

Trust Board Meeting in Public: Wednesday 12 September 2018
TB2018.83

Title	Approach to Providing Assurance regarding Cleaning Standards
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Status	For information
History	<p>Quality Committee reviewed Cleaning Assurance Standard December 2017</p> <p>Request from Chairman following Quality Committee of 11 April 2018 to provide assurance as to the adequacy of cleaning standards across all hospital site – reported to Trust Board 9 May 2018 TBC2018.65</p>

Board Lead(s)	Ms Sara Randall, Acting Director of Clinical Services			
Key purpose	Strategy	Assurance	Policy	Performance

Executive Summary

<p>1. The Quality Committee requested that a paper be submitted to confirm the approach to providing assurance regarding the adequacy of cleaning standards across all hospital sites.</p>
<p>2. This paper, jointly authored by the Estates and Facilities and the Infection Prevention and Control teams, summarises the processes and monitoring that are in place to provide assurance that the Trust's hospitals are cleaned to agreed standards and as far as practicable, maintained at those standards.</p>
<p>3. It provides baseline audits of the Trust Cleaning Standards across all four sites and the results of the Patient-Led Assessment of the Care-Environment (PLACE) from the last five years for all four sites.</p>
<p>4. Where areas fail a cleaning audit, the service providers are required to re-clean the area within agreed timeframes to ensure that the area reaches the expected standard. In contractual terms this is called rectification. A review of the rectifications required after validation audits carried out by the Trust performance team shows that there were 621 rectifications requested during a 13 month period. On only three occasions were corrective cleans were not completed in a timely manner, resulting in the performance mechanisms being triggered under the PFI contracts, though the cleaning was still done to an appropriate standard</p>
<p>5. The challenge is to ensure that standards are reliably being met on a daily basis and that when areas become dirty, they are promptly cleaned. To this end the Board is asked to support work to raise the profile of daily monitoring, undertaken locally by wards, and the reporting of deficiencies to the appropriate helpdesk. This will enable corrective actions to be implemented rapidly, and monitored in ways that provide meaningful assurance on cleaning standards compliance.</p>
<p>6. Recommendation</p> <p>The Board is asked to note the contents of this paper and to support the continuing work to monitor cleanliness standards.</p>

Approach to providing assurance as to the adequacy of cleaning standards

1. Purpose

- 1.1. At the April meeting of the Quality Committee, a request was made by the Chairman that Executive Directors confirm their proposed approach to providing assurance regarding compliance with agreed cleaning standards across all hospital sites.
- 1.2. This paper provides an update, following reporting to the Trust Board on 8 May, to explain further the assurance that is in place. The paper is a joint paper from the Estates and Facilities and Infection Prevention and Control teams and serves also to explain the process should an area fail a cleaning validation audit.

2. Background

- 2.1. The domestic service provision in the Trust is provided both through PFI contracts and in-house, as summarised below:
 - 2.1.1. John Radcliffe: provided through the PFI contract with The Hospital Company (“THC”). The service provider until liquidation mid-January 2018 was Carillion Services Ltd and thereafter the Official Receivers special agents continued the service provision until April 2018 when Bouygues was appointed by THC as Agent of Operation for the services.
 - 2.1.2. Churchill Hospital: provided through the PFI contract with Ochre Solutions Ltd. The service provider is G4S.
 - 2.1.3. NOC: provided through the PFI contract with Albion Healthcare Ltd. The service provider is G4S.
 - 2.1.4. Horton: provided by an in-house team.
- 2.2. The Trust updated its Strategic Cleaning Policy at the end of 2017 and the policy was issued to all internal and external service providers for implementation.
- 2.3. Cleanliness is everyone’s responsibility, with specific responsibilities detailed in the Policy. The overall responsibility for the care environment in which patients are treated lies with the Matron who, in conjunction with the ward managers and senior ward housekeepers, is required to monitor that delivery of daily cleaning services is to an acceptable standard, and to report any deficiencies to the appropriate helpdesk for prompt rectification. When a cleaning audit is undertaken, the expectation is that a member of the ward staff accompanies the auditor.
- 2.4. The PFI contracts on each of the three Oxford sites provide domestic service provision to the whole site. The contracts are structured with a performance payment mechanism to incentivise service delivery and outcomes. If notified deficiencies are not rectified within defined times, a service failure will be deemed to have occurred. This results in both financial deductions and service failure points which are monitored on a rolling basis. Poor performance could result in replacement of a service provider and is therefore monitored by the respective project company lenders for each contract.

