NHS National Services Scotland

Monitoring Framework for NHSScotland National Cleaning Services Specification and Estates HAI Issues

Guide for NHSScotland Managers

Version 2

ARCHIVED (Jul 2014)

Health Facilities Scotland

July 2010

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1. Introduction

1.1 Healthcare Associated Infection (HAI) remains a priority issue for NHSScotland, both in terms of safety and well being of patients, staff and public.

The HAI Task Force issued the 'NHSScotland Code of Practice for the Local Management of Hygiene and HAI' and the 'NHSScotland National Cleaning Services Specification' in May 2004, updated in 2009. These documents set minimum standards and emphasised the importance of a multi-disciplinary approach in improving patient, staff and public safety within healthcare environments.

Collaborative working throughout the organisation, and especially at a local level, will be essential if healthcare hygiene is to be improved and public confidence increased. HDL(2005)7 sets out the nursing responsibilities and requires that *"sisters/charge nurses are responsible for ensuring safe working conditions within their clinical areas*". This includes all aspects of the estate and the environment.

Context

1.2 In response to a request from the HAI Task Force, a Working Group was convened by NHSScotland Health Facilities Scotland to produce a Framework for monitoring cleaning services across Scotland, in line with the National Cleaning Services Specification. Monitoring in this context is defined as the on-going assessment of the outcome of cleaning processes to assess the extent to which cleaning procedures are being carried out correctly, identify any remedial action (domestic issues or estates issues) required and provide an audit trail of these actions being completed.

An essential component of any monitoring framework is the fundamental principle of continuous improvement. Therefore, the information collated through the monitoring process must be returned to those within the organisation with the ability and responsibility to evaluate the results and review the process to improve the quality of the provision of the service. The Code of Practice states that the Infection Control Committee (ICC) terms of reference *"should include responsibility for assessment of levels of compliance within the Code of Practice"* of which cleaning services are a central component and furthermore, *"that line managers should be responsible for monitoring and reviewing levels of compliance through annual performance review and appraisal processes."* The Code of Practice also states that the Risk Management and/or Clinical Governance Committees should appraise the results of these processes quarterly. A clear line of accountability from the point where the service is delivered right up to Board level is therefore essential to fulfil the requirements of the Code of Practice. The Domestic/Estates

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Monitoring Tool provides NHS Boards with a mechanism to evaluate their compliance and benchmark themselves across NHSScotland.

Scope

1.3 In order to progress towards the introduction of a comprehensive framework, ensuring a common approach, and having explored the various monitoring systems and reporting procedures currently in place across NHSScotland, the following areas were addressed:

- a standardised monitoring template, which provides a mechanism to monitor compliance, was developed for use by NHSScotland and the Scottish Government Health Directorates;
- service monitoring as an integral part of day-to-day provision of the cleaning and estates services with responsibility for ensuring an effective monitoring system;
- audit activity centring on the review of systems, policies and procedures which organisations have in place to manage their cleaning services operations;
- benchmarking to assist Operating Divisions of NHS Boards to identify where and how they can improve their cleaning and estates services. Effective benchmarking is key to continuous improvement.

Structure of the Framework

1.4 The Framework comprises of a series of sections which illustrate the context and provide step-by-step guidance on the management approach to assessing and improving performance. A detailed Domestic/Estates Monitoring Tool is also included which can be used across all healthcare settings where cleaning procedures are carried out in accordance with the National Cleaning Services Specification.

The following are designed to support implementation:

Performance Management Criteria – Domestics Cleaning Services Target Diagram (see Appendix 1A)

1.5 This seeks to describe the drivers in place, determining the processes and evidence requirements for local Cleaning Service Performance at the centre through to the individual organisation's Capability Audit, namely 'NHS Quality Improvement Scotland (QIS) HAI Standards: Cleaning Services Standard 14'.

Performance Management Criteria – Estates Services Target Diagram (see Appendix 1B)

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1.6 This seeks to describe the drivers in place, determining the processes and evidence requirements for local Estates Service Performance at the centre through to the individual organisation's Capability Audit, namely 'NHS Quality Improvement Scotland (QIS) HAI Standards: SHFN30 and HAI SCRIBE'.

Monitoring, Analysis and Reporting System (MARS) (see Appendix 2)

1.7 In terms of developing a Performance Monitoring Framework, the MARS Flowchart describes the Monitoring, Analysis and Reporting System and its application and operation at three broad levels:

1. Local Operating Divisions monthly report.
2. NHS Board ongoing reporting and formal annual report.
3. Quarterly report and information available electronically at Health Facilities Scotland.

Domestics Red, Amber and Green System (RAGS) (see Appendix 3A)

1.8 The RAGS Flowchart seeks to describe a Red, Amber and Green System which illustrates the local monitoring programme, analysis of monitoring results, subsequent communication, re-inspection and evaluation within the monthly reporting period.

Estates Red, Amber and Green System (RAGS) (see Appendix 3B)

1.9 The RAGS Flowchart seeks to describe a Red, Amber and Green System which illustrates the local monitoring programme, analysis of monitoring results, and subsequent communication. Confirmation of remedial work will be prioritised as indicated in the flowchart Appendix 4B and carried out as detailed in Appendix 6B.

Domestic Remedial Processes (see Appendix 4A)

1.10 A further Flowchart entitled 'Remedial Processes', charts the corrective communication processes to be adopted by the cleaning services provider when the monitoring scores indicate remedial action is required. The thirteen processes (specific, traditional, organisational management) within the National Cleaning Services Specification identified under the 3 categories of 'Systems', 'People Performance' and 'Resource', ensure a degree of standardisation and objectivity.

Estates Decision Chart (see Appendix 4B)

1.11 A further Flowchart entitled 'Decision Chart', charts the corrective action and the communication processes to be adopted by the estates services provider when the estates monitoring system and issues log indicate remedial action is

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required. This flow chart takes cognisance of the difficulties identified regarding funding issues, other issues and ward access.

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2. Domestic/Estates Monitoring Tool User Guide

2.1 The design and development of the Domestic/Estates Monitoring Tool is rooted in the original National Cleaning Services Specification document. Key features of the Tool reflect 'Section 3 of the National Cleaning Services Specification document: Performance Management'; 'Section 5: Guide to Cleaning Services Specification' and 'Section 6: Cleaning Services Specification'. Implicit in this is the intention that the Tool will be applied across all healthcare settings. Minimum monitoring frequencies are identified, implicit in which is the application of risk assessment principles, including the concept of weightings across accommodation categories. The Tool is currently completed on paper with findings transferred into an Excel workbook which is provided to Health Boards and their Operating Divisions. This is an interim solution and an alternative modern solution is being developed.

The Domestic/Estates Monitoring Tool has been developed in Microsoft ® Excel workbook format. The operation of the Tool, the terminology used and detail on the monitoring activity codes is explained in the HAI User Guide.

Reporting Process for the Domestic/Estates Monitoring Tool (see Appendix 5)

2.2 The flowchart titled 'Reporting Process for the Domestic/Estates Monitoring Tool' takes the Health Board through the various routes on a monthly basis to facilitate the quarterly position.

Estates Defect Guide (see Appendix 6A)

2.3 This guide can be used as aid memoir when carrying out inspections. This list identifies which are commonly found within a ward or area. This list has been produced using defect history from boards which have been reporting estates issues using the original domestic tool.

Priority Code Response Timescales (see Appendix 6B)

2.4 These response timescales do not take into consideration geographical constraints and resource issues. Timescales to respond do a defect may vary for remote and rural locations dependant upon Health Boards individual resources.

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Example Action Plan

2.5 Appendix 7A is an action plan template which can be used for drawing up an action plan in the event of a disc, within a Health Board area, being amber or red for a quarterly return period.

Generic Risk Assessment Form

2.6 Appendix 7B is an HAI generic risk assessment form which can be used for risk assessing the ward or areas identified as being within the red or amber within a quarterly reporting period.

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3. HAI User Guide for the Domestic/Estates Monitoring Tool

Workbooks for individual hospitals

Introduction

3.1 The following notes are intended as guidance for staff with responsibility for the data capture of monthly monitoring information using the HAI Domestic/Estates Monitoring Tool Excel Workbooks.

