is segregated into colour-coded bags. | 89% | 97% |
| 2. Bags are not over filled and are capable of being secured. | 94% | |
| 3. Bags are not stored in public areas. | 89% | 92% |
| 4. Curtains are visibly clean and in good repair. | 94% | |

NOTES:

- In some wards, clean linen was not covered.
- In one ward, dirty linen was left beside a patient's bed.

PART SIX: SHARPS

| | | |
|---|-----|-----|
| 1. Large yellow boxes for storing needles, blades and other 'sharps' are stored safely with the aperture closed when not in use and out of reach of children. | 83% | 90% |
|---|-----|-----|

NOTES:

- In a number of wards boxes were left with the aperture in the open position, and in one ward they were stored low down.
- One box was labelled as three weeks old, when they should have been emptied weekly.

PART SEVEN: CARE OF EQUIPMENT

Bugwatch UK Average

- | | | |
|--|------|-----|
| 1. Nursing and medical equipment is visibly clean. | 100% | |
| 2. Bed frames, bed lamps and bed curtain rails are free from dust. | 83% | 91% |
| 3. Surfaces of equipment are clean and free from dust. | 100% | |

NOTES:

- Dust found on shower rails etc on many wards.

PART EIGHT: VISITORS AND PATIENT INFORMATION

- | | | |
|--|------|--|
| 1. Information is available to visitors when visiting vulnerable 'at risk' patients. | 88% | |
| 2. Information is given to patients on healthcare associated infection..... | | |
| ...When the patient develops a HCAI. | 100% | |
| ...Given to all patients before or on admission. | 44% | |

NOTES:

- In some wards, notices regarding hand hygiene were hard to see / badly positioned.
- There were a number of good practice examples where leaflets, posters, etc, for patients and visitors had been developed.
- On two wards the Council staff were asked to 'gown up' when visiting patients but all other staff came in and out and ignored policy, including doctors, nurses and domestic cleaners.

5. GENERAL COMMENTS MADE BY THOSE WHO CARRIED OUT THE SURVEYS

The following notes provide a flavour of the visiting teams' comments as recorded on the survey forms.

- Uniforms - valet system in one hospital with swipe card for nurses' uniforms. However, with agency or bank nurses, their employing body is responsible for their uniforms.
- Domestic and clinical waste bins - not appropriately used in some cases.
- Expected prominence to be given to hand hygiene for visitors at entrance to ward. Not in this case and hand wash sink and notice inset to the left some way along the ward entry corridor. Perception that visitors felt gel was for staff use.
- Student nurses were allowed to wear uniforms into and home from the hospital.
- Screening of new patients - informed that those deemed as 'risk' patients were screened i.e. those from other hospitals, nursing homes - results take 3 days.
- Very few medical staff wore protective white coat on their everyday duties.
- Patient perceptions - In one ward we did not get the impression that patients and their visitors were very aware of the protocols for infection control.
- Alcohol gels were presumed to be for staff use. Staff did say they mentioned this to visitors to MRSA patients in isolation side wards.
- Nurses in the Infection Control team are committed to combating infection, and are reactive in keeping staff and patients informed about infection, ie when an infection occurs.
- Province wide forum meets every 3 months for staff disseminate ideas and good practice.

- Wards were cleaned to a high standard but we would express concern about 'sharps' boxes.
- Concerns about cleanliness of some of the chairs and the storage of some paperwork along side equipment.
- Helpful staff, excellent procedures with the resources available and very positive feedback from patients.
- Hand washing instructions were at every sink.
- An example of good practice was the location of hand sanitizers together with a poster aimed at visitors at the entrance of wards.

6. EVALUATION OF THE EXERCISE

In order to test the experience of both the key stakeholders (HSS Council members and Acute Hospital Managers) a short evaluation questionnaire was circulated after the surveys. The results of these are set out below.

Overall, the results were positive. Council members were uncertain about the 'announced' nature of the visit and would prefer a less 'stage managed' approach. However, generally it was felt to be an important and useful exercise.

Hospital responses indicated that they had found it a useful exercise. There was a level of uncertainty as to what extent it had made patients feel more comfortable about raising HCAI concerns with staff or its support of the hospitals training programme. There was a suggestion that the survey should have a broader scope, the issue of bed occupancy was specifically noted. The potential to improve communication with patients was also noted.

HOW COUNCIL MEMBERS RATED THE SURVEY

1. How many surveys were you involved with? One: 14 Responses Two: 6 Responses

2. Did you feel that Bugwatch was a useful way of carrying out the Health and Social Services Councils' lay monitoring role?

Yes : 18 Not Sure : 2

Comments from those who said no:

- Felt it was more as a PR exercise but it was useful.
- We need to improve our profile and develop 'teeth'.
- Wards had too much notice.