3. The National Cleaning Standards

- 3.1. The National Cleaning Standards have developed over time and have varied depending on central guidance. As set out in the updated Trust Strategic Cleaning Policy, the Trust operates the 2003 standards which require all surfaces to be actually clean on a daily basis to achieve the scores as outlined in the Policy. The National Cleaning standards are supplemented with additional special cleans required by the Policy (i.e. terminal and enhanced cleans) which have been included into the specifications for the PFI contracts.
- 3.2. To deliver the National Cleaning Standards, there are daily cleaning schedules for every ward and department in place. These are reviewed every six months with the appropriate matron. The cleaning schedule will detail frequencies and colour coding and is required to be on display in wards or departments on the Infection Prevention and Control noticeboard and also in all domestic resource rooms.
- 3.3. In the past there have been some areas of misunderstanding regarding what the cleaning standards are and how the cleanliness outputs are monitored. These monitoring outputs have been clarified in the Trust Strategic Cleaning Policy. Each of the Trust's PFI contracts has different contract performance payment mechanisms. However this should not be confused with the National Cleaning Standard that requires all surfaces to be actually clean on a daily basis.
- 3.4. The new monitoring tool, used by service providers and by the contract management team domestic performance manager to undertake monitoring audits is an on-line data collection programme called Synbiotix. This is programmed to score the audit to the specification for the planning, application and measurement of cleanliness services in hospitals, (PAS) 5748 2014, which is the latest specification for the measurement and review of cleaning standards in hospitals. Scoring is according to risk; the infection risk for patients; and the confidence risk of poor public image and the loss of confidence from patients and staff in the organisation's ability to provide a clean, safe environment for care.
- 3.5. The tool has been trialled on some sites for the past year and has effectively provided baseline audits across all four sites. These can now be built upon year-on-year to support continuous improvement. The service provider at the John Radcliffe and the Estates and Facilities domestic performance managers are using the tool. Issues have been identified at the Churchill and NOC sites following the pilot and these are currently being addressed. There have been resource issues at the Horton. However there is now a plan in place to address this and training will be rolled out shortly.
- 3.6. Each monitoring audit takes approximately 1.5 hours as every item in every room is carefully checked. All deficiencies are logged to the respective helpdesk for rectification within the hour. The rectification cleaning is required to be checked and signed off by the ward-based nursing staff to confirm that they are satisfied that the remedial actions have been satisfactorily undertaken.

4. Monitoring Compliance of the Cleaning Standards

Monitoring of cleaning compliance is undertaken through a variety of routes as set out below:

- 4.1. Daily Monitoring; by matrons, ward managers and senior ward housekeepers reporting deficiencies to the appropriate helpdesk for rectification.
- 4.2. Technical Audits; are undertaken by domestic service providers on all four sites requiring all rooms to be audited and reported to the Trust. The frequency of audits depends on the risk classification (the locations encompassed by “very high risk” and “high risk” are described in the figures on pages 7 and 8):
 - very high risk; are to achieve a score of 98% and every room is to be audited;
 - high risk; are to achieve a score of 95% and every room is to be audited each month;
 - significant risk; are to achieve a score of 85% and every room to be audited every three months; and
 - low risk; are to achieve a score of 75% and every room to be audited every twelve months.

The scores to be achieved for each audit were clarified in the updated Trust Strategic Cleaning Policy. Where an audit does not reach the required standard a rectification clean and a follow up audit are required.