The following diagrams have been included in this guide, for information:

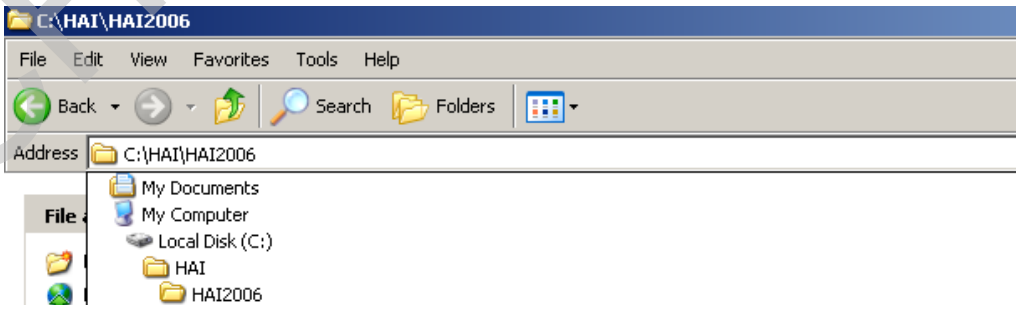
- 'Monitoring, Analysis and Reporting System (MARS)';
- 'Red, Amber, Green System (RAGS)';
- 'Remedial Processes'.

Should you require clarification or assistance about the Monitoring Tool, please contact: nss.hfscleanmonitor@nhs.net

Create a new directory (folder)

3.2 This is the parent directory where all files relating to the HAI Cleaning Services Monitoring Tool should be stored i.e.

- create a new directory (folder) in your working drive called **HAI**;
- create a sub directory in HAI and name it **HAI(current year) e.g. HAI2006** (see example below);



- insert CD-ROM in drive;
- copy **all** Files from the CD-ROM to the **HAI2006 sub directory (folder).**

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File naming conventions

3.3 The file naming conventions that have been adopted are based on the national 5 character hospital codes e.g. all files pertaining to St John's Hospital, West Lothian begin with the code S308H.

The following are the list of files, which should now be in your HAI2006 sub directory:

- 1 x Hospital master Workbook e.g. S308Hmaster.xls
- 1 x Hospital monthly totals Workbook e.g. S308Htotals-0708.xls
- 12 x Hospital monthly monitoring books e.g. S308Hm1.xls to S308Hm12.xls

Note: If monthly monitoring for your hospital requires a large number of A-J Codes then these may have been split across more than one Workbook.

Split 1: 12 x hospital monthly monitoring Workbooks e.g. S308Hm1a.xls to S308Hm12a.xls

Split 2: 12 x hospital monthly monitoring Workbooks e.g. S308Hm1b.xls to S308Hm12b.xls

Split 3: 12 x hospital monthly monitoring Workbooks e.g. S308Hm1c.xls to S308Hm12c.xls

Split 4: 12 x hospital monthly monitoring Workbooks e.g. S308Hm1d.xls to S308Hm12d.xls

Monthly files

3.4 Sufficient files have been provided to capture data for the financial year (current year) e.g. 2010/11 i.e.

- data for April 2010 should be entered in Workbook(s) 'm1';
- date for May 2010 in 'm2', June in 'm3' and so on.

If Workbooks have been split for a month, then you should complete all Workbooks for the relevant month e.g.

S308Hm1a.xls, S308Hm1b.xls, S308Hm1c.xls, S308Hm1d.xls all relate to data for April 2010.

Excel security settings

3.5 For the macros to work in these Workbooks, you will need to ensure your security settings within Excel are set to at least 'Medium'.

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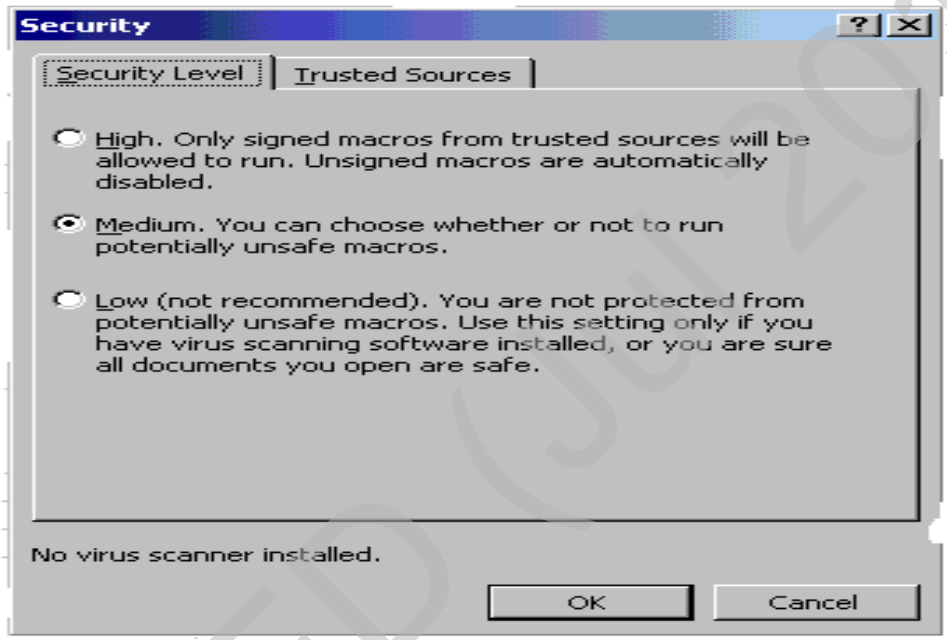
- open Excel;
- from the menu bar select:
  - Tools
  - Macro
  - Security;

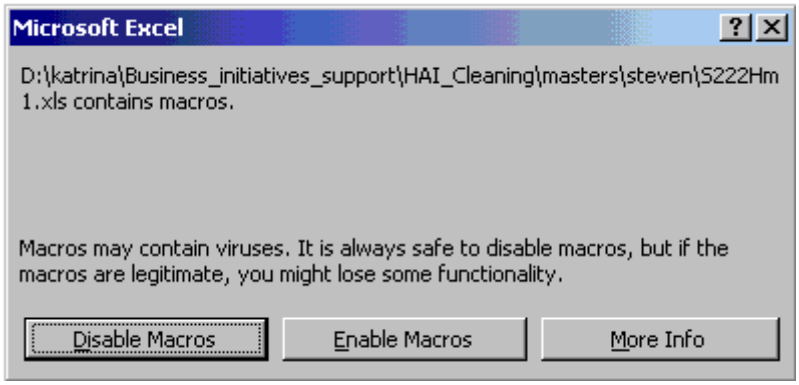
You should now be able to view the following pop-up dialogue box.



- choose **Medium** and click **OK**;
- close down Excel.

Enable macros

3.6 Each time you open a monthly Workbook you will be presented with a warning message about the macros within the Workbooks; simply click on **'Enable Macros'** to proceed.



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Input monthly monitoring information

3.7 To capture the data in respect of the monitoring of the various Patient Accommodation Categories (A-J Codes) complete the following steps:

- open the monthly monitoring Workbook e.g. April 2010 for St John's would be S308Hm1.xls
- click on '**Enable Macros**';
- select the first tab for the type of patient accommodation category to be monitored e.g. A1 – Inpatient Acute; C1 – Inpatient Continuing Care etc.

Remonitoring – Cell C4 (coloured turquoise)

This cell is **only** to be used if you are re-monitoring a specific area. Enter **R** in this cell to denote a re-monitor.

Note: If remonitoring on a domestic fail this has to be a complete remonitoring including estates and user issues.

Area to be monitored - Cell E4

Enter the name of the area to be monitored e.g. Ward 21.

Monitoring Date - Cell H3

Enter the monitoring date in the format dd/mm/yyyy e.g. 01/04/2010

Monitoring Time - Cell H4

Enter the monitoring time in the format hh:mm e.g. 09:45

Pass

If task achieves the required standard enter the value shown in the Weight column. Cells coloured pink ▭ indicates error in entry.

Fail

If task is below the required standard enter the value shown in the Weight column. Cells coloured pink ▭ indicates error in entry.

Estates Issues

If an 'Estates Issue' has been identified as part of the monitoring process, enter **Y** here. You must include a comment about the issue in the 'Estates Detail/ Comments/Action' column or the document will not close.

A list of common estates defects are detailed in Appendix 6A.

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User Issues

If a 'User Issue' has been identified as part of the monitoring process, enter **Y** here. You should also include a comment about the issue in the 'Domestic Detail/ Comments/Action' column.

