**Workshop Activity Two:**

The second activity used 'force field analysis' to identify the forces that would either hinder or support organisations with paired and cross ward auditing.

Participants were asked to describe the 'driving forces', the positive forces that would support change, and the 'restraining forces', the forces that would hinder change. Participants were split into groups to work on identifying these.

The groups fed back their suggestions, and their ideas are listed in the tables below. The suggestions can be used to help people identify what barriers they may face, and what solutions could be adopted to prevent change becoming a barrier.

## Paired auditing

| Driving forces | Restraining forces |
|---|---|
| Validate each other's practice | Who/how pairing occurring |
| Re-planning | Schedules lining up |
| 'borrowing' from other hospitals/facilities | Defensive forces |
| System auditing<br>- Gold auditing | Number of auditors |
| Experience | Seeing different moments |
| Confidence | Resource intense |
| Validates the hand hygiene audits | Personalities |
| Ongoing education and practically reinforce of hand hygiene moments | Time/workload |
| Improve rates – meet targets | Indifference |
| Unbiased | Unmotivated |
| Fresh ideas | Funding |
| Support | Time limitations |
| Improves consistency | Staff restraints |
| Quality of auditing | Attitudes |
| Achieve minimum audit | Invasive in some areas |
| Ensure consistency between auditors | Resource/funding |
| Statistically significant data | Patient load |

# Cross ward auditing

| Driving forces | Restraining forces |
|---|---|
| Leadership buy-in e.g. charge nurse managers, directors of nurses | Ward activity |
| Auditor commitment | Lack of enthusiasm |
| Governance group | Lack of resources<br>• Time<br>• Auditing tools<br>• Dedicated, paid time to audit<br>• Hand hygiene programme resources |
| Support from senior management teams | Unfamiliarity with clinical area:<br>Working practices<br>Layout with ward |
| Agreement both wards | Lack of confidence |
| Impartial | Tired staff/timing of auditing |
| Fresh eyes | Isolated staff |
| Improvement of auditing | More difficult areas e.g. theatres |
| Mandatory | Anonymity? Disadvantage |
| Flexibility | Location of area e.g. no other ward/unit |
| Anonymity - advantage | Nervous in unknown area |
| Shared information | Resistance:<br>Feeling intimidated going into unfamiliar clinical areas |
| Changing culture | Non-compliance of staff (easy in other departments) |
| Recognising/respecting auditor role | Team leaders wanting to maintain their own auditors in their area. |