

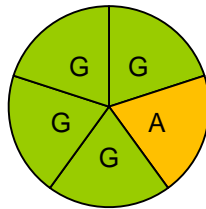
Internal Audit



Hospital Cleaning

May 2016

Report Assessment



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Contents

Introduction	1
Executive Summary	2
Management Action Plan	5
Appendix 1 - Definition of Ratings.....	13

Introduction

NHS Lothian has to comply with National Cleaning Services Specifications produced by Health Facilities Scotland (HFS). HFS has developed a monitoring framework for the National Cleaning Services Specification. This framework requires NHS Lothian to enter information daily into an online facilities monitoring tool maintained by HFS. Reports are published quarterly by HFS of domestic and estate cleaning services performance, by NHS Board.

Within NHS Lothian, Facilities domestic staff are responsible for cleaning wards, departments and public areas, whilst clinical staff are responsible for cleaning equipment related to patient care.

The Associate Director of Facilities is responsible for all hospital cleaning, and is supported by four Soft Facilities Management (FM) Area Managers who have managerial responsibility for five Sites Services Managers. The Sites Services Managers oversee the activities of NHS Lothian domestic staff. Private contractors provide independent domestic services at the Royal Infirmary of Edinburgh, Ferryfield House, Ellen's Glen House and Tippethill Hospital.

Monitoring is carried out through Standard Infection Control Procedure audits, with the results of these entered into the Quality Improvement Data System. Standards of cleaning are also assessed through the Patient Experience Quality Indicator checklist.

Scope

The audit reviewed the arrangements in place for management to obtain assurance that hospitals are cleaned by domestic staff in accordance with the National Cleaning Services Specifications.

Acknowledgements

We would like to thank all staff consulted during this review, for their assistance and cooperation.

Executive Summary

Conclusion

The processes and controls in operation over hospital cleaning are for the most part operating effectively. The hospitals are cleaned in accordance with the National Cleaning Services Specifications through using cleaning guidance and checklists and performing audits to ensure cleanliness levels are maintained. Opportunities for improvement were identified regarding maintaining adequate audit trails of policy and procedure reviews, evidence of management review of daily checklists and aligning training requirements across the various hospital sites in addition to improving training records.

Summary of Findings

The table below summarises our assessment of the adequacy and effectiveness of the controls in place to meet each of the objectives agreed for this audit. Definitions of the ratings applied to each action are set out in Appendix 1.

No.	Control Objective	Control objective assessment	Number of actions by action rating			
			Critical	Significant	Important	Minor
1	NHS Lothian's Cleaning Policies and Procedures are up-to-date and incorporate National Cleaning Services Specifications.	Green	-	-	1	-
2	The environment and equipment is clean, maintained and safe for use.	Amber	-	-	4	-
3	Education and training against national specifications is provided to staff members involved in hospital cleaning and monitoring thereof.	Green	-	-	1	-
4	Communication between NHS Lothian and patients, staff and visitors is captured regarding cleanliness levels in the hospital (patient feedback).	Green	-	-	-	-
5	Hospital Cleaning monitoring outcomes are reported at regular frequencies to relevant Committees, the NHS Lothian Board and quarterly returns are provided to the HFS.	Green	-	-	-	-

Control Objective Ratings

Action Ratings	Definition
Red	Fundamental absence or failure of controls requiring immediate attention (60 points and above)
Amber	Control objective not achieved - controls in place are inadequate or ineffective (21 – 59 points)
Green	Control objective achieved – no major weaknesses in controls but may be scope for improvement (20 points or less)

Main findings

NHS Lothian's cleaning policies and procedures are based upon the National Cleaning Services Specifications. Yellow folders containing procedures are held within each of the domestic service rooms (DSR's) alongside equipment and cleaning materials. The methods of cleaning and frequency of performing cleaning tasks are performed in accordance with the Cleaning Services Specifications.

Staff rotas are produced to ensure that areas are cleaned with sufficient frequency and a daily completion sheet is used to confirm that all required tasks have been completed. These sheets are reviewed weekly by the Charge Nurse and are subject to further review by the relevant Domestic Supervisor.

Training is providing to all new starts, in line with the Health Facilities Scotland (HFS) guidance. Toolbox talks, which cover subjects such as Health & Safety, Slips, Trips & Falls and Terminal Cleaning, are also held throughout the year.