3. To what extent do you feel that Bugwatch achieved the following?

a) raised the HSSCs' profile

Average 3.95 out of 5

b) promoted Trusts/ accountability

Average 3.65 out of 5

c) raised patient awareness of HCAI

Average 3.50 out of 5

d) provided useful information to the HSSCs

Average 4.10 out of 5

e) helped patients be more comfortable about raising these matters with staff

Average 2.95 out of 5

4. How could the Bugwatch survey have been improved?

- To include an unannounced visit (some felt it was too stage managed).
- Opportunity to visit other wards, to meet doctors and cleaning staff, especially from outside contractors
- More 'contact' with patients.
- Observation over longer periods.
- More guidance and advice from independent source for those carrying out survey.
- Vary timings of the surveys, e.g. night time visit.
- Broaden the issues covered in the surveys, e.g. cleaning of uniforms.
- Perhaps more teams in a hospital at a time, resources allowing.
- Make it a regular visit.

5. What was the most positive aspect of the survey?

- Great opportunity for Council members to talk to hospital staff.
- Knowledge and information gathering .
- Reassurance that staff at all levels have a high awareness of HCAI and prevention of spread.
- Useful learning exercise.
- Staff were very aware of the need to carry out proper procedures.
- Raised awareness on a personal basis as well as for staff and patients.
- Introduced Council members to patients and staff, raising the profile of the Councils.
- A valuable 'pilot exercise' which should lead to more comprehensive surveys in the future
- Made staff and patients more aware of the risks and precautions.
- Excellent to see participation by the Council in direct contact with patients and staff.
- Opportunity to talk to patients and staff and promote the work of HSCC and show the public we take on board their concerns.

6. Any other comments?

- Useful.
- Materials provided for use on the exhibition stands might be regularly displayed for public awareness.
- Staff were very helpful and forthcoming, they are also more aware of the role of the Councils.
- An enjoyable time.
- Feel the layout of the exercise could be improved .
- Enjoyed it thanks to the staff.
- It would be useful to repeat the exercise on a regular basis.
- We need to repeat the message frequently.
- We should do similar surveys in other areas - eg GP Surgeries.

HOW THE HOSPITALS RATED THE SURVEY

1. Do you feel the Bugwatch survey was helpful in promoting the Trusts' accountability to the public on HCAI? Yes: 100%:
2. Do you feel the survey raised patient awareness of HCAI? Yes: 60% / No: 20% / Not sure: 20%
3. Do you think that Bugwatch made patients more comfortable with raising HCAI concerns with staff? Yes: 60% / No: 20% / Not sure: 20%
4. Do you think Bugwatch supported the hospital HCAI training programme? Yes: 40% / No: 40% / Not sure: 20%
5. Would your hospital be interested in participating in a further exercise? Yes: 100%
6. How could the Bugwatch survey have been improved?
 - More communication before the survey would have been helpful.
 - Within each trust larger Bugwatch teams could have visited more facilities and met more patients & staff.
 - Greater preparation in regards to the use of the tool, also issues of bed occupancy.
7. What was the most positive aspect of the survey?

Raised staff and public awareness of Health Care Acquired Infections.

 - Communication with the Council and raised awareness with staff.
 - Openness and interest in patients.
 - The potential to improve communications with the public and raise awareness of Infection Control.
 - The approach taken by Council members, staff and patients working in partnership.
8. Any other comments?
 - Good working partnership

7. RECOMMENDATIONS ARISING FROM THE PILOT EXERCISE

- 1 The HSSCs believe that Bugwatch provides a useful lay monitoring tool in relation to hygiene. However, Bugwatch is a limited tool given its narrow focus. A number of broader issues were noted by the HSSC visiting teams but were largely outside the scope of Bugwatch. For example, Council visiting teams noted a range of concerns about clothing and staff changing. The dual role of ancillary staff as cleaning domestics and serving food to patients at meal times was raised with the Council by patients and the public but did not fall into the remit of the survey. Further consideration should be given as to how such initiatives can promote public and patient involvement and what is the most useful scope for such a survey.
- 2 Performance of NI hospitals against the UK average was very positive but shows some room for improvement. In order to ensure a consistent drive for improvement in Northern Ireland, consideration should be given by the Steering Group to areas where performance was below the UK average.
- 3 Feedback from the main stakeholders (HSS Council members and Acute Hospital Managers) was generally positive. Council members indicated a preference for unannounced visits. Feedback from hospital representatives indicated that they would be interested in participating in future events. There should be discussion as to how this can most usefully be done given the limited resources of the HSSCs and the Trusts.
- 4 The experience of Bugwatch reinforces the strategy recommendation that there should be a co-ordinated approach to public information on HCAI. Whilst good and imaginative information exists for staff, there was limited evidence of good resources aimed at patients, visitors, and the public are being developed. In order to make the best use of resources, this requires regional, centralised co-ordination.
- 5 HSSCs should maintain their lay role with regard to HCAI. This may include input into the promotion of the public partnership strand of the strategy.

- 6 Council members believe that future Bugwatch visits should be on an unannounced basis but not necessarily annually. There should be further discussion about the most effective way of taking forward this form of public patient involvement in the light of RPA.

ABBREVIATIONS:

CPPIH - Commission for Patient and Public Involvement in Health

DHSSPS – Department of Health, Social Services and Public Safety

HCAI – Health Care Associated Infection

HISC – Healthcare Associated Infection Surveillance Centre

HSSC – Health and Social Services Councils

IC – Infection Control

NI – Northern Ireland

MRSA – Methicillin Resistant Staphylococcus aureus

RPA – Review of Public Administration

UK – United Kingdom