

## **AUDIT COMMITTEE REPORT (2) 06-03**

### **The Management and Delivery of Hospital Cleaning Services in Wales December 2003**

#### **The Welsh Assembly Government's response to the recommendations of the Audit Committee.**

##### **Recommendation i)**

**Without further delay, NHS Trusts involve infection control teams in the development of cleaning standards and ensure regular infection control audits are carried out.**

##### **Agreed.**

- a) This requirement is clearly identified within the 'National Standards of Cleanliness for NHS Trusts in Wales'. These Standards were issued to Trusts in July 2003 and Regional Offices of the National Assembly are monitoring Trust implementation of the National Standards of Cleanliness.
- b) The separate and more complex issue of Infection control audits is enshrined within the 'Welsh Risk Management standard 14: Infection Control' and details guidance including scope and frequency. This standard is externally audited by the Welsh Risk Pool and contained within the Standard is the need for Trust internal audits.

##### **Recommendation ii)**

**Given the wide variations in the hospitals' average cleaning costs, these differences form part of the NHS Wales Department review of cleaning.**

##### **Agreed**

Hospital cleaning costs are one of a range of indicators contained within the Estates and Facilities Performance Management System (EFPMS). The first set of hospital data was collected by Welsh Health Estates from all NHS Wales Trusts in 2003. From 2004 the NHS Wales Department will be in a position to evaluate this data and review costs with performance indicators that identify cleaning cost, hours spent, and the number of cleaning staff employed in relation to area cleaned. Reviews would enable a range of comparisons including: hospitals within Wales; similar hospital category, etc.

Work on ensuring that data definitions are refined is also underway to ensure that hospital cleaning costs are calculated on a common basis.

**Recommendation iii)**

**Cleaning budgets be determined by cleaning needs and not by previous budgets.**

**Agreed**

'The National Standards of Cleanliness for NHS Trusts in Wales' provide the tools for Trusts to construct appropriate cleaning specifications. Funding requirements will then be reflected in the cleaning specifications that will take account of any redesignation of areas, increases in patient activity, changes in cleaning quality based on risk management assessments etc.

The internal allocation of budget lines is a Trust responsibility and this reflects the need for Trust management teams to have local operational flexibility. Should there be a need for increased levels of funding for cleaning then Trusts will assess these requirements against their other priorities. Any continuing shortfall of funding will be discussed between Trusts and their commissioners.

Assembly Regional Offices and Local Health Boards will monitor trends.

**Recommendation iv)**

**Hospitals ensure communication between maintenance and cleaning departments is effective and that, where necessary, a member of the maintenance department is present on the regular cleaning monitoring rounds.**

**Agreed**

This is a requirement within the 'National Standards of Cleanliness'. Implementation of the standards is being monitored by the Assembly Regional Offices. Additionally performance concerns will be highlighted and addressed at each Trusts Annual Strategic Estates Review, where information from Trusts is presented and discussed with Welsh Health Estates and the Assembly Government.

**Recommendation v)**

**Trusts should ensure the cost of ongoing cleaning services is factored into any new procurement, taking into account the whole life cost, and that cleaning services are consulted whenever furnishings and fabrics are procured.**

**Agreed**

The need to fully address the cleaning implications of equipment and new or upgraded buildings is detailed in Standard VI of the National Standards of Cleanliness. This is supplemented by the requirement to investigate and take into account issues relating to control of infection during the procurement process, this being detailed in the Welsh Risk Management Standard number 14.

**Recommendation vi)**

**The Trust Facilities Forum for Wales evaluates the pilot schemes for overcoming staffing issues and, if they are successful, promulgates details of those schemes across the NHS in Wales.**

**Agreed**

The Trust Facilities Forum is in the final stages of formulation and will include NHSWD, Regional Offices, Welsh Health Estates and NHS members. The Forum will have the ability to call on specialists as and when required. The Facilities Forum remit is to look at All-Wales issues including staffing practices and related matters. The Forum will then either develop and implement appropriate national procedures or establish specialist groups, including one on staffing issues to undertake the appropriate work. This will ensure the promulgation of good practice and also ensure that Trusts across Wales are not duplicating work on these issues.

**Recommendation vii)**

**The new cleaning specifications that have been developed by Trusts should detail the entire hospital area, room by room, specifying the frequency that the area needs to be cleaned and what the area should look like after it has been cleaned – the specifications should be input and output driven.**

**Agreed**

The National Standards of Cleanliness provide detailed advice and guidance for Trusts to develop, construct and update hospital specific cleaning specifications. This provides for each functional area, its elements (surfaces, fixtures etc) and the activity performed in the area to be fully risk assessed i.e. the inputs process. Type, frequency and outcomes (i.e. the outputs) will then be identified and form the basis of the hospital cleaning specification.