- 4.3. Management Audits; these are carried out randomly by Facility Managers (“FM”) managers.
- 4.4. Validation Audits; by the Trust’s two contract management domestic performance managers, who undertake random verification audits of the cleaning standards on a monthly basis, in addition to monitoring the various contracts’ performance data and any complaints.
- 4.5. Nursing Equipment; ward managers and matrons monitor monthly.
- 4.6. PLACE Assessments; are patient-led and undertaken annually, looking at the cleanliness of the sites amongst other areas and reporting on the outcomes found on the circa 19 days of assessments each year.
- 4.7. Cleaning Partnership; has been established as a subcommittee of the Hospital Infection Prevention Control Committee (HIPCC) and reviews audit and cleaning issues. The group is chaired by the Deputy Chief Nurse and met regularly in 2017. However it is noted that the group has not yet met this year.
- 4.8. Cleaning compliance audits are reported in a paper to the HIPCC by the Soft FM Client Contract Manager.
- 4.9. It has been found that, whilst Infection Prevention and Control and the Trust performance team have access to service provider audits, the wards and their housekeepers are not always aware of the service provider audit outcomes. To this end the Infection Prevention and Control and Trust performance teams are currently reviewing how best to work with external and internal service providers to improve this communication.

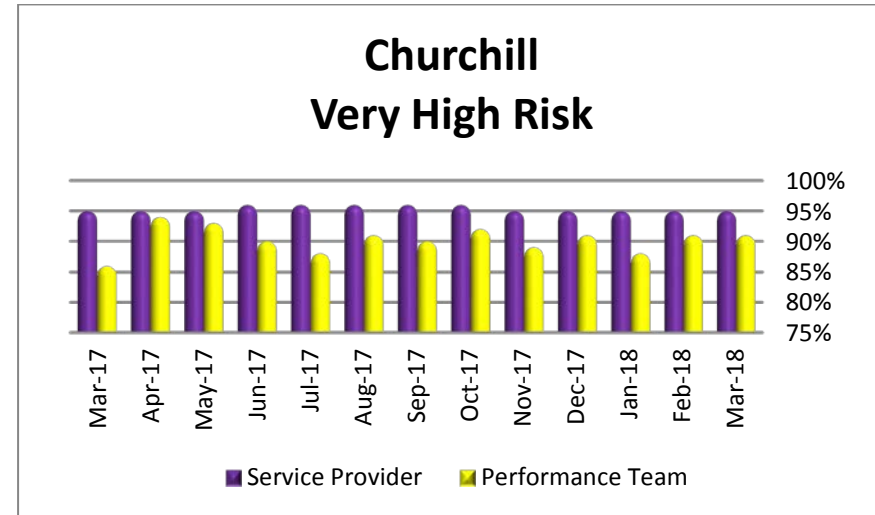
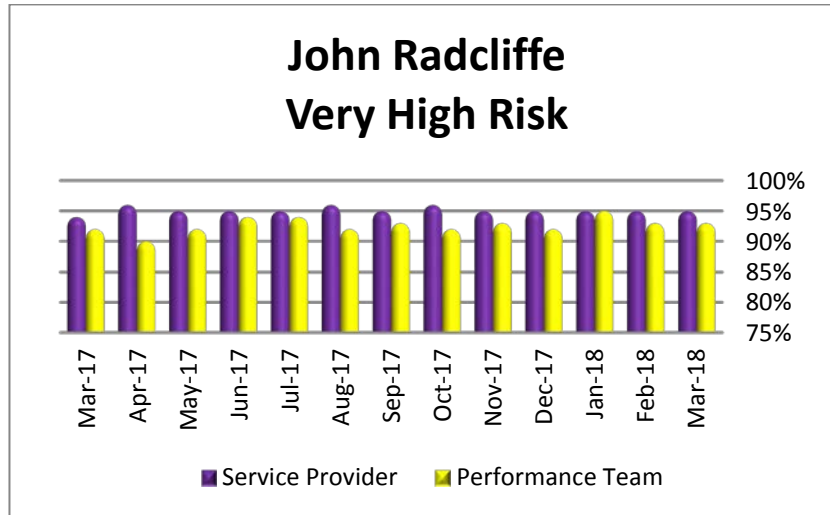
5. Cleaning Scores

