



Patient and Public Involvement (PPI) Forum
for
United Bristol Healthcare NHS Trust

To:

Ron Kerr, Chief Executive, UBHT
Phil Gregory, Chair, UBHT
Lindsey Scott, UBHT
Deborah Evans, Chief Executive, Bristol S&W PCT
Tara Mistry, Chair, Bristol S&W PCT
All Avon MPs
All Avon Overview & Scrutiny Committees
AGW Strategic Health Authority
All Chairs, Avon PPI Forums
CPPIH, Exeter

19 May 2006

Dear Colleague

I am enclosing a copy of the Forum's Report following its Cleanliness Inspections at UBHT hospitals. The Report includes the Trust's response and the Action Plan that it has drawn up to address the issues we have raised. I hope you will find this useful.

I would ask you to bring it to the attention of any of your colleagues whom you think might find the Report of interest: it can be copied and distributed freely. We are also circulating the Report more widely by e-mail.

Yours sincerely

John Maslen
Chair of Forum

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Patient and Public Involvement (PPI) Forum
for
United Bristol Healthcare NHS Trust

REPORT

Following a Series of Unannounced Inspections of Cleanliness Standards at Buildings of the United Bristol Healthcare Trust

Published May 2006

The Forum can be contacted through:

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Report on Inspections of Cleanliness at Hospitals run by United Bristol Health Care Trust

March/April 2006

1. Introduction

Cleanliness in hospitals remains a key concern, both for those working in the NHS, and in particular to patients and the public. Both the national and local media continue to highlight problems in keeping hospitals clean, and in the minds of the public this links with growing rates of MRSA and other “super bugs” such as *clostridium difficile* and the Norwalk virus.

The public read about wards being shut and high occupancy rates causing immense problems in containing hospital acquired infection. *A clean hospital gives a good first impression and can make a difference to how patients feel about the NHS and how they feel they have been treated... The message it gives spreads far beyond infection to say to patients, “You are in safe hands”* [John Reid in DOH 2004].

Over a year on from the DOH’s “Towards cleaner hospitals and lower rates of infection” [DOH 2004], the Health Care Commission was highlighting that two thirds of hospitals surveyed failed to meet the highest standards of cleanliness [HCC Dec.2005].

What about here in Bristol? It appeared to us in the Patients ’Forum that UBHT had moved on greatly from the poor publicity they received in September 2001 (see UBHT press release 2001). It was in 2001 that the Trust was awarded no stars by the DoH, and contributing to that was cited underachievement in term of cleanliness.

Money was then invested in transforming parts of the main precinct, modern matrons tackled hand washing, and efforts were made to recruit high calibre cleaning staff. Difficulties with the age of buildings (some dating back to 1735) had to be dealt with in an innovative way, although lack of space was a difficult one to tackle.

We, as members of the Forum, were invited to join some of the in-house inspections, and also joined the Patient Environment Action Teams (“PEAT”) inspections held in 2005. But bad press continued, with some front-page stories highlighting individual patients’ poor experiences in terms of cleanliness at Bristol Royal Infirmary. In November 2005 came more “bad press” for the BRI, and we decided as a Forum that we needed to reassure ourselves that the positive messages from the staff were being carried out in practice. For this reason we decided to do a number of unannounced visits to various hospitals managed by UBHT to look at aspects of cleanliness, and then report back both to the Trust and to the public.

As required by statute, we have sent the Report to the Trust for its comments, and we have included these as Appendix 3.

Highlighted text in the Report indicates that the Trust has responded specifically to a point, and the number following the highlighting relates to the Comment numbers in Appendix 3

2. Method

To ensure that all members were observing the same aspects of cleanliness, a questionnaire was designed to provide consistency. This was loosely based on various tools used by other PPI Forums at the time. We acknowledge that there are some problems with the design, but we were aiming only for a consistent structure for something we had to do pretty quickly, and we adapted it as we went along: this was not a piece of research and therefore reliability and validity were not a huge priority. The questionnaire can be found in Appendix 1 – we also recorded any additional comments we felt were important to make note of, and any issues raised by staff.

We spoke to the PALS team, who were very supportive and identified areas of patient concern regarding cleanliness over the period September 2004 to August 2005. They also helped identify ward areas where patients or visitors had made negative comments, and we made sure these wards were included in our visits. We also covered wards mentioned in the press or raised by individuals who had approached the Forum. We put a letter in the *Bristol Evening Post* inviting the public to contact us if they wanted to raise any issues with us about cleanliness, and the small number we had helped us in developing both the tool and identifying areas to visit.

We visited wards in Bristol Oncology Centre, Bristol Children's Hospital and the Royal Infirmary (King Edwards building, Old Building and Queens Building). Each ward was visited by two Forum members (as recommended by CPPIH).

The wards we visited are shown in Appendix 2.

3. Results

Hand washing

All ward areas had liquid soap available, both for staff and visitors. However, in the clinics this was not the case for visitors, and some wards did not have gel available outside before entering patient areas. In most wards, there were posters reminding both staff and visitors to wash their hands. However, in some wards the reminder for visitors was not at the entrance to the ward, which we felt was important. On some wards, we observed reminders to patients about washing their hands in the toilets, and felt that this was good practice that could be extended to all patient areas. In most areas (2 exceptions), there were adequate basins for washing hands. It was difficult to observe hand-washing practice and the changing of aprons, but some staff were observed wearing rings or watches when handling patients. Staff were observed to wear gloves, but in one instance it was observed they were not changed between patients.