Domestic Detail/Comments/Action

Enter data in this column which will assist the service provider to identify concerns, substantiate fails, and clarify rectification issues.

Environmental Factors - Cells C266 – C269 (Domestic Services Only)

If applicable, enter the adjustment factor in the range 0 to 3 for the Environmental factors – 'Building Fabric', 'Local Governance', 'Client Group' and 'Domestic Staff Compliance'.

Peer Review

All activity codes A-J signature section will have yes/no check boxes that require completed.

Note: the sheet will not close until one of these cells are completed.

Signatures

It is the responsibility of the local site to ensure that the appropriate personnel sign off the monitoring sheets.

Room Descriptor (column A6, A20, etc)

These cells are for the room location. This is a mandatory entry from April 2010.

Note: When the monitoring data has been captured against each patient accommodation category, you will need to update the following general sheets within the Workbook.

Estates Issues

3.8 This tab will contain a summary of all estates issues identified during this monitor.

- select the tab **'Estates Issues'** and click on the **Update** button;
- if you want to clear the information in this tab, click on the **Clear** button;
- columns L,M,N & O will be unlocked and user definable. Column L will be titled "Estates Reference Number".

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User Issues

3.9 This tab will contain a summary of all user issues identified during this monitor.

- select the tab **'User Issues'** and click on the **Update** button;
- if you want to clear the information in this tab click on the **Clear** button.

Rectifications

3.10 This tab will contain a summary of areas and individual items which failed and where a rectification is required only on the domestic cleaning side.

- select the tab 'Rectifications' and click on the **Update** button;
- if you want to clear the information in this tab click on the **Clear** button.

Calculation

3.11 This tab provides information on the number of audits and re-monitoring captured within this individual Workbook as well as an overall percentage for each individual area monitored.

Note: If your monthly monitoring information is split over more than one Workbook then you will need to update the Monthly Totals Workbook to view your overall percentage score.

- select the tab **'Calculation'** and click on the **Update** button;
- **Close** monthly Workbook.

Calculation

3.12 This tab provides information on the number of estates audits and re-monitoring captured within this individual Workbook as well as an overall percentage for each individual area monitored.

Note: If your monthly monitoring information is split over more than one Workbook then you will need to update the Monthly Totals Workbook to view your overall percentage score.

- select the tab **'Calculation'** and click on the **Update** button;
- **Close** monthly Workbook.

Monthly totals

3.13
- open the monthly totals Workbook e.g. S308Htotals-0607.xls;
- click on **'Enable Macros'**;
- click on the **Update** button;

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- enter the path name where monthly files are stored e.g. **c:\hai2010**
- enter the number of books used in your monthly monitor (1 – 4) e.g. 2, click on **OK**;
- **close** the Workbook.

Submission of results

3.14 When data input has been completed, send a copy of the Updated Totals–0607.xls Workbook to the Board contacts. Each month's data should also be emailed to Health Facilities Scotland no later than the 15th of the following month e.g. March data should be submitted to Health Facilities Scotland by the 15th April.

The address is: nss.hfscleanmonitor@nhs.net

Enquiries and further information on this initiative should be made to:

Health Facilities Scotland
4th Floor, Empire House
131 West Nile Street
Glasgow
G1 2RX
Tel: 0141 332 3455
Email: nss.hfscleanmonitor@nhs.net

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4. Domestic/Estates Monitoring Tool Peer Review Audit Process

4.1 The following sets out guidance for Health Boards to facilitate peer review processes when arranging and undertaking peer review audit of the domestic/estates services occurring within NHS Healthcare premises.

Public involvement through Board public involvement mechanisms provides an excellent way to support the review process and promotes awareness of good practice.

Purpose

4.2 The purpose of the peer review audit process is to ensure public and other professionals are included in the auditing process which will support public confidence in the working of the NHSScotland Domestic/Estates Monitoring Framework.

Peer review process

4.3 The peer review process may include representation from the following groups, accompanied by the local site management:

- a member of the public representing a recognised accountable forum;
- an Infection Control professional;
- professional manager (domestic services expertise);
- an Estates representative (if available);
- a member of the Health Board Quality Team.

Areas for review

4.4 The criteria to be followed for conducting the audit for each disc is:

- hospital/location with 15+ wards and departments should be completing a minimum of 4 activity codes A-J tabs;
- hospital/location with under 15 wards and departments should be completing a minimum of 2 activity codes A-J tabs;
- health clinics if grouped as a single entity for auditing purposes should complete a minimum of 1 activity code G;

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- each disc containing hospital/location must have one peer review audit including a patient public forum representative per year. Therefore Health Boards will report equally over the year i.e. for every four discs, one should be peer reviewed per quarter.

Role

4.5 The Health Board representative will give prior notice of the review date to all peer reviewers.

The actual areas audited will be selected at random by the peer reviewers and will be in line with paragraph 4.4.

The cleaning standards are reviewed against the National Cleaning Specification by an observational process using the appropriate National Monitoring Framework Workbook A-J codes. This result will be included in the quarterly report for that location.

Some examples of observational processes are listed below:

- the floor is free of dust, grit, litter, chewing gum marks, spots, water and other liquids;
- the floor is free of polish or other build up at the edges and in corners;
- the floor is free of spots, scuffs, or scratches around furniture areas;
- inaccessible areas i.e. edges, corners, and around furniture are free from dust, dirt, grit and spots;
- appropriate signage and precautions are taken regarding pedestrian safety on newly cleaned or damp floors.
- Damaged flooring, dirty ventilation grilles, damaged/missing ceiling tiles.

Feedback

4.6 The completed audit tool will be signed by all participants of the review audit. The closing meeting with the departmental manager will be used to discuss findings and give feedback.

The managers should respond as per the Monitoring Framework process using the Monitoring, Analysing and Reporting System (MARS) and the Red, Amber, Green (RAGS) system.

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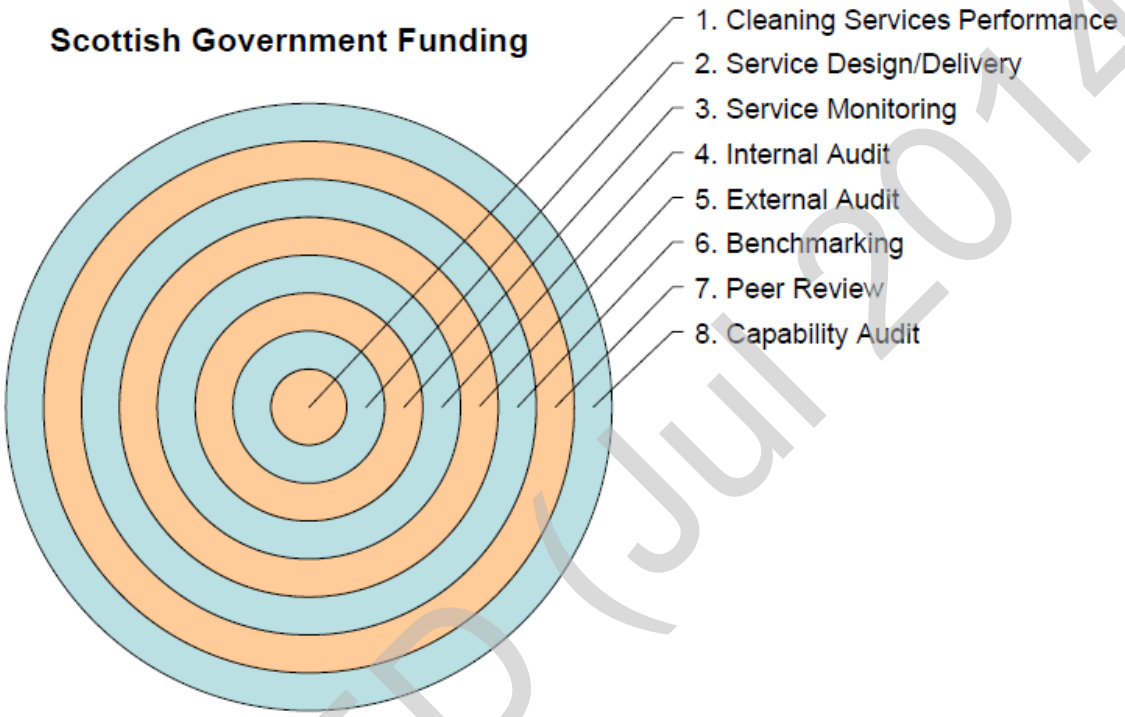
Appendix 1A: Performance Management Criteria - Cleaning Services Target Diagram



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Key to target diagram

1. Cleaning Service Performance

The NHSScotland National Cleaning Services Specification: Scottish Executive Health Department (2004) updated 2009

Key Performance Indicators under development for National Facilities Management System

2. Service Design / Delivery

Local Cleaning Specification applied through appropriate risk assessment.