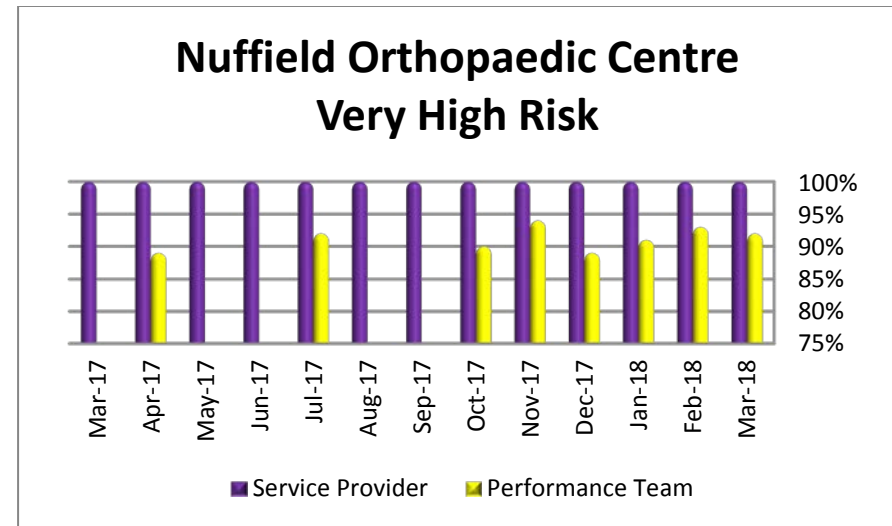
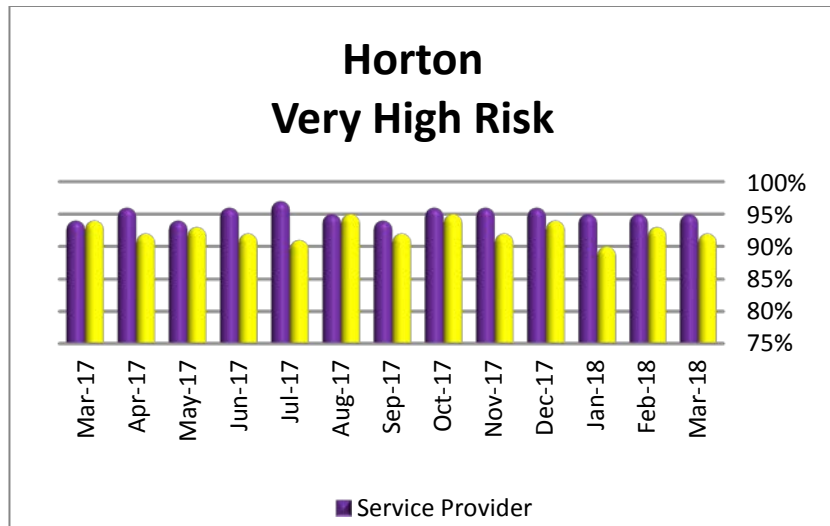
- 5.1. The average results per site over the last 13 months are provided in the graphs below for very high risk and high risk areas.
- 5.2. The audit scores that are reported are the first audit, and not those post-rectification. Often the reduced score relates to a lack of attention to detail on the part of the cleaner. An element may look clean but, when carefully examined, may be found not to have been cleaned effectively in the corners or underneath.
- 5.3. A review to establish where corrective cleans have arisen from performance team validation audits over the 13 months baseline has been undertaken. This review has identified that on only three occasions (once in May 17 and twice in July 17) were corrective cleans not completed in a timely fashion for the three Oxford sites. The standard of rectification was nonetheless appropriate. Altogether, there were 621 rectifications requested during a 13 month period. Unfortunately no data are available for the Horton, as the internal process does not measure the time of response. However, the internal team has a process to feedback the corrective actions to the domestic on shift.
- 5.4. Where an area audited has scored particularly poorly, then a re-audit is arranged. The domestic performance manager, service provider or supervisor, a member of the ward staff and the Infection Prevention and Control team are invited to attend the re-audit, so that all parties are aware of the findings and can work together to establish and address the root cause. The range in root causes varies, including, amongst others, access issues, training issues and equipment issues, along with poor cover arrangements for sickness.