Ward Environment

There were mixed findings in terms of environment and cleanliness. Some wards had recently been refurbished and this had a marked positive effect on patients and visitor perceptions of the wards. On the other hand, those wards in need of refurbishing had an instant negative effect on patients when they first came to the ward. For example, some patients with strokes transferred from Ward 17 to Ward 27 were alarmed by the difference in the environment and this certainly did not help with their overall feelings about their recovery from stroke. On ward 27, there was nowhere on the ward to have a bath or a shower – the bathrooms were full of equipment and they were expected to go to another ward to make use of the facilities there. For many of the patients who are bed bound, this does not have a major impact, but for anyone who had suffered a TIA, this would have made a big difference. Indeed we had one ex-patient write to us about this very matter.

The wards that had recently been refurbished in the Old Building had freshness about them – just having matching curtains gave the environment a different feel.¹ However, even these wards are still coping with difficult cramped conditions. Ward 23, for example, had one very narrow toilet with a chain that was difficult to pull, making it very difficult for elderly or disabled patients to use. In most cases bathrooms and toilets were very clean and free from clutter – they only get cleaned by cleaning staff once a day, and therefore it is the responsibility of the nurses to keep these areas clean and tidy throughout the rest of the day – difficult when there is

high usage. This was evidenced in some areas where there were baths that had not been cleaned after use and gowns/towels left in bathrooms.²

Some of the ward furniture, such as chairs tended to have a lot of ingrained dirt that needed attention, and some walls could have done with some deep cleaning. Also, some showers, particularly in the King Edwards Building, had evidence of mould growing and tiles missing. In one of the cardiac wards, there was a badly laid vinyl floor (gaps at all the joins), and patients expressed concern about the safety of this.

One area we would like to draw attention to is the huge amount of pigeon excrement built up over time, especially around fire escapes. This is easily observed by patients, and many of them remarked on this fact. There was also a bird's egg and twigs in one of these areas. We believe there is some action starting to deal with this problem.³

Overall, however, the standards were very good – it is worth noting that wards with housekeepers had a noticeably higher level of attention to detail – for example, cleaning curtain rails etc.

Waste Disposal

Standards were mostly very high in this area – one point of note – a ward that had been refurbished did not have any policy notices put back afterwards –this needs to be addressed particularly to help new/temporary staff. Another exception was in the surgical assessment ward, where Forum members observed a store cupboard for clinical and normal waste – the door was difficult to open and bags were all over the floor – the cupboard was overfull and untidy.⁴

Sometimes lids and inner bags were missing from bins (one had blood products inside) – in some instances these had been reported, others not.

Care of Equipment

In all areas, nursing and medical equipment was clean, and in most cases curtains and bed areas were kept very clean – there was **no** evidence of spillages not dealt with (one area highlighted by the press).

Dirty stethoscopes are a potential risk to the patient, and although the wards clean their stethoscopes in between use, we did ask a very small sample of doctors about cleaning their own, and certainly they did not clean between patients. Also, tourniquets are a risk and we wondered whether consideration had been given to the use of disposable tourniquets by the phlebotomists.

Questions to Staff

1. **Cleaning** – those wards with permanent cleaning staff were much more satisfied with the standards of cleaning than those with different staff each day. Many nursing staff expressed concerns with the service out of hours (evenings and weekends) – there was lack of consistency, problems with supervision, and also concerns that some cleaning staff were not adequately trained to be able to communicate with patients and some mistakes had been made in reading notices, in particularly in relation to diets. As stated before, staff on wards
2. with housekeepers spoke of the positive benefits of having someone as part of the ward team accountable to the ward manager. This did create some difficulties for one housekeeper, who found that there was some conflict with the supervisor of the cleaning staff. The role needs to be clearly defined, and supported. Lack of equipment was sometimes a problem with cleaning – particularly mop-heads.
3. **Uniforms**

Staff in some areas seemed to have a lack of uniforms. This was particularly so for nurses needing larger sizes and also student nurses – some were managing with one or two uniforms.

Some staff talked about the impracticality of washing uniforms singly at the right temperature (60°C)– some admitted they did not follow policy. Some of these were students who shared accommodation or who had difficulty in accessing washing machines. Many would welcome an in-house laundry, and some would welcome the use of “scrubs” (a few felt them to be unprofessional).

Nearly all staff we spoke to would welcome improved changing facilities – some had access to these (Children’s Hospital) but some were having to change in staff or patient toilets. There are no gender specific facilities. Some staff felt that there were rooms, such as those used for smoking previously, could now be used for changing rooms.

Questions to Patients

Most patients and visitors were satisfied with the cleaning on the wards – indeed one patient commented that as a regular visitor it was the best she’d seen over all the years she had been coming. Some expressed dissatisfaction with the actual environment – particularly those on the old wards that had not been refurbished. One patient raised the issue of cleaning air-conditioning units (they should be cleaned every 3 months and serviced at six monthly intervals). Also, patients raised concerns regarding the dual role of cleaners in serving meals – the two roles would seem to be incompatible unless there is policy in terms of changing uniforms between tasks.