Definitions of Tasks/Frequencies

Work Schedules

Staff Induction

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Training Programme

Learning Plan

3. Service Monitoring

Infection Control Environmental Audit

Departmental/Service Self Assessment/Monitoring

Service Level Agreement (SLA)/Service Provision Agreement (SPA) Programme.

Service Satisfaction Surveys/Patient Focus Public Involvement (PFPI)

Service Review Meeting Programmes

Review/Measurement and Analysis against Key Performance Indicators, Compliments/ Complaints, Internal Audit findings

4. Internal Audit

ISO Accreditation Requirement

IIP Accreditation Requirement

Performance Assessment Framework (PAF)

Infection Control Committee (ICC)

Risk Management Committee or Structure

Clinical Governance Committee or Structure

5. External Audit

ISO Assessment

IIP Assessment

Audit Scotland

NHS Quality Improvement Scotland (QIS)

6. Benchmarking

Health Facilities Scotland Scottish Facilities Management Advisory Group

National Performance Advisory Group (NPAG)

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7. Peer Review

HAI Task Force

Hospital Cleaning: Audit Scotland (2003) – Recommendations

Cleaning Services Peer Review Audit Process (August 2006)

8. Capability Audit

NHS QIS/CSBS Standards - Healthcare Associated Infection - Cleaning Services Standard 14: NHS Quality Improvement Scotland (2002)

Drivers

Hospital Cleaning: Audit Scotland (2003)

NHS QIS (HAI) – Infection Control/Cleaning Standards

HAI Task Force – Cleanliness Champions

The NHSScotland National Cleaning Services Specification: Scottish Executive Health Department (2004)

NHSScotland Code of Practice for the Local Management of Hygiene and HAI: Scottish Executive Health Department (2004)

Patient Focus Public Involvement (PFPI)

NHS QIS Clinical Governance and Risk Management Standards

External Accreditation Bodies

Health Department Letters - HDL(2001)10; HDL(2005)7; HDL(2005)8

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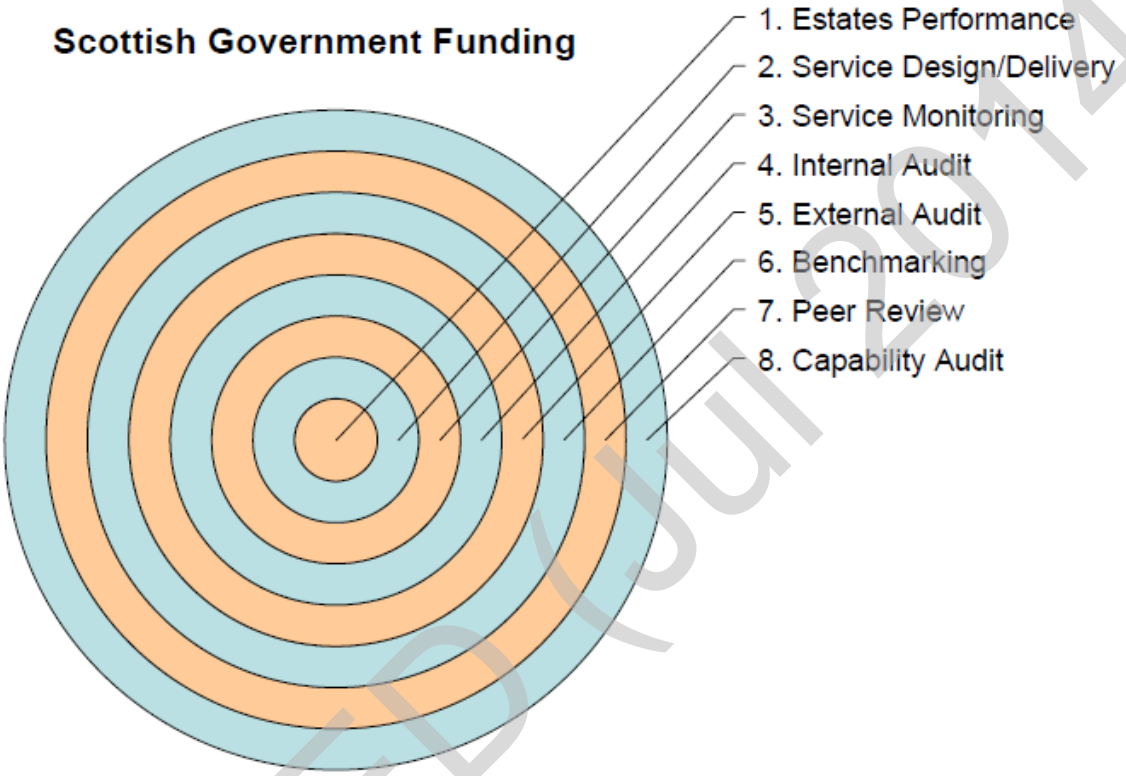
Appendix 1B: Performance Management Criteria - Estates Services Target Diagram



Key to target diagram

1. Estates Service Performance

Scottish Health Facilities Note 30 (SHFN 30), Health Facilities Scotland

Statutory Compliance Audit and Risk Tool (SCART), Health Facilities Scotland

HAI-SCRIBE (Healthcare Associated Infection System for Controlling Risk In the Built Environment), Health Facilities Scotland

Key Performance Indicators under development for National Facilities Management System

2 Service Design/Delivery

SHFN30 and HAI-SCRIBE apply through appropriate risk assessment

Definitions of Tasks/Frequencies

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Work Schedules/Planned Preventative Maintenance

Staff Induction

Training Programme

Learning Plan

Helpdesk reporting

3. Service Monitoring

Infection Control Environmental Audit

Departmental/Service Self Assessment/Monitoring

Service Level Agreement (SLA)/Service Provision Agreement (SPA) Programme

Service Satisfaction Surveys/Patient Focus Public Involvement (PFPI)

Service Review Meeting Programmes

Review/Measurement and Analysis against Key Performance Indicators, Compliments/ Complaints, Internal Audit findings

Quality questionnaire

4. Internal Audit

ISO Accreditation Requirement

IIP Accreditation Requirement

Performance Assessment Framework (PAF)

Infection Control Committee (ICC)

Risk Management Committee or Structure

Clinical Governance Committee or Structure

5. External Audit

ISO Assessment

IIP Assessment

Audit Scotland

NHS Quality Improvement Scotland (QIS)

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6. Benchmarking

Health Facilities Scotland - Scottish Facilities Management Advisory Group

National Performance Advisory Group (NPAG)

National Facilities Management System

7. Peer Review

HAI Task Force

Domestic/Estates Services Peer Review Audit Process (August 2006)

8. Capability Audit

NHS QIS/CSBS Standards - Healthcare Associated Infection: NHS Quality Improvement Scotland (2002); SHFN30; HAI-SCRIBE

Drivers

NHS QIS (HAI) – Infection Control

Patient Focus Public Involvement (PFPI)

NHS QIS Clinical Governance and Risk Management Standards

External Accreditation Bodies

Health Department Letters and CELs

Scottish Health Facilities Note 30 (SHFN 30), Health Facilities Scotland

Statutory Compliance Audit and Risk Tool (SCART), Health Facilities Scotland

HAI-SCRIBE (Healthcare Associated Infection System for Controlling Risk In the Built Environment), Health Facilities Scotland