6. Complaints

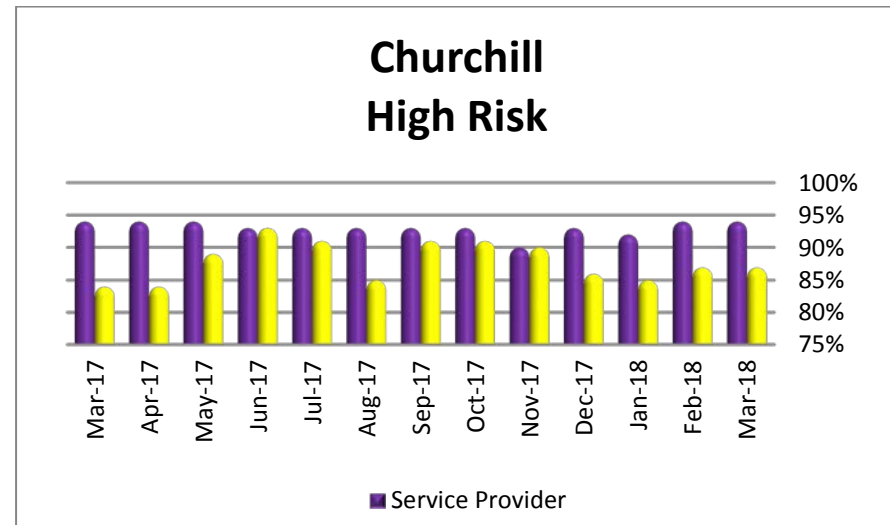
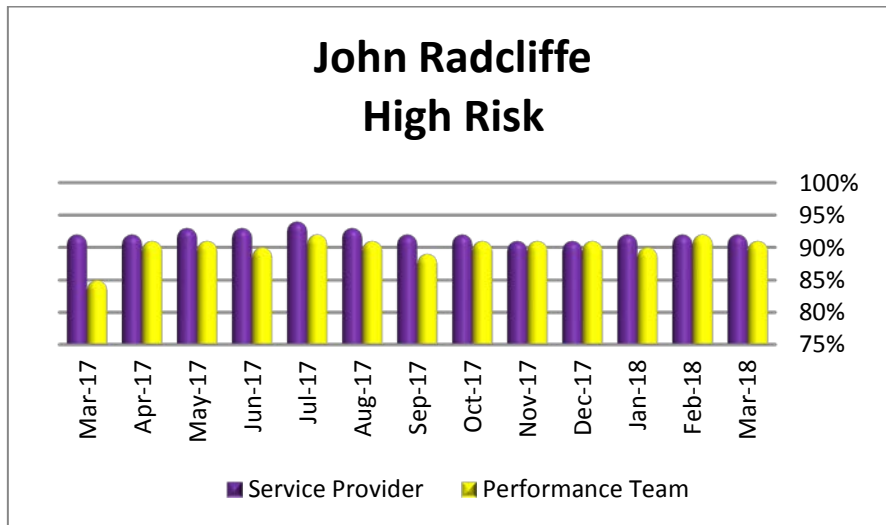
- 6.1. In addition to the various monitoring processes required as part of the Trust Strategic Cleaning Policy and contract requirement, the Estates and Facilities team monitors the cleanliness issues raised in formal complaints. A review of the formal cleaning complaints issued to Estates and Facilities over the same 13 month baseline (excluding complaints relating to external litter) has identified; five at the John Radcliffe, one at the Churchill and zero at the NOC and the Horton.
- 6.2. Four of the complaints relate to the cleanliness of public toilets where the footfall is extremely high due to a limited numbers of toilets e.g. in main receptions. In addition the fabric and environment for most of the toilet facilities in the retained estate is in need of improvement.

Very High Risk areas; include intensive care units, theatres and wards where patients are immune compromised and therefore at a higher risk of infection the national target is 98%.

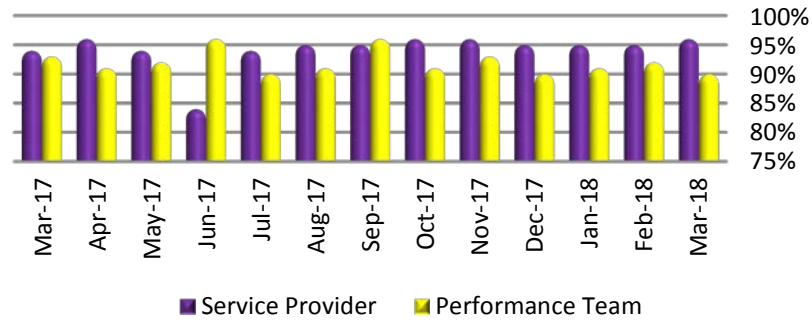