Questions for Cleaners

Unfortunately we spoke to only a few cleaners. The only issue raised was that of the availability of mop-heads.

Other points of note

In some general areas, such as corridors connecting wards, stairwells etc, there was evidence of lack of attention. Particularly in the King Edward building, we found corridors used for storage, and we observed empty boxes and litter. Also, we were alarmed at all the cracks in the windows in the stairwells in the King Edwards building – one was badly broken and this presented a severe hazard if anyone had leant against it. We recognise that the age of the glass was a factor in this, and that the cause of the cracking was due to the fact that the window surrounds had been painted, and then by trying to open the windows the glass had cracked. Perhaps in future some hazard warnings would prevent an accident, and if broken glass occurs again then this should be dealt with immediately.

4. Recommendations

1. Out of hours cleaning

We would like some reassurance that the quality of out of hours cleaning is being addressed and in particular training needs (particularly communication). Also, that ward-based cleaners are something to be strived for across the 24 hour period.⁵ We acknowledge that recruitment of cleaning staff is a big issue for the Trust – but perhaps if cleaning staff are helped to be made feel part of a team then job satisfaction and retention may improve. The RCN’s *Wipe It Out* Campaign states in standard 4: “24 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 ICU and emergency care settings.” (2004).

2. Housekeepers

We feel there may need to be a clearer definition of role, and we would like reassurance that all wards look at having this service in the future.⁶ The RCN’s standard 6 states: “The implementation of the ward housekeeper role should be rolled out across the UK and be supported by additional funding, rather than by changing existing nursing establishments”(RCN 2004).

3. **Adequacy of Cleaning Equipment/Colour blindness**

There seems to be a problem on wards, in that mop-heads get taken away and then they have to wait for replacements – could this be looked at as an issue to prevent spillages being inadequately dealt with. Also, the NHS Cleaning Manual (2004) states that cleaners should be tested for colour-blindness because of the importance of differentiating between different colour mops for different tasks.⁷

4. **Cleaning/Distributing Meals**

On behalf of the patients we would like to know whether the Trust would consider splitting the role of cleaning and distributing food, as the two tasks seem to be in conflict. If this is not realistic, then we would like reassurance that staff change uniforms and shower in between the two tasks.

5. **Keeping Corridors and General Areas Tidy**

We gather that the *Smarten Up* Campaign is looking at the issue of corridors, and we would be grateful for some detail on the work being carried out. We would be interested in patient and public involvement in this work, and we have been invited to get involved. Also, in a paper from the Facilities Directorate in 2004, actions to rectify standards of cleanliness included “walk through of public areas by senior facilities personnel” – is this still happening? Some of the issues we have raised would certainly be picked up if this was happening on a regular basis.⁸

6. **Uniforms and Changing Facilities**

We would like to know the Trust's views on the adequacy of uniform provision and whether a return to an in-house laundering system would be realistic. We are not clear on the current policy, but many other Trusts have recognised the need for nurses to be able to start a new shift with a clean uniform. There is a lot of confusing literature about the correct way to launder uniform at home. However, work by Patel (2006) concluded that clothing can be safely laundered in a 40°C cycle as long as the uniform is tumble-dried or ironed afterwards. Talking to staff, they were confused as to what they should do, and many uniforms did not look as if they had been tumble-dried or ironed. It would be safer, therefore, to return to an in-house laundering arrangement that would prevent unsafe practice. Also, we would like to know the Trust's views on the use of scrubs instead of traditional uniforms.

We would like the Trust to give urgent attention to the provision of changing facilities. In 2004 the RCN, in their *Wipe it Out* Campaign, urged Trusts to look at uniform provision and changing rooms. Standard Five states: “*There must be sufficient provision of staff uniforms commensurate with the number of shifts worked and there must be adequate onsite changing facilities for all staff. All acute health care services must provide adequate and timely laundering arrangements for staff uniforms.*” [RCN 2004]. Although it has not been categorically proven that there is a direct link between uniform contamination and patient infection, uniforms still present a potential hazard. Work by Hambræus (cited by many including RCN (2004), Royal Marsden Clinical Nursing Procedures (2004) ; James (2006), although carried out back in the 70s, demonstrated a transfer of infection to patients via uniforms, and it may well be supported by research to be published this year (the Epic Initiative: Richard Wells research Centre). *The Workplace (Health and Safety and Welfare) Regulations 1992 (updated in 2002)* laid out minimum standards for the workplace – these include standards for welfare facilities and include washing, toilet and changing facilities. “*If the duties of your employees require them to wear specialist clothing, you must provide a changing room. The changing room should contain, or lead directly to, clothing storage and washing facilities and they should be well ventilated and of an adequate size for the number of staff using them.*”

It has also been a topic of debate recently in Parliament – “*the practice of nurses wearing their uniforms to work and back and in the home indubitably contributes to MRSA, which costs the NHS about £1 billion a year. I received a copy of the draft code of practice...one 10 word sentence relates to staff uniforms..*” (the member for Mid Bedfordshire, Hansard

February 2006). She went on to ask for further detail to be added to the code of practice relating to uniforms and the cleaning of them.