Feedback on cleanliness levels is captured through various means including patient questionnaires issued by Facilities Management, clinical led Patient Quality Indicators (PQI audits) and via Health Associated Infection (HAI) inspections.

Cleaning audits are performed at the frequency required by the National Cleaning Services Specifications. The results of the audits are uploaded to HFS and quarterly reports are produced by HFS summarising domestic and estate cleaning services performance by NHS Board. The results of the quarterly reports are reported to the Local Infection Control Committees, Lothian Infection Control Advisory committee, Facilities Senior Management Team and the NHS Lothian Health and Infection (HAI) Board to provide assurance on NHS Lothian's cleaning compliance.

We identified six important issues during this review:

- The yellow domestic services folders containing cleaning policies and procedures do not contain evidence of regular review and update;

- Daily completion sheets detailing the day's cleaning tasks should be signed off by the domestic staff member and signed off weekly by the Charge Nurse. We identified that evidence of the Charge Nurse review is not always obtained;
- All electrical equipment is subject each year to Portable Appliance Testing (PAT) to make sure that it is in safe working condition. We identified equipment held in two domestic service rooms where the PAT had lapsed, with the last checks occurring in 2014;
- The domestic service rooms should be locked when unattended. During our site visits we identified four wards at the Western General Hospital which were left unlocked when unattended;
- The National Cleaning Specification Monitoring Framework requires that peer and public reviews of cleanliness take place in accordance with monitoring guidelines. We identified a lack of peer review or public involvement in the hospital cleaning audits; and
- The provision of training across the various hospital sites is inconsistent during inductions, refresher training and there are differences in the staff uptake of the toolbox talks.

Further details of these points are set out in the Management Action Plan.

Management Action Plan

Control objective 1: NHS Lothian's Cleaning Policies and Procedures are up-to-date and incorporate National Cleaning Services Specifications

1.1: Yellow domestic services folders do not have version control

Important

Observation and Risk:

Domestic services rooms (DSRs) are located throughout hospitals and are used to store procedures, equipment and cleaning materials for domestic staff to use when cleaning the wards and other hospital areas. Each DSR has a yellow folder which holds daily task sign-off sheets, NHS Lothian instructions on the use of equipment and cleaning techniques, and guidance on cleaning frequencies and responsibilities as laid out in the National Cleaning Services Specifications.

The sites visited as part of the review advised that procedures are periodically reviewed; however there is no evidence of such review and version control documentation to record when the policies and procedures were last reviewed and updated.

Where policies and procedures are not regularly reviewed there is a risk that they may be out of date and not aligned with the cleaning specifications. It is good practice for any procedural documentation to include version control to ensure that there is evidence of regular review.

Recommendation:

Version control documentation should be added to the yellow folders. Frequency of review should be agreed by Facilities management, for example annually, or following a change in procedures or equipment.

The version control sheet should be signed off by an appropriate member of staff following the review / update.

Management Response:

Review of document control system to take place.

Management Action:

Domestic service will implement a local document control process with annual review.

Responsibility: Associate Director of Facilities

Target date: 30th April 2017

Control Objective 2: The environment and equipment is clean, maintained and safe for use	
2.1 Daily completion sheets are not always signed off by the nurse in charge	Important
<p>Observation and Risk:</p> <p>Each day domestic staff will initial a completion sheet, confirming that day's cleaning tasks have been carried out. A member of the clinical staff will initial each day to confirm that the cleaning tasks have been completed.</p> <p>At the end of the week, the completion sheet will be signed by the Charge Nurse to confirm that the required cleaning tasks have been performed and to an acceptable standard. The sheets are then passed to the Domestic Supervisor for review and further sign-off.</p> <p>Our testing of a sample of 67 cleaning completion sheets found that 12 had not been signed by the Charge Nurse. Of these 12 forms, nine were from the clinical areas at SJH, one from Midlothian Community Hospital and the remaining two sheets were noted as not been available at the time of cleaning.</p> <p>Where there is a lack of evidence of review by the Charge Nurse, there is a risk that cleaning had not been performed to the required standard.</p>	
<p>Recommendation:</p> <p>Domestic staff should endeavour to have the daily completion sheets signed off by the Charge Nurse at the end of each week. Where the Charge Nurse is not available, the sheet should be signed by the deputy charge nurse.</p>	
<p>Management Response:</p> <p>This already happens but on occasions proves challenging to domestic staff.</p> <p>Management Action:</p> <p>We will re-enforce the protocol with staff to remind them that if they are unable to get a signature they should document this. FMS monitoring as well as informal walk-rounds will further check this.</p> <p>Consistent failures to get signatures will be monitored and raised with Senior Nursing staff to address consistent problems in obtaining signatures.</p>	
Responsibility: Associate Director of Facilities	Target date: 31 st December 2016