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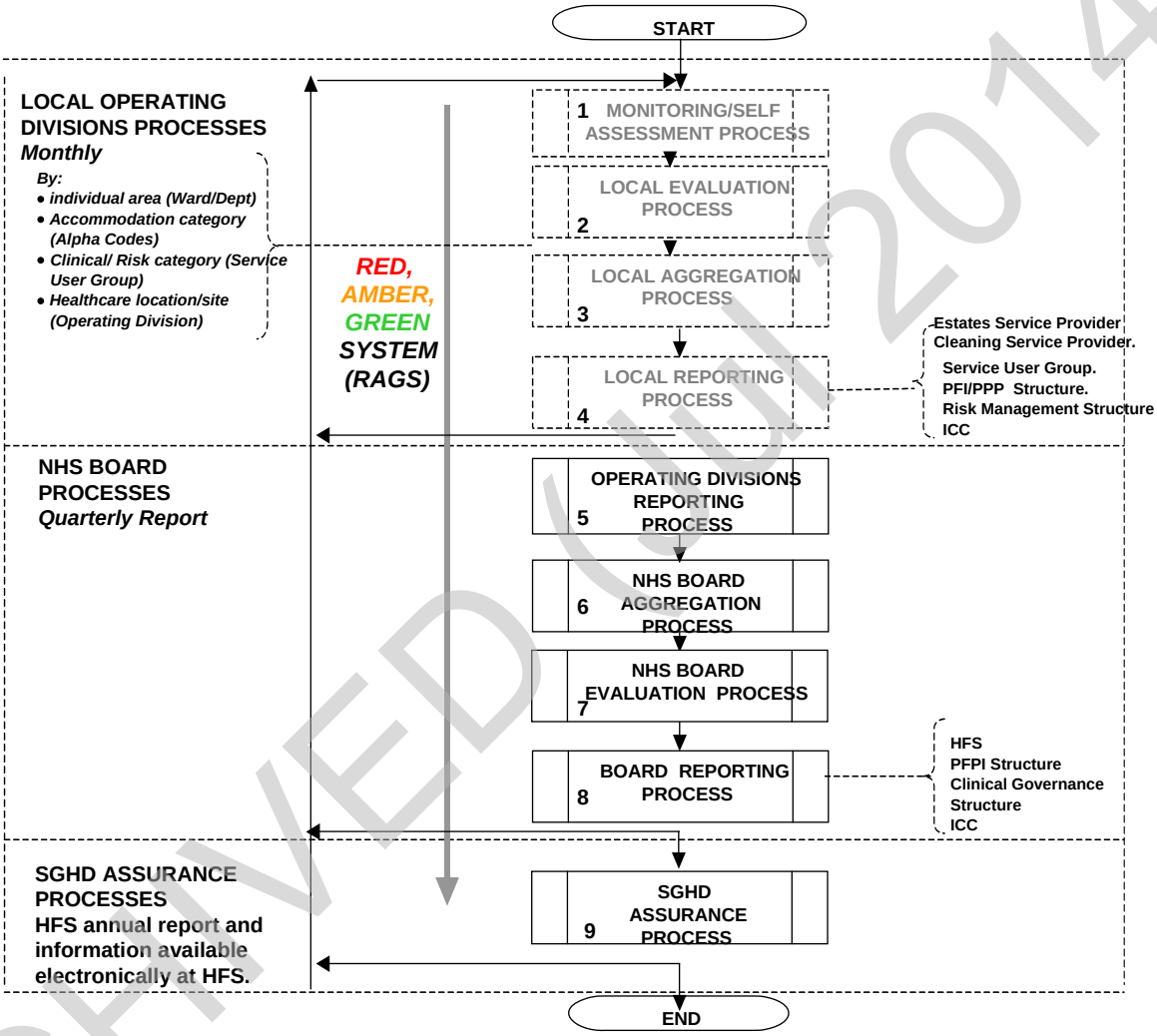
Appendix 2: Monitoring, Analysis and Reporting System (MARS)



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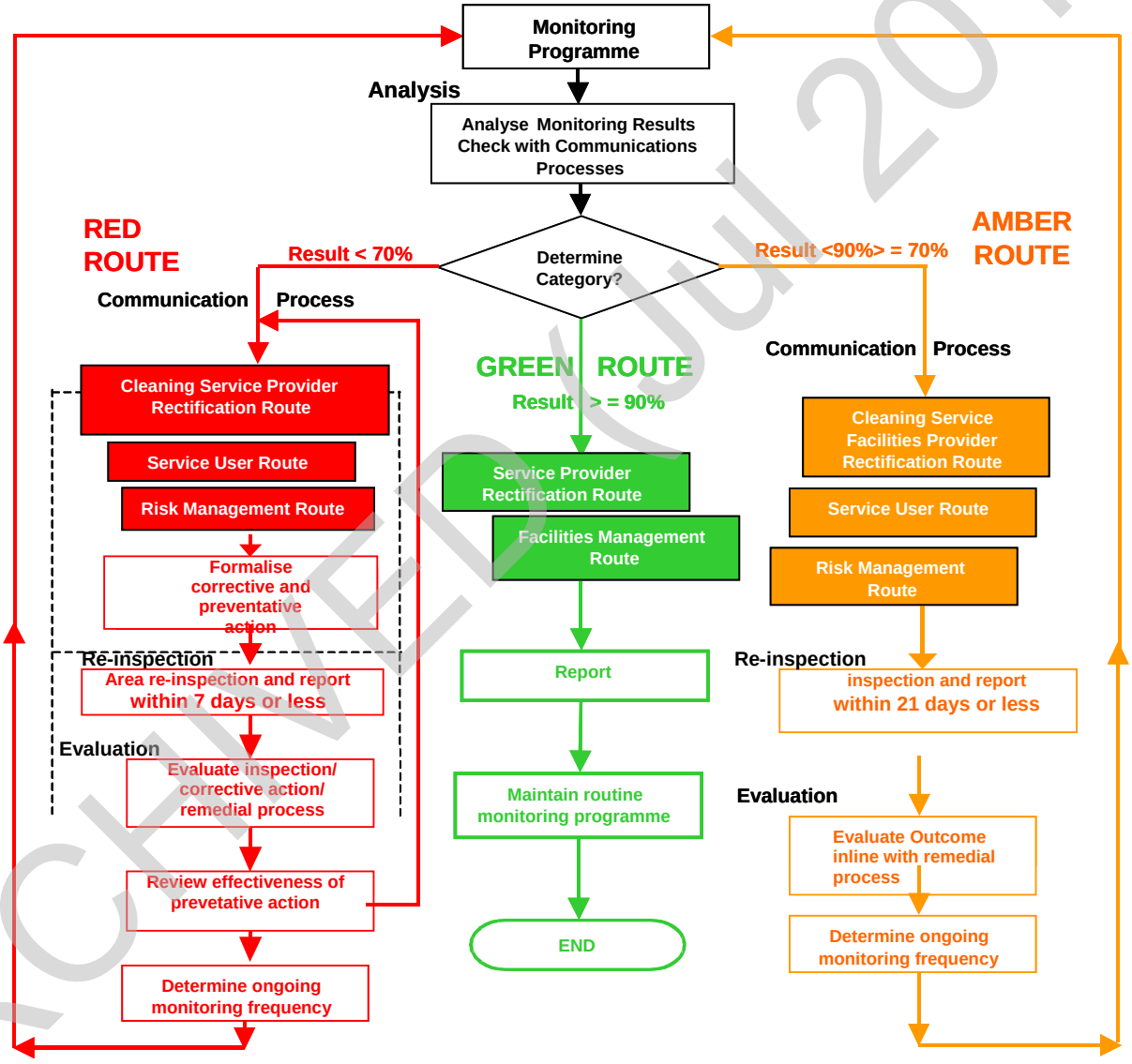
Appendix 3A: Domestics Red, Amber, Green System (RAGS)