Nearly all the staff we spoke to would be keen to have changing facilities, and this would be a big step in reassuring the public about cleanliness – it is not just about potential risks, it also about image – a very big issue in terms of where patients will make their choices. When rooms become vacant (such as the smoking rooms) we would ask that strong consideration should be given to using them for changing facilities. We wondered whether fund raisers could be approached, or the Hospital Friends to help fund the conversion of rooms.⁹

Also, we hope that changing facilities form part of the planning process for the proposed new buildings within the BRI precinct. There is also material by Hambraeus (2004) which brings together research on hygiene aspects and hospital planning and design, and we hope this work is also being used to inform the design of the new facilities.

7. Refurbishing Wards

The *Smarten Up* Campaign will be looking at prioritising wards for refurbishment – out of those we visited wards 11 and 27 would appear to be a high priority.

8. Posters

The *Smarten Up* campaign does not recommend the use of handwritten notices, but on our visits we felt that some of these provided useful information to patients, so they would need to be replaced before they are removed.

9. Stethoscopes/tourniquets

Research by Waghorn et al (2005) showed that personal stethoscopes can be heavily contaminated by bacteria. Although there is no evidence that these can be transferred to patients, it is still a risk, and education for medical staff in particular would appear necessary. We gather that induction for medical staff includes the cleaning of stethoscopes, but this may need some monitoring. Also the use of disposable tourniquets could be considered.

10. Policies

We would like to check whether the Hand Washing Policy is clear in terms of wearing watches and rings.

11. Visitors and Handwashing

It was observed that visitors, despite the plentiful posters and hand gel, often did not clean their hands. We wondered whether a reminder by nurses when visitors approach the nurses station would help improve compliance.

5 Conclusions

The members of the PPI Forum participating in this piece of work would like to thank the staff who put up with our visits and talked so honestly to us. We are also very grateful to the patients and visitors who spoke to us. In general, we believe that the Trust has moved a long way in terms of addressing areas of cleanliness in some very old buildings. There is still work to be done, and the Trust is taking this seriously by setting up its *Smarten Up* campaign. We would be grateful to be kept informed of progress with this project (we have been approached for representation), and we would be grateful for some feedback about the issues we have raised about keeping up standards of cleanliness in all areas 24 hours a day. We acknowledge that this is a very difficult task for a large organisation, but it is something the public believe to be

very important. To go back to the words of John Reid: *a clean hospital makes a difference to patients about how they feel they have been treated – that they are in “Safe Hands”*.

Since sending us their formal response to this Report, the Trust has formulated an Action Plan in response to our recommendations. This Action Plan is attached to this Report as Appendix 4.

References

DOH (2004) Towards cleaner hospitals and lower rates of infection: a summary of action

Healthcare Commission (2005) Press release “Watchdog issues challenge hospital cleanliness as inspection blitz reveals variable performance”

DOH (2004) NHS Cleaning Manual (page 206)

Hambraeus A. (2004) Hygiene Aspects on Hospital Planning and Design – presentation to International federation of Infection Control

James A (2006) Essays in Infection Control – cybernurse website

Patel S N et al (2006) Laundering hospital staff uniforms at home. *Journal of Hospital Infection*; 1 62 89-93

Royal College of Nursing (2004) Wipe it out – campaign on MRSA

The Royal Marsden Hospital *Manual of Clinical Nursing Procedures 5e* (2004) Jane (ed.) Mallet; Lisa (ed.) Dougherty. Blackwell Science UK.

United Kingdom Parliament website: Code of Practice relating to Health care associated infections – debate on Feb 14 2006

Waghorn D.J, Wan WY, Greaves C Wittome N, Bosley HC, Cantrill S Stethoscopes: a study of contamination and the effectiveness of disinfection procedures *British Journal of Infection Control* Vol 6 No 1 p15

WARD:..... FORUM MEMBERS.....

HYGIENE MONITORING TOOL FOR UBHT PPI FORUM

OBSERVATION QUESTIONS

HANDWASHING QUESTIONS		YES	NO	N/A
1	Do staff wash their hands between caring for patients or between different tasks for the same patient? Comments:			
2	Is Liquid soap or alcohol gel available at all sinks? Comments:			
3	Are hand washing basins easily accessible? Comments:			
4	Are there posters reminding staff about handwashing? Comments:			
5	Are there posters informing visitors about using alcohol gel before they visit patients Comments:			
6	Are filled hand gel containers available for visitors? Comments:			
7	Do staff remove wristwatches and/or rings before dealing directly with patients? Comments:			
8	Do staff wear aprons and gloves when handling soiled dressings\linen? Comments:			
9	Do staff change their aprons between patients? Comments:			

WARD ENVIRONMENT QUESTIONS		YES	NO	N/A
1	Is the ward furniture clean and in a good state of repair?			

Comments:

2 Is the ward visibly clean and in good state of repair?

Comments:

3 Are baths cleaned after use?

Comments:

4 Are bathrooms clean and clutter free?

Comments:

5 Are toilets clean and free from items of equipment?

Comments:

WASTE DISPOSAL

YES NO N/A

1 Is waste disposal policy on display for staff?

Comments:

2 Are wastebags emptied when necessary ?

Comments:

3 Are foot operated bins in good working order (for clinical waste)?

Comments:

4 Are waste bags stored away from the public?

Comments:

LINEN

YES NO N/A

1 Is linen segregated into colour coded bags?

Comments:

2 Are bags emptied when required?

Comments:

3 Are bags stored away from the public?

Comments:

4 Are curtains visibly clean and in good repair?

Comments:

CARE OF EQUIPMENT

YES NO N/A

1 Is nursing and medical equipment visibly clean?

Comments:

-
- 2 Are bedframes, bed lamps and bed curtain rails free from dust?