A detailed Performance Assessment (Toolkit) forms the second part of the Standards and details the audit process of cleaning outcomes. These audits are designed to ensure that the cleaning specifications are modified wherever necessary and on an ongoing basis.

The Standards will shortly be supplemented by a more operationally focused Cleaning Manual. The Cleaning Manual provides guidance on the best methods to use when undertaking the various cleaning tasks.

**Recommendation viii)**

**The accountability for the cleaning of ward equipment and carrying it out should be more clearly defined and monitored.**

**Agreed**

The National Standards of Cleanliness require the development and implementation of comprehensive operational policies which will ensure that roles and responsibilities are clearly defined. This is an area where control of infection is particularly relevant and the Welsh Risk Management standard 14 incorporates the need for written policies, procedures and guidance, its dissemination to staff and the presentation of compliance within an annual audit report. This standard is externally assessed.

**Recommendation ix)**

**The NHS Wales Department works with individual NHS Trusts to ensure that monitoring of cleaning is consistent across Wales and that Trusts consider making the best use of IT to ensure consistency.**

### **Agreed**

The NHSWD has become increasingly involved in facilities management issues with NHS Trusts and provided the National Standards of Cleanliness and its accompanying Performance Assessment (Toolkit). This will shortly be supplemented by an operational Cleaning Manual. The Trust Facilities Forum, Regional Offices, Welsh Health Estates, LHBs and the NHSWD each have a role to play to driving forward a ‘clean culture’.

The choice of IT is primarily with individual Trusts. As new software and other IT tools emerge it is expected that the Facilities Forum will also assist in the identification of IT best practice and disseminate the findings.

At the national level IT databases will assist with the monitoring, comparison, and performance management of cleanliness in healthcare facilities.

### **Recommendation x)**

**Results of monitoring cleaning services are reported monthly to the management of cleaning services at each Trust, with any reports that show wards failing to achieve acceptable standards be discussed at Board level and referred to the infection control team.**

### **Agreed**

The National Cleanliness Standards detail the requirement for comprehensive Trust performance monitoring and performance management reporting. Trusts will be expected to monitor acute sites on a monthly basis. All Trusts have a nominated board Director responsible for Cleaning, and the Board are required to have an annual report on progress made in line with the Trust’s Cleanliness Strategy. Regular and ongoing monitoring against the National Standards of Cleanliness will be undertaken by the Assembly Regional Offices in collaboration with Welsh Health Estates and LHBs.

Infection Control staff are to be part of the multi-disciplinary group established to take forward the implementation of the Standards, and they must be fully consulted regarding the content of the services specifications and have a key role in ensuring that standards are met. A requirement of the Standards is for the frequencies of cleaning audits to be aligned with Patient Risk in the area involved ie higher the risk, more frequent the cleaning.

### **Recommendation xi)**

**The importance of cleaning and the level of cleaning services being provided is clearly communicated and understood by all hospital staff, and that all hospital staff have an introduction to the importance of cleaning during their induction.**

### **Agreed**

The nominated Board Director has a responsibility for ensuring that all staff are aware of the Standards. Induction training is undertaken at a general and specific level depending on the role of an individuals job, e.g. emphasis on cleaning during induction of clinical support staff would be greater than for accountants and drivers.

**Recommendation xii)**

**In additional to the monitoring of the national standards recently issued, the NHS Wales Department produces not only a report on the results but a detailed action plan for any hospital that fails to meet the standards.**

**Agreed**

The National Cleanliness Standards apply not only to the approximately 130 hospitals within NHS Wales but also other Trust managed facilities where healthcare activity is undertaken. In the first instance Trusts will develop action plans to rectify any failure to meet standards. As LHBs need to ensure that they are purchasing patient services from facilities which are fit for purpose they will need to ensure action plans are realised.

Another and different tier of monitoring will be undertaken by Assembly Regional Offices during their routine performance management meeting with Trusts and this will be supplemented by the Annual Strategic Estates Reviews. Any Trusts failing to meet the national standards will be expected to provide action plans which will be agreed by NHSWD/ Assembly Regional Offices.

Beginning in 2004, EFPMS data which includes a range of cleaning related indicators which were developed in tandem with the National Standards will be published on an annual basis with related explanatory/ complementary text.