Monthly



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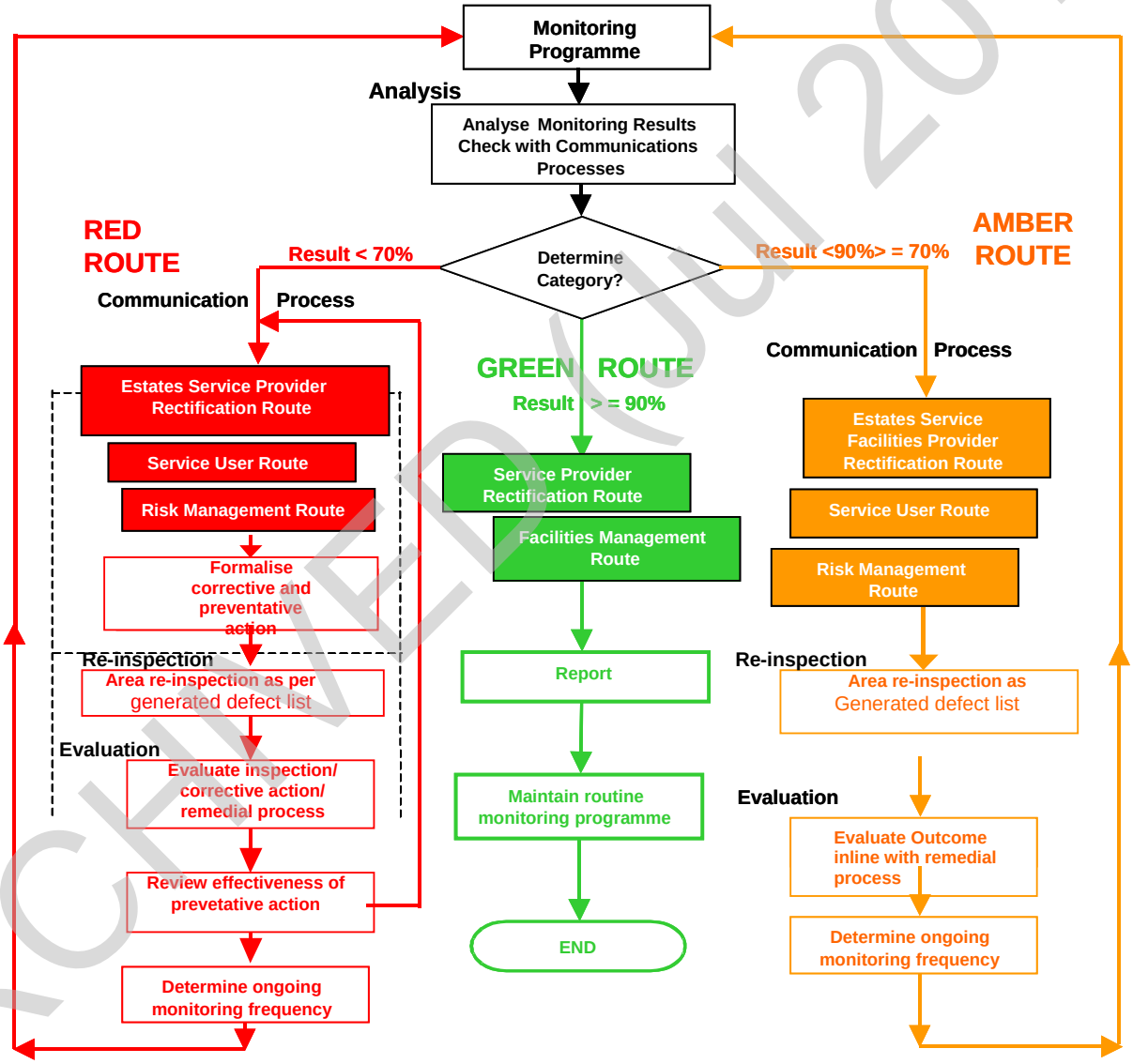
Appendix 3B: Estates Red, Amber, Green System (RAGS)

Monthly



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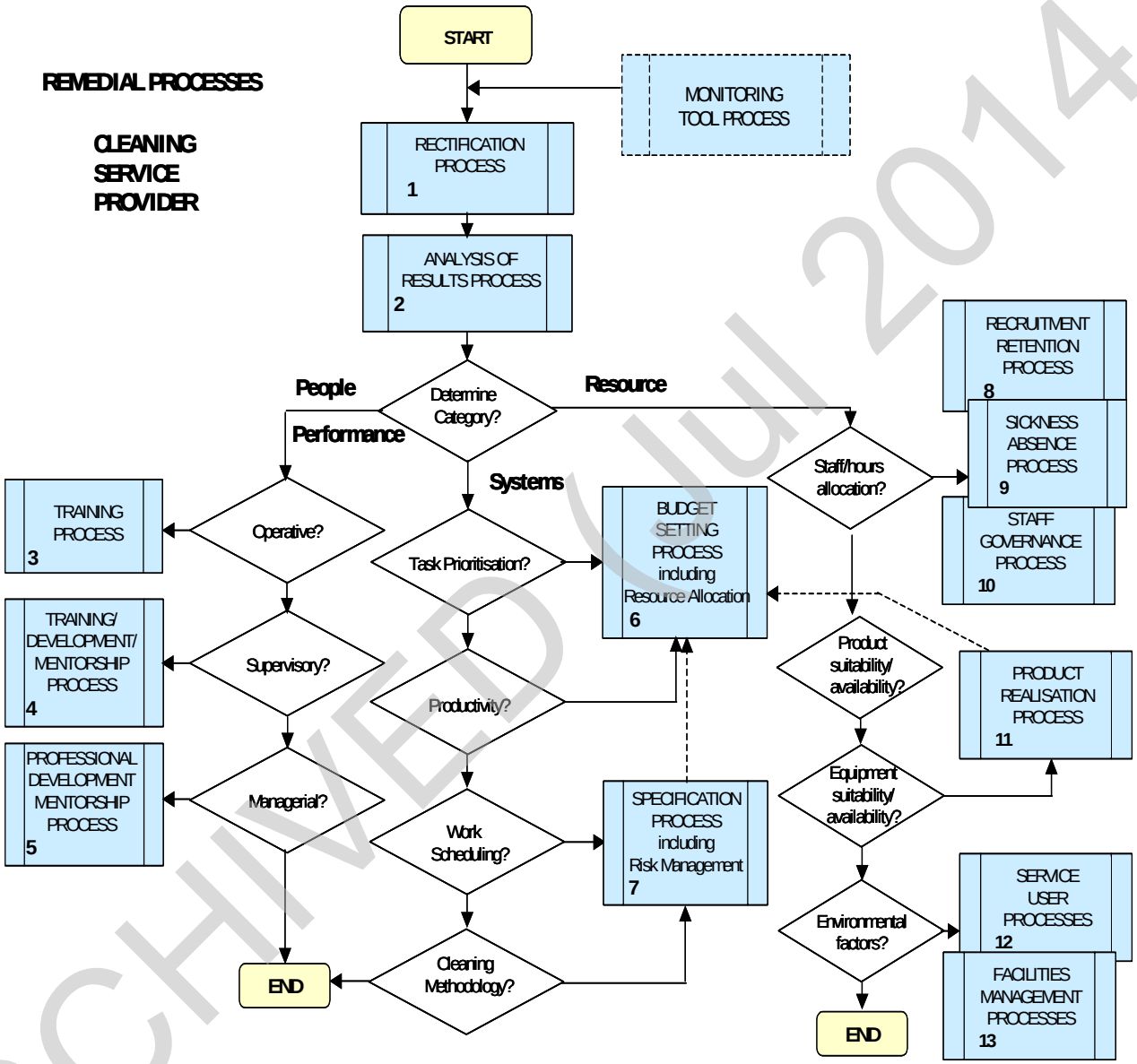
Appendix 4A: Domestics Remedial Processes