Comments:

QUESTIONS FOR STAFF

What happens to cleaning in an emergency? Eg spillage of blood, other bodily fluids and ward cleaner not present?

Response:

- 2 What happens to cleaning when visitors are at a patients bedside?

Response:

- 3 What are your views on staff changing rooms – would you use one if there was one available?

Response:

- 4 Ask staff for any general comments about cleanliness

QUESTIONS TO PATIENTS AND VISITORS

- 1 How often is the bed area/room cleaned?

Response:

YES NO N/A

- 2 Is the bathroom clean and tidy when you use it?

- 3 Are the toilets clean and tidy when you use them?

- 4 Ask patients/visitors for any general comments about cleanliness

Response:

QUESTIONS TO CLEANERS

1 Ask cleaners for any general comments about cleanliness

Response:

2 Do you have sufficient equipment to carry out your job effectively (eg mopheads etc)?

Timetable of Visits to UBHT by Forum Members

Members	Date	Time	Hospital/Ward
Mary Douglas-Jones Penny Robinson Val Tatangelo Mary Rackham	5 th December	1.30 meet outside main entrance	BRI Queens building Wards 1 and 6 BRI Queens building Wards 10 and 18
Val Tatangelo Ray Hassell Mary D-J Joan Bayliss John Renard	12 th December	6.15	BRI King Edwards Wards 7 and 9 BRI King Edwards Wards 11, 12
Mary D-J Penny Robinson Val Tatangelo	16 th December	1.45	Bristol Oncology Centre
Penny Robinson Joan Bayliss	3 rd January	1.45	Bristol Childrens Hospital Wards 34/35
Mary Rackham Ray Hassell	9 th January	1.45	BRI Queens Building Wards 14 and 5A
Ray Hassell Mary D-J	13 th January	9.45	King Edwards Ward 15
Val Tatangelo Joan Bayliss	23 rd January	1.45	Old Building 28,29
Val Tatangelo Mary Douglas-Jones	27 th January	12.00	Old Building 23, 26,27

UBHT's Formal Response to this Report

Section 3 - Ward Environment

Comment 1

Curtains

This is a key feature of the ward environment and the new Facilities Support Management teams are tasked with overseeing constant curtain review. Whilst to date improvement in this area has been achieved, clearly evidenced during the recent PEAT visits, discussion is underway with the Laundry contractors so as to ensure swift return on curtains sent for laundry and assurance that all paperwork and appropriate packaging is available to ward staff for forwarding for cleaning. Trust would also benefit from more sets of same pattern curtaining to provide appropriate levels of back up and a move to a "Divisional" pattern would be useful in terms of economy and flexibility.

Comment 2

Cleaning Schedules

Toilets areas should be check cleaned by HSA staff at approximately 1.30pm and again during the evening shift 5-8pm. With increased levels of management now on board this process can be more readily monitored and clinical teams made fully aware of the routines in place. However this is an area for review as currently there is not continuity of HAS cover throughout the day i.e. early shift finishes at 2.30pm and another shift recommences at 5pm. Provision of full HAS cover throughout the day enabling enhanced full cleaning frequencies is currently under review both from an operational and financial perspective.

Comment 3

Pest Control

Considerable pest control work across the site is currently underway and will benefit all wards in the KEB, and parts of ward 4,6,10,14,17 and theatres

Comment 4

Waste Disposal - Surgical Assessment Unit

This store is no longer shared with A&E, who now have their own therefore more appropriate for the waste volume. In addition since the transfer of the waste collection process to the House Portering team the frequency of collection has significantly improved.

Comment 5

Out-of-Hours Cleaning

Out of hours cleaning is high on the agenda of the Facilities Management team. Increased management and supervisors presence has been established, and a review of terms and conditions of employment for weekend staff has allowed us to recruit increasing numbers of permanent staff over the week end period. The introduction of a new practical training programme has resulted in a significant increase in the number of training sessions being undertaken. The employment of a training Manager for Facilities (commencing 1st April 2006) will ensure that the existing programme continues and allow us to further develop robust programmes with recognised bodies including NVQ's and BICS's.

We are currently expanding our existing rapid response deployment team in order to meet the needs of the clinical site teams more appropriately.

Comment 6

Housekeepers

Facilities have, and continue to, support the role of the Housekeepers. Whilst the standardisation of the role has benefits, we recognise there is a need to acknowledge the individual needs and expectations of each ward. This will enable wards to reflect the differing day to day activities that are driven by the patient requirements.

Comment 7

Adequacy of Cleaning Equipment/Colour Blindness

A standard colour blindness test is being introduced as part of the interview and selection process. Operationally we are reviewing how mop heads are issued to ensure on going availability whilst ensuring infection control measures are adhered to. The department will be running trials on colour coded disposable mops for Very High Risk areas within the next two months.

