

CLEANING SERVICES & MONITORING AT NORTHWICK PARK & ST MARK'S HOSPITALS (NPSM)

1. Organization of Cleaning Services

Sodexo are currently contracted to clean to the National Cleaning Standards which were established by the Department of Health (DH) when the contract was last awarded in 2003.

As part of that contract, Service Level Agreements have been developed with all the wards and departments. SLA's are displayed locally to communicate to Trust staff, patients and visitors the required cleaning standards, cleaning regime, access and input hours.

Training of staff in cleaning is very important. Sodexo employs a full time Training Manager, and staff are trained on commencement of employment in the full range of duties. Along with hands-on coaching undertaken by its team of supervisors, each receives refresher training throughout the year in cleaning procedures, health & safety, infection control, changes in policy or technique, safe use of cleaning materials and safe use of equipment.

Infection cleans (eg MRSA) are carried out under the direction of a supervisor or Zone Manager by an experienced staff team using the agreed concentration of cleaning chemicals as advised by the Control of Infection team.

The domestic input hours also currently include provision of continental breakfast, five of the seven patient beverages throughout the day, and cleaning the ward kitchen.

On a typical ward, cover extends from 07:30 to 15:30 and 17:00 to 20:00. Accident and Emergency is covered continuously over the 24 hour period.

For increased productivity, main corridors are cleaned overnight when the hospital is relatively quiet, using modern cleaning equipment and methods. These areas are checked and spot cleaned frequently throughout the day to remove any litter, soiling or spillages.

A new specification was drawn up in early 2008 with full involvement of hospital staff, patient representatives and infection control, reflecting improved (2007) DH national standards. GSL were subsequently appointed as the Trust's cleaning contractor following an EU procurement process and will take over from Sodexo at the end of November 2008.

2. Monitoring Standards

The current monitoring system complies with the 2007 version of the National Cleaning Standards.

In relation to overall standards, the NHS's annual PEAT (Patient Environment Action Team) assessment is carried out by small multidisciplinary teams (including patient representatives) against a nationally-determined template. The current rating for the

Trust's cleaning standards (ie both NPSM and Central Middlesex Hospitals) is "Good".

The Trust is also externally monitored for its compliance with core standards of performance on cleaning issues by the Health Care Commission.

There is an agreement in place between Sodexo and all wards/departments relating to the frequency of monitoring and who will take part in the process as well as Sodexo, ie a senior member of the Trust's nursing or clinical/management team with senior responsibility for the area.

The frequency of formal monitoring is determined by the level of risk associated with each area. I.e. very high (eg ITU), high (wards), moderate (public areas) or low (offices). Wards for example are audited on a weekly basis.

The monitoring audit tool currently used by Sodexo is **Innovise**, an industry standard audit tool running on a hand held device. Data is then uploaded to a PC for the production of reports. **Innovise** fully complies with the current DH national standards.

The agreed benchmark for an acceptable standard is 90% in all patient areas and 80% for offices. A minimum of six rooms are chosen by and checked in the presence of the Trust representative and if a ward were to score under 90% a rectification plan is immediately put in place and the area is re-audited within 24 hours. Dependant on the nature some failures may need to be rectified instantly.

The table below shows the NPSM average standard achieved in the last year:

August	2007	92.4%
September	2007	91.7%
October	2007	92.6%
November	2007	93.2%
December	2007	92.5%
January	2008	92.0%
February	2008	92.6%
March	2008	92.8%
April	2008	92.1%
May	2008	93.0%
June	2008	92.3%
July	2008	93.8%

Cleaning audit scores are shared with the Trust at senior level (including the Executive Team), displayed at ward/department level and included in the monthly contract review report, along with any rectifications and a log of areas where Trust representation was not available at the time of audit.

Variations between wards do arise, and these can be based on patient acuity, activity, age and condition of the ward, and the standard of fixtures, fittings and

equipment. A three month average of principal wards and departments at NPSM is given below:

A&E 92	92.8%
West Wing	91.5%
Dickens	92.9%
Dryden	92.6%
Fred Salmon	92.6%
Elliott	91.9%
Evelyn	91.8%
Gray	93.3%
Haldane	91.7%
Hardy	92.2%
Jacks Place	92.9%
James	92.5%
Jenner	94.5%
Jonson	94.3%
Byrd	94.3%
Clarke	94.2%
Dowland	94.0%
ITU	92.5%
Theatres	94.0%
Maternity	93.5%

3. Challenges to Improving Standards

Working together, the Trust and Sodexo have identified a number of challenges and these are addressed in partnership with matrons and other clinical/departmental leads, service users and other support services (eg maintenance), as follow: include:

3.1 Access: it is sometimes difficult to access bedside areas for programmed work especially in high dependency areas where there is a lot of equipment or personnel around the bed, or where the patient is very poorly. In these cases supervisors and managers liaise carefully with ward managers to ensure that access is enabled at a safe and convenient time.

3.2 Quality of fabric in some wards and departments, particularly in relation to sanitary areas: in a large older hospital such as NPSM these issues are difficult to resolve completely, but there is an ongoing programme of ward upgrades and sanitary area improvements. Modern standards of ward design feature larger spaces between beds however, compared with the 1960's when NPSM was designed, and NPSM will be unable in the short term to meet these standards in full. The Trust is however committed to the future redevelopment of the NPSM campus and is currently reviewing its service and estate strategies in line with national and local priorities and guidance.

- 3.3 Addressing patient concerns: the number of formal patient complaints about cleaning is very low, albeit satisfaction levels about cleaning as expressed in the National Patient Survey is relatively poor. The Trust has acknowledges that patient expectations, as well as infection control standards, have risen and that an additional investment is necessary. This is reflected in an increased budget for cleaning services in 2008-09 which will enable the DH's 2007 national standards to be achieved.
- 3.4 High quality staff: traditionally cleaning staff employed in contract work have received inferior pay and conditions to staff employed by the NHS and doing similar work. The Trust has recognized this and has identified additional resources to improve contract rates for all Soft FM (principally cleaning and catering) staff to be brought up to NHS pay and conditions.
- 3.5 The ward environment and routine: sometimes ward layout, tidiness and clinicians' routines prevent cleaning from taking place when it should so that standards can be maintained, and this can be reflected in monitoring scores. This is addressed communication with the ward team, workarounds developed, and ultimately reflected in amendments to the ward SLA working and contract specification. In addition, the NHS Institute for Innovation & Improvement's "Productive Ward" initiative is being rolled out in the Trust. This should enable practical steps to be taken to improve the use of staff, space and time to ensure that scarce nursing and cleaning resources are used most effectively.
- 3.6 Separating cleaning and catering duties: currently there dedicated catering staff for the lunch and evening meal service at CMH, which means that there is no need for domestic staff to get involved in preparing and serving food. This is not the case at NPSM, and is being addressed by means of the increased revenue allocation referred to in 3.3 above.

4. New Cleaning Contract

Many of the challenges and issues identified above have been addressed by the Trust and incorporated into the cleaning specification element of the new integrated Hotel & Support Services contract which will start at the end of November 2008. From a cleaning viewpoint as noted above, this includes the latest version of the DH National Cleaning Standards. These standards are more prescriptive about the frequency of cleans, methods of cleaning and allocation of responsibilities and are an enhancement on the current standards in use.

Trust monitoring of the standards achieved by GSL in operating the new contract will identify our progress in reaching and maintaining new and higher standards of cleaning in the Trust in the future, and we expect to see this step-change improvement reflected in improved feedback from patients and national surveys.

Philip Sutcliffe
Director of Corporate Services
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