2.2 Cleaning equipment Portable Appliance Testing has lapsed	Important
<p>Observation and Risk:</p> <p>All electrical equipment is subject to annual Portable Appliance Testing (PAT) by a contractor to make sure that it is in safe working condition. During ward visits, we noted that PAT for most electrical equipment was up-to-date. However, the PAT had lapsed for equipment held in two DSR's (ward 52 at the Western General Hospital and Theatres at St John's Hospital), with the last checks occurring in 2014.</p> <p>Without regular PAT, there is a risk that electrical equipment will develop faults and become unsafe to use, resulting in personal injury to staff.</p>	
<p>Recommendation:</p> <p>PAT for all electrical equipment should be reviewed and testing arranged for all electrical equipment where the dates have lapsed.</p>	
<p>Management Response:</p> <p>PAT testing system is already in place.</p> <p>Management Action:</p> <p>Equipment will be checked for out of date PAT testing as part of the routine walk rounds. Management teams will be reminded to make staff aware that they should report any out of date PAT issues. ISO audits will also pick this up.</p>	
<p>Responsibility: Associate Director of Facilities</p>	<p>Target date: 31st December, 2016</p>

2.3 Domestic service rooms are unlocked when unattended	Important
<p>Observation and Risk:</p> <p>All DSRs should be locked when unattended, either by using a keypad or by conventional lock and key. We visited five hospitals and inspected six DSRs at each of the hospital sites. Four out of six DSRs at the Western General Hospital were unlocked and unattended at the time of the visit.</p> <p>This presents a health and safety risk and there is potential for theft or injury to patients and visitors should unauthorised access be gained to a DSR.</p>	
<p>Recommendation:</p> <p>Management should remind domestic and nursing staff that DSRs must be locked at all times when unattended.</p>	
<p>Management Response:</p> <p>All staff have been reminded of this requirement.</p> <p>Management Action:</p> <p>Signs will be displayed in all DSR's reminding staff of the requirement to lock. This will also be added to the toolbox talks as they are designed in the future (separate timescale – Summer 2017).</p> <p>In addition door closures on all DSR's at the Western General Hospital will be installed.</p>	
<p>Responsibility: Associate Director of Facilities</p>	<p>Target date:</p> <ul style="list-style-type: none"> a) Signs - 31st December, 2016 b) Toolbox Talks- Summer 2017 c) Door Closures – 31st August, 2016

2.4 National monitoring audits do not include peer review or public involvement	Important
<p>Observation and Risk:</p> <p>The National Cleaning Specification Monitoring Framework requires that peer and public reviews of cleanliness take place in accordance with monitoring guidelines. In practice, this means that each self-audit carried out by domestic staff on the cleanliness of a particular area should have peer / public review. However, our inspection of 23 completed audits identified that there was no peer or public involvement.</p> <p>Where there is no peer review or public involvement in the hospital cleaning audits there is a risk of a lack of independent scrutiny and challenge.</p>	
<p>Recommendation:</p> <p>Management should ensure that there is both peer review and public involvement during hospital cleaning audits. This could be a cyclical review involvement, whereby every X number of audits involves a member of the public and every X number of audits is subject to peer review.</p>	
<p>Management Response:</p> <p>Previous attempts have proved difficult to maintain with peer or public involvement. PQI's currently attempt to have peer and public input in them.</p> <p>Management Action:</p> <p>An internal peer review programme will be developed. Management will approach Public & Patient Involvement Lead with a view to engaging public in audits.</p>	
<p>Responsibility: Associate Director of Facilities</p>	<p>Target date: 31st December, 2016</p>

Control Objective 3: Education and training against national specifications is provided to staff members involved in hospital cleaning and monitoring thereof

3.1 The provision of training across the various hospital sites is inconsistent

Important

Observation and Risk:

The National Cleaning Services Specification records that training programmes for all grades of staff including managers should be developed and personal development plans produced where appropriate. A record of all training should be maintained and refresher training provided to all staff on a regular basis.