Comment 8

Cleaning/Distributing Meals

A significant improvement in the cleaning standard of all public areas has been achieved. Walkabouts by senior facilities managers and the operational teams ensure standards continue to improve. Additional staff have been employed to ensure that on going cleaning activities are maintained during day hours. In depth cleaning at night time, when the footfall is at its lowest, ensures floors in particular are maintained to a high standard.

Comment 9

Uniforms and Changing Facilities

The inadequacies of the current changing room facilities have been identified in the UBHT draft Facilities Management Strategy. The strategy supports the review UBHT is undertaking in terms of its existing estate, its condition and suitability for the future and of developing future capital plans as future clinical activity and bed numbers are finalised.

The work done by Patel [2006] only looked at *Staphylococcus Aureus*. As we are concerned about other organisms like *clostridium difficile*, we must continue to advise staff to comply with the guidance on page 10 of the Infection Control Manual in relation to the temperature for uniform laundering as some of these important pathogens are more resistant to heat disinfection than *Staph aureus*.

With reference to scrubs there is no evidence that this has impact on infection rates but it would be a practical way of us supplying uniforms and laundering for staff.

**United Bristol Healthcare NHS Trust
PPI Forum Report Unannounced Inspections of Cleanliness Standards
Trust Response and Action Plan in relation to the Recommendations**

PPI Forum Recommendation	Trust Lead	Comment April 2006	Planned Action	By When	Update September 2006
<p>1. Out of hours cleaning We would like some reassurance that the quality of out of hours cleaning is being addressed and in particular training needs (particularly communication). Also, that ward-based cleaners are something to be strived for across the 24 hour period. We acknowledge that recruitment of cleaning staff is a big issue for the Trust – but perhaps if cleaning staff are helped to be made feel part of a team then job satisfaction and retention may improve.</p>	<p>Dena Ponsford</p>	<p>New Management/Supervisory Structure currently being implemented. Will provide greater support for HSA workforce, strengthen communication channels both within facilities and with clinical teams. Staff training and development programme under review – appointment of Training Manager for Facilities to commence April 06.</p>	<p>Formalise supervisory and management structure for out of hours cleaning staff.</p>	<p>March 06</p>	<p>Achieved April 06.</p>
		<p>Meetings with management, supervisors and staff groups formalised.</p>	<p>Ensure all out of hours cleaning staff undergo both Trust and Facilities induction training programme if not already completed.</p>	<p>June 06</p>	
		<p>Out of hours cleaning to be enhanced in A&E department to cover 24 hours.</p>	<p>Provide refresher on the job training to all out of hours cleaning staff.</p>	<p>June 06</p>	
		<p>Review the introduction of a “deep clean/ hit squad” response team to positively respond to the needs of the Trust in “turning around” individual bed spaces, bays</p>	<p>Prepare work schedules in relation to these roles in liaison with clinical teams.</p>	<p>May 06</p>	
			<p>Implement additional cover between 3pm – 10pm daily.</p>	<p>April 06</p>	
			<p>Prepare paper for TOG .</p>	<p>June 06</p>	

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<p>1 cont</p>		<p>and whole ward areas in an effective, timely and economic way New HSA management working closely with ward management teams and Infection Control Team.</p>	<p>Regular attendance at Ward Sisters meetings to improve “2 way” communication.</p>	<p>March 06</p>	<p>Achieved March 06</p>
			<p>Facilities to work closely with Control of Infection team on all cleaning related issues.</p>	<p>January 06</p>	<p>Achieved Jan 06</p>
		<p>Foster closer working relationships with ward staff. Provide reliable Facilities management contact 7 days a week.</p>	<p>Divisional Cleaning Support Managers more visible at ward level undertake regular ward checks – names, contact tel. numbers all distributed to ward staff. Management presence on site over weekends</p>	<p>April 06</p>	<p>Achieved April 06</p>
		<p>Improve recruitment and retention programme to enable dedicated HSA cover on all wards and in particular at weekends.</p>	<p>Increase number of interviewing sessions per week and introduction of thorough HSA induction programme.</p>	<p>April 06</p>	<p>Achieved April 06</p>
		<p>Need to improve HSA staff ownership of the ward area. (Will help to form the basis of closer working relationships)</p>	<p>Dedicated cover to extend to 85% of all ward/dept areas</p>	<p>Sept 06</p>	
			<p>Enhance dedicated cover at ward /dept level through intensive recruitment programme</p>	<p>July 06</p>	
<p>1 cont</p>			<p>Develop greater level of HSA staff confidence -through Facilities induction and training</p>	<p>August 06 and on going</p>	
			<p>Introduce HSA of the month award</p>	<p>Sept 06</p>	