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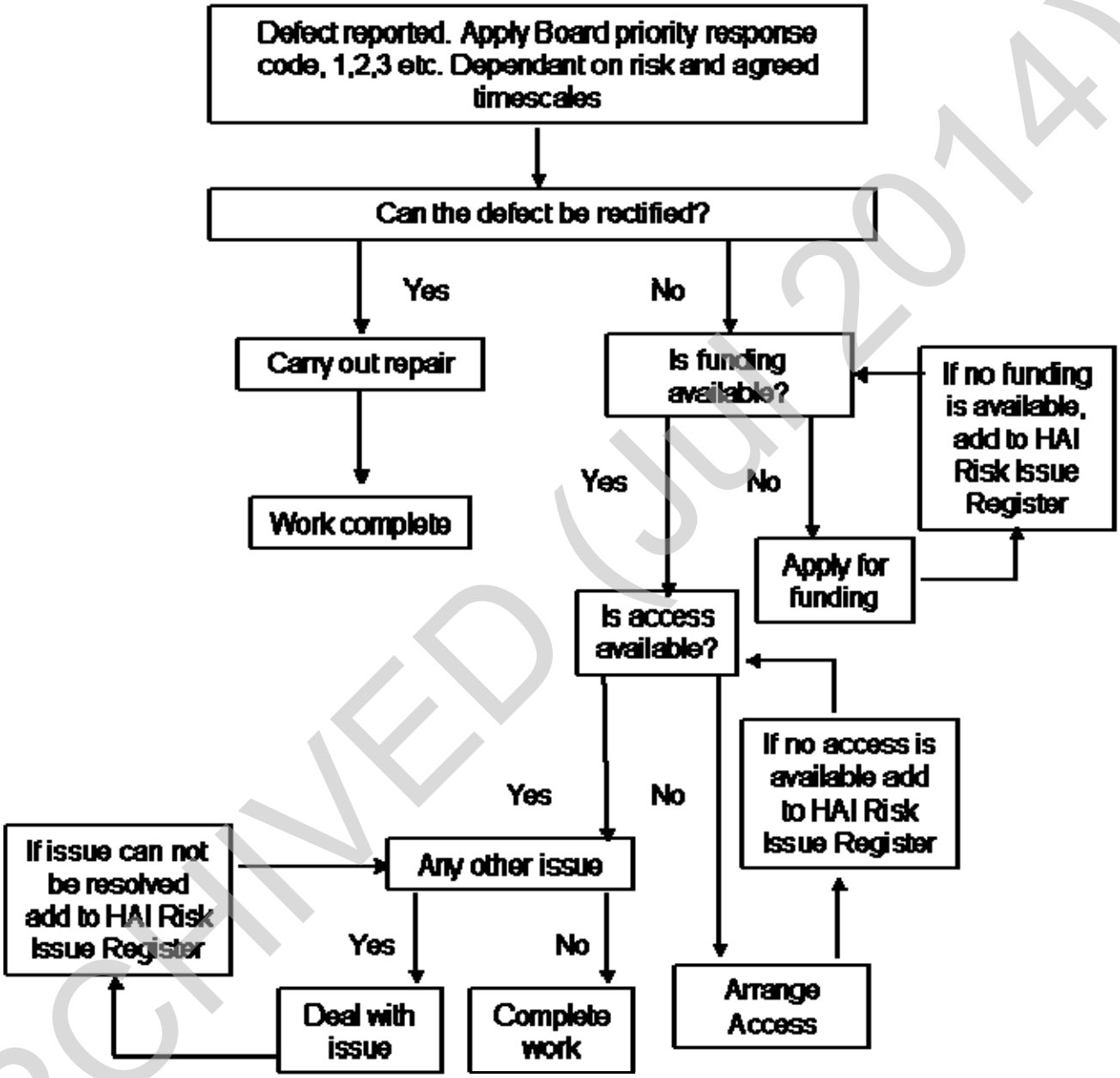
Appendix 4B: Decision Chart



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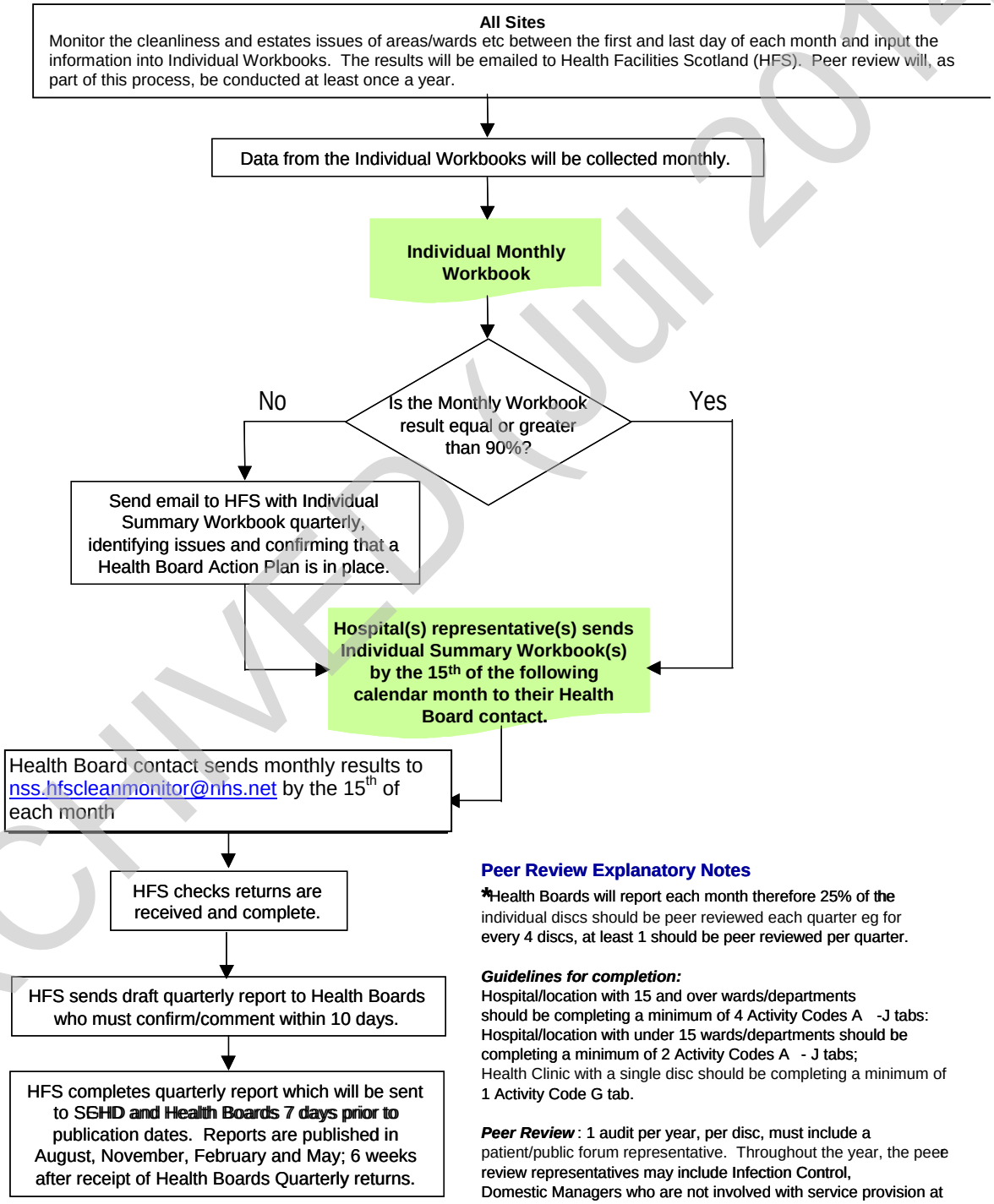
Appendix 5: Reporting Process for the Domestic/Estates Monitoring Tool

Individual Site: This could represent a single hospital location or multiple location or groups of clinics.

Health Boards will nominate a single point of contact who will send/receive all information.



Peer Review Explanatory Notes

*Health Boards will report each month therefore 25% of the individual discs should be peer reviewed each quarter eg for every 4 discs, at least 1 should be peer reviewed per quarter.

Guidelines for completion:
Hospital/location with 15 and over wards/departments should be completing a minimum of 4 Activity Codes A -J tabs:
Hospital/location with under 15 wards/departments should be completing a minimum of 2 Activity Codes A - J tabs;
Health Clinic with a single disc should be completing a minimum of 1 Activity Code G tab.

Peer Review: 1 audit per year, per disc, must include a patient/public forum representative. Throughout the year, the peer review representatives may include Infection Control, Domestic Managers who are not involved with service provision at locations being audited and a reviewer with professional knowledge from another Health Board or a Health Facilities Scotland representative.

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Appendix 6A: Estates Defect Guide

Estates Defect Guide	
Floors	
Hard Vinyl/Lino	Damaged Surfaces/stained
	Defective welds/joints
	Poor welds/joints
	Defective Expansion joints
	Bossed
Soft	Damaged Surfaces/stained
	Missing tiles
Tiles Terracotta/Terrazzo	Cracked/missing
	Defective grating
	Grouting missing/stained/mould
Shower Drains	Blocked
	Surface cracked/chipped
Toilets, WHB, Baths etc	
Toilet seat/hinges/handle	Damaged/loose/missing
Sanitary fitting	Damaged/loose
Seals/grouting	Missing/stained/mould
Taps	Dripping/loose/ missing
Shower	Damaged/Loose/missing
Fixtures and Fittings	
Electrical sockets/switches	Damaged/loose/missing
Door fittings	Damaged/loose/missing
Bumper rails/hand rails	Damaged/loose/missing
Examination Lamp	Damaged/loose/missing
Cupboards	Damaged/loose/missing
Dispensers	Damaged/loose/missing
Wall extractors	Cover missing/loose
Splash back	Damaged/missing
	Seals stained/loose/missing
Pipes	Damaged/loose
Cords	Require replacement

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Low Level	
Skirting	Damaged surface/stained
High Level	
Ceiling Vents	Damaged/stained/missing
Ceiling Tiles	Damaged/stained/missing
Light Diffusers	Damaged/stained/missing
Paintwork	
Walls	Damaged/dampness
	Paintwork/wallpaper damaged
Door Frame	Damaged
	Paintwork
Glasswork	
Glass	Damaged/missing
Mirror	Damaged/missing
Window Blinds	
Blinds	Damaged/missing
Appliances	
Electrical Appliances	Damaged

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Appendix 6B: Priority Code Response Timescales

Priority Code	***Priority Code Response Timescales***
Level 1	within 4 Hours
Level 2	within 1 working day
Level 3	within 3 working days
Level 4	within 7 working days

The timescales to respond in person to Remote and Rural locations may vary.