All new starts are provided with induction training which includes the use of cleaning equipment and cleaning techniques. At most sites the staff induction includes the completion of a HFS workbook and DVD presentation. However it was noted that at the time of the audit this was not occurring at one of the five sites visited (Midlothian Community Hospital).

Further training is given at all sites through a series of toolbox talks, which cover such subjects as Health & Safety, Slips, Trips & Falls and Terminal Cleaning. Staff are advised to attend these talks though there are some absences in the larger hospitals.

Management advised that a Workforce Plan has been developed to identify all current training provided for facilities staff and any additional training required. The Facilities Workforce Education Officer has recently produced additional training materials for those that cannot access a computer for training or attend toolbox talks, including presentation slides for Facilities mandatory training and toolbox talk slides. Further training materials are currently being developed including a mandatory training DVD and mandatory induction domestic workbook.

Where sufficient training is not provided there is a risk that staff members are unaware of prescribed cleaning methodologies and techniques and that adequate cleaning standards are not maintained.

Recommendation:

Through the implementation of the Workforce Plan and use of the additional training materials, management should confirm the training given to domestic staff adheres to national specification requirements and is aligned across all sites for inductions and refresher training.

Management Response:

Facilities Management has identified that there have been gaps previously between the training provided across sites and the recording of training performed. The Workforce Plan and new training material has been created to eliminate the gaps.

Management Action:

Training requirements have been identified through the Workforce Plan and a delivery plan

proposal will be agreed and actions implemented.

Infection Control, Health and Safety, our Toolbox Talk programme, and induction and mandatory training programmes are all already planned and being delivered. We are also engaged in training local staff to record all of this activity onto empower so that it can be properly reported.

Responsibility: Head of Soft Facilities Management

Target date: 31st December, 2016

Control Objective 4: Communication between NHS Lothian and patients, staff and visitors is captured regarding cleanliness levels in the hospital (patient feedback)

We found no significant weakness in relation to this control objective.

Questionnaires are issued by Facilities to obtain the opinion of patients on hospital cleanliness. Domestic supervisors and Site Services Managers collate the results of this exercise and produce an action plan as necessary.

The procedure for logging cleaning requests was observed at each site visited. Requests are received, added into a register, allocated to a member of staff and signed off once completed.

Patient opinion is also obtained through the clinical-led Patient Quality Indicator (PQI audits) and HAI inspections.

Control Objective 5: Hospital Cleaning monitoring outcomes are reported at regular frequencies to relevant Committees, the NHS Lothian Board and quarterly returns are provided to the HFS

We found no significant weaknesses in relation to this control objective.

In line with the HFS monitoring framework for the National Cleaning Services Specification, regular cleaning compliance audits are performed. The frequency and location of audits is determined by the national system.

On completion of audit inspections, information is uploaded directly into the national monitoring system via the handheld devices used in the audit. The system will flag up those audits that have scored below 90% and will place an alert on each until they have been re-audited and scored higher than 90%. Where the score is less than 90% an action plan would be produced and submitted to HFS.

Summary Reports are then published quarterly by HFS summarising domestic and estate cleaning services performance by NHS Board. The results of the quarterly reports are reported to the Local Infection Control Committees, Lothian Infection Control Advisory committee, Facilities Senior Management Team and the NHS Lothian Health and Infection (HAI) Board to provide assurance on NHS Lothian's cleaning compliance.

NHS Lothian has consistently scored above 90% during 2015-16.

Appendix 1 - Definition of Ratings

Management Action Ratings

Action Ratings	Definition
Critical	The issue has a material effect upon the wider organisation – 60 points
Significant	The issue is material for the subject under review – 20 points
Important	The issue is relevant for the subject under review – 10 points
Minor	This issue is a housekeeping point for the subject under review – 5 points

Control Objective Ratings

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