			Continue the roll out of recognised qualifications (NVQ's in Cleaning and Infection Control) for HSA staff. Negotiations underway with Bristol College for FOC training 06/07.	06/07	
			Provide reliable support to HSA staff through Support Services Supervisory/Management teams.	April 06	Achieved April 06
		Consider Ward Managers to formally meet all new HSA staff for an "introductory session", to bring from the onset the member of staff closer to the clinical teams.	Gain agreement in principle via ward managers meetings.	June 06	
			Implement with immediate effect co ordinated through the Facilities Support Manager.	July 06	
PPI Forum Recommendation	Trust Lead	Comment April 2006	Planned Action	By When	Update September 2006
2. Housekeepers We feel there may need to be a clearer definition of role, and we would like reassurance that all wards look at having this service in the	LScott	Ward Housekeeper concept introduced in 2002 with a trust seminar for nurses, facilities and managers. NHS best practice was examined	Establish current number of WHK posts Consider trustwide application in principle with	May 06 May 06	

future.		then and a Job Description developed. By 2003 wards were showing interest in piloting the role and these pilots were implemented from 2003 onwards. In 2005 the Trust Executive Group considered a discussion paper and approved some work to consider implementing trustwide and also the separation of HSA food work away to the WHK role	Heds of Nursing Scope out feasibility of 7 days service for food / separation of HSA food work away to the WHK role Report to Trust Executive Group Implement accordingly	July 06 Sep 06 Oct 06 onwards	
3.Adequacy of Cleaning Equipment/Colour blindness There seems to be a problem on wards, in that mop-heads get taken away and then they have to wait for replacements – could this be looked at as an issue to prevent spillages being inadequately dealt with. Also, the NHS Cleaning Manual (2004) states that cleaners should be tested for colour-blindness because of the importance of differentiating between different colour mops for different tasks.	Dena Ponsford	Review process of collection, laundry distribution of mop heads to all ward/dept areas and prepare documented procedure. Consider incorporating this element into the interviewing criteria.	Full review of all procedures associated to the issue and receipting of mops is underway. Undertake cleaning material trials Discuss with Jobs @ and Facilities interviewing Teams.	July 06 August 06 May 06	Achieved May 2006. Now incorporated into interview process.
PPI Forum Recommendation	Trust Lead	Comment April 2006	Planned Action	By When	Update September 2006
4.Cleaning/Distributing Meals On behalf of the patients we would like to know whether the Trust would consider splitting the role of cleaning and distributing food, as the two tasks seem to be in conflict. If this is not realistic, then we would like reassurance that staff change uniforms and shower in between the two tasks.	L Scott Dena Ponsford	HAS staff undertake both food service role and cleaning duties in order to deliver meals timely and undertake all ward related duties. See Recommendation 2 on warehousekeeper	Instigate refresher training ref cross infection risks and the need for correct use of PPE. Review the possibility of introducing a separate uniform for food service Action Recommendation 2	July 06 July 06	

<p>5.Keeping Corridors and General Areas Tidy</p> <p>We gather that the <i>Smarten Up</i> Campaign is looking at the issue of corridors, and we would be grateful for some detail on the work being carried out. We would be interested in patient and public involvement in this work, and we have been invited to get involved. Also, in a paper from the Facilities Directorate in 2004, actions to rectify standards of cleanliness included “walk through of public areas by senior facilities personnel” – is this still happening? Some of the issues we have raised would certainly be picked up if this was happening on a regular basis.</p>	<p>L Scott</p>	<p>Smarten Up is now established and we have PPI Forum representative and other patients on the Steering Group.</p> <p>One action is to identify all public areas and designate an accountable manager for the environment. Then to issue those people with our ‘standards’ for that environment and through this get regular audit information on the public areas. This will be rolled out across the trust with BRI as the first site for action.</p> <p>Whilst walk throughs by senior facilities staff have helped it is by the former action that we believe we will get sustained and meaningful improvements.</p>	<p>Establish Patient Environment Action Steering Group to oversee this and cleanliness</p> <p>Identify all public areas for designation of manager BRI</p> <p>Identify managers for those areas</p> <p>Issue managers with expectations</p> <p>Obtain feedback and audit from above work</p>	<p>May 06</p> <p>May 06</p> <p>Jul 06</p> <p>Aug 06</p> <p>Dec 06</p>	
<p>PPI Forum Recommendation</p>	<p>Trust Lead</p>	<p>Comment April 2006</p>	<p>Planned Action</p>	<p>By When</p>	<p>Update September 2006</p>
<p>6.Uniforms and Changing Facilities</p> <p>a. We would like to know the Trust’s views on the adequacy of uniform provision and whether a return to an in-house laundering system would be realistic. We are not clear on the current policy, but many other Trusts have recognised the need for nurses to be able to start a new shift with a clean uniform. There is a lot of confusing literature about the correct way to launder uniform at home. However, work by Patel (2006) concluded that clothing can be safely laundered in a 40°C cycle as long as the uniform is tumble-dried</p>	<p>a] Pat Fields and Chris Perry</p>	<p>There is a Department of Health Working Party currently addressing uniform issues. UBHT would not wish to make any major changes in advance of recommendations that will come from this work. We advise our staff to launder their uniforms at the maximum wash code that it will withstand. This information is included in an induction leaflet. Our infection control manual also gives guidance on uniform laundering. The article by</p>	<p>Await Department of Health work before making major changes</p> <p>Ensure uniform laundering is covered in induction and update</p> <p>Continue to monitor compliance with the uniform policy through the Matrons</p>	<p>Tbc</p> <p>April 06</p> <p>Ongoing</p>	<p>Achieved</p> <p>Ongoing</p>