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Appendix 7A: Example Action Plan

NHSScotland National Cleaning Services Specification Including Estates HAI Issues: Action Plan

Date of Report: April 2010

From: Scotland's Royal Hospital

1. Content/Summary of Key Issues

The disc in question has returned an amber score 88% for quarter 4 for 2009/10. Of the ten sites reported on this disc four scored amber with the remaining six sites green. There are a number of common issues which are identified in the attached action plan.

2. Conclusions

Although this site is amber the issue is a perception issue and does not affect HAI. This is supported by a risk assessment.

3. Recommendations

These areas are due for redecoration in the second half of 2010/11. The program has been brought forward to reflect the identified issues.

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Action Plan 2009/10 4th Quarter

Action Plan										
Terrier Code	**Location**	**Sub-Location**	**Is Risk Assessment Required Yes/No**	**Overview of Issue**	**Action Taken Required**	**Comments Constraints**	**Cost Estimate**		**Timescale for Completion**	**Status**
							Capital	**Revenue**		
S678H	Scotland's Royal Hospital	Outpatients, Wd 27, 28, 29		Overall poor condition of the physical environment	Refurbishment of Wd 28, 29 and Outpatients	Wd 27 due for closure Oct '10		£15,000	Wd 28 May '10, Wd 29 June '10, Outpatients Sept '10	Ongoing

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Appendix 7B: HAI Generic Risk Assessment Form

Location		Department		Manager	

Operation/Activity	Complete the details of the activity being assessed.

Hazards/Factors Affecting the Level of Risk		All hazards associated with the activity should be entered here. E.g. physical hazards, electricity, equipment, etc.
Individuals or groups exposed		Highlight the people at risk and the likely maximum numbers exposed.

Current Control Measures	List control measures including physical controls. Do not forget to include other controls including safe working procedures, information, instruction and training.

Risk Rating	Severity	Likelihood	Rating
Using information above, and the guidance from the hazard identification and risk assessment section, taking into account the control measures in place, decide the applicable risk score.	See matrix overleaf	See matrix overleaf	See matrix overleaf R=S x L (Very High=20-25) (High=10-19) (Medium=5-9) (Low=1-4)
Calculate Rating= Severity x Likelihood	**S=**	**L=**	**R=**

Risk	Low	Medium	High	Very High

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Likelihood	Severity				
	No/Slight Injury 1	Moderate Injury 2	Major Injury 3	Single Fatality 4	Extreme Loss 5
Expected to Occur 5	Medium	High	High	Very High	Very High
Occurs in most Cases 4	Medium	Medium	High	High	Very HBigh
Occurs Occasionally 3	Low	Medium	Medium	High	High
Has Occurred at Sometime 2	Low	Medium	Medium	Medium	High
Could Occur 1	Low	Low	Low	Medium	Medium

Further Control Measures Required	Include any additional controls identified to eliminate or reduce the risk or, state whether the risks are as low as practicable.

Date	1st Review	2nd Review	3rd Review	4th Review
Initials				

Use a new box each time this assessment is reviewed.

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Appendix 8: Frequently asked questions

1. General

Q1 *Where can I get the background information required?*

A1 The National Cleaning Services Specification is available from Health Facilities Scotland website www.hfs.scot.nhs.uk

2. Reporting

Q1 *What is supplied to HFS on a monthly/quarterly basis?*

A1 Monthly reports are supplied from the Health Board Representative. On a quarterly basis, where appropriate, action plans, peer review audits, including public involvement audits are submitted.

Q2 *What is the process of carrying out a peer review?*

A2 Section 4 and Appendices 5 and 6 assist in this process. Health Facilities Scotland staff carry out a random sample testing of results across NHSScotland. Assistance is available from Health Facilities Scotland on nss.hfscleanmonitor@nhs.net

Q3 *Purple cells, what does this mean?*

A3 Purple cells indicate that there is a difference between the anticipated number of items checked and those submitted. Should you have these identified in a **quarter**, please contact Health Facilities Scotland on nss.hfscleanmonitor@nhs.net

3. Workbook Issues

Q1 *Who should be contacted if there is a problem with a Workbook?*

A1 Your first point of contact with any questions is through the cleanmonitor email address above.

The following are common Workbook errors:

- The monitoring date and time have not been entered in the correct format, please ensure the are input as below:
  - Monitoring Date: dd/mm/yyyy e.g. 01/04/2006
  - Monitoring Time: hh:mm e.g. 09:45
- The system cannot accept copy and paste within the workbook;
- Tabs must not be moved at the bottom of the workbooks;

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- The folder directory must be saved directly onto a main drive e.g. C: drive or a server drive and the path linked as follows: **c:\hai2010**;
- If input information appears in a future month and not the current month, this indicates that you have completed the report in the wrong month;
- Workbooks must be saved in the format of hospital identification number followed by 0607, e.g.L109Htotals – 0607. Please do not use any other identifiers such as location names or other numbers.

Q2. What if additional information is required for a New Build and this was not included in the original workbook?

A2. Contact the Clean Monitor email address, this would also apply should you reduce your volume of audits. e.g. site closure

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Appendix 9: Glossary of terms

Audit:	A process which allows for the systematic and critical analysis of the quality service.
Benchmarking:	Use of a standard of point of reference for the purpose of comparison, usually in the context of improving performance.
Capability Audit:	The organisation's internal auditors carries out periodic audit to provide assurance that a system for managing healthcare facilities cleaning service is in place which conforms to the requirements of the NHS QIS HAI Cleaning Services Standards – Standard 14.
Monitoring:	Is the on-going assessment of the outcomes of cleaning processes.
Monitoring Programme:	Site specific audits throughout the year.
Peer Review:	Review of a service by those with expertise or experience in that service, but who are not involved in its provision in the area under review.
CSBS	Clinical Standards Board for Scotland
HAI	Healthcare Associated Infection
HDL	Health Department Letter
HFS	Health Facilities Scotland
IIP	Investors in People
ISO	International Standards Organisation
MARS	Monitoring Analysis Reporting System
NHS QIS	NHS Quality Improvement Scotland
PFPI	Patient Focus – Public Involvement
PPF	Public Partnership Forum
RAGS	Red, Amber, Green System
SCART	Statutory Compliance Audit & Risk Tool

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HAI-SCRIBE	Healthcare Associated Infection System for Controlling Risk In the Built Environment
SEHD	Scottish Executive Health Department
SGHD	Scottish Government Health Directorate
SHFN 30	Scottish Health Facilities Note 30
SLA	Service Level Agreement
SPA	Service Provision Agreement

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References

The NHSScotland National Cleaning Services Specification: Scottish Executive Health Department 2004

Scottish Executive HDL(2005)50

HAI Task Force – Cleanliness Champions: December 2005

The Carey Report 'Managing the risks of healthcare associated infections in NHSScotland': August 2001

The NHS Quality Improvement Scotland (NHSQIS)/Clinical Standards Board for Scotland (CSBS) HAI Infection Control Standards (December 2001) and Cleaning Services Standards: June 2002

'A framework for national surveillance of healthcare associated infection in Scotland': July 2001

The Ministerial HAI Action Plan 'Preventing infections acquired while receiving healthcare': October 2002

The Audit Scotland review of cleaning services and the NHSQIS review of HAI infection control standards both published January 2003

The 'Champions' educational initiative: April 2002

The NHSScotland National Cleaning Services Specification: Scottish Executive Health Department 2004

Section 5: Guide to Cleaning Services Specification

Task definition/quality standards

Index to activity codes

Specification codes – Frequency templates

Monitoring Framework for NHSScotland National Cleaning Services Specification: Property and Environment Forum, October 2005.

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