<p>or ironed afterwards. Talking to staff, they were confused as to what they should do, and many uniforms did not look as if they had been tumble-dried or ironed. It would be safer, therefore, to return to an in-house laundering arrangement that would prevent unsafe practice. Also, we would like to know the Trust's views on the use of scrubs instead of traditional uniforms.</p>		<p>Patel only assessed laundering at low temp for Staphylococcus aureus. Other organisms, e.g. Clostridium difficile spores and Enterococci are known to be more heat resistant, therefore, there is a need to continue to launder uniforms at the temperatures we recommend.</p> <p>With regards to the scrub vs uniforms, there is no evidence that staff wearing scrubs in general ward areas has any impact on infection rates. Again we would not wish to pre-empt the Department of Health work on this subject.</p> <p>Our latest uniform policy makes it clear that nursing staff should change before leaving the hospital wherever possible. If uniforms are worn outside then staff are instructed to cover them fully with a coat. Compliance with this is being addressed by the Matrons</p>			
<p>b]We would like the Trust to give urgent attention to the provision of changing facilities. She went on to ask for further detail to be added to the code of practice relating to uniforms and the cleaning of them.</p> <p>c] Nearly all the staff we spoke to would be keen to have changing facilities, and this would be a big step in reassuring the public about</p>	<p>b] Lee Furniss</p>	<p>See above re cleaning. Changing facilities are varied across the trust and whilst there are no dedicated facilities many depts have their own arrangements.</p>	<p>Review what is planning in redevelopments for this facility.</p> <p>Assess need and current facilities.</p> <p>Report to the Trust Operational Group for decision on future plans.</p>	<p>May 06</p> <p>July 06</p> <p>Sep 06</p>	

<p>step in reassuring the public about cleanliness – it is not just about potential risks, it also about image – a very big issue in terms of where patients will make their choices. When rooms become vacant (such as the smoking rooms) we would ask that strong consideration should be given to using them for changing facilities.</p>					
<p>d] We wondered whether fund raisers could be approached, or the Hospital Friends to help fund the conversion of rooms.</p>	<p>L Scott</p>	<p>Smarten Up is overseeing this work and part of that is to coordinate fundraising for such initiatives</p>	<p>Smarten Up Terms of Reference</p>	<p>Dec 05</p>	<p>Achieved</p>
<p>e]Also, we hope that changing facilities form part of the planning process for the proposed new buildings within the BRI precinct. There is also material by Hambraeus (2004) which brings together research on hygiene aspects and hospital planning and design, and we hope this work is also being used to inform the design of the new facilities.</p>	<p>R Woolley</p>	<p>See recommendation 6b</p>			

PPI Forum Recommendation	Trust Lead	Comment April 2006	Planned Action	By When	Update September 2006
7. Refurbishing Wards The Smarten Up Campaign will be looking at prioritising wards for refurbishment – out of those we visited wards 11 and 27 would appear to be a high priority.	L Scott	250k per annum in capital plans for refurbishments. PPIF involved in prioritising 06/07 spend. Smarten Up money to be considered for OB priorities not funded in 06/07. Works already done or planned on 22, 28 and 29.	Finalise 06/07 plans on receipt of PPI Forum input Consider residual need in Old Building Allocate Smarten Up money to above as agreed	May 06 July 06 Sep 06 onwards	
8. Posters The <i>Smarten Up</i> campaign does not recommend the use of handwritten notices, but on our visits we felt that some of these provided useful information to patients, so they would need to be replaced before they are removed.	L Scott	Will be covered in work in recommendation 5			
9. Stethoscopes/tourniquets Research by Waghorn et al (2005) showed that personal stethoscopes can be heavily contaminated by bacteria. Although there is no evidence that these can be transferred to patients, it is still a risk, and education for medical staff in particular would appear necessary. We gather that induction for medical staff includes the cleaning of stethoscopes, but this may need some monitoring. Also the use of disposable tourniquets could be considered.	C Perry	All staff are instructed on equipment decontamination needs at induction. Monitoring of equipment cleanliness is currently carried out by the Matrons. The Trust previously issued instructions to staff that only wipeable or disposable tourniquets were to be use.	Re-issue guidance on cleaning of stethoscopes and tourniquets Ensure this is included in inductions and updates Conduct some audits of practice	June 2006 June 06 Sep 06	
PPI Forum	Trust Lead	Comment April 2006	Planned Action	By When	Update

Recommendation					September 2006
<p>10.Policies We would like to check whether the Hand Washing Policy is clear in terms of wearing watches and rings.</p>	<p>C Perry Inc uniform policy</p>	<p>The hand washing policy is clear regarding rings and wrist jewellery. The PPIF may wish to receive a copy of the hand hygiene policy. The uniform policy for nurses also specifies this</p>	<p>A copy of the hand hygiene policy should be sent to the PPIF</p>	<p>May 2006</p>	<p>Achieved</p>
<p>11.Visitors and Handwashing It was observed that visitors, despite the plentiful posters and hand gel, often did not clean their hands. We wondered whether a reminder by nurses when visitors approach the nurses station would help improve compliance.</p>	<p>C Perry</p>	<p>It is vitally important that nursing staff focus their reminders on clinical staff. Visitors are less likely to be the cause of patient infections. This should be addressed through public communication routes This could also be addressed through non-nursing staff – e.g. ward clerks</p>	<p>Include in CP and LAS's actions for public awareness raising</p>	<p>Sep 2006 onwards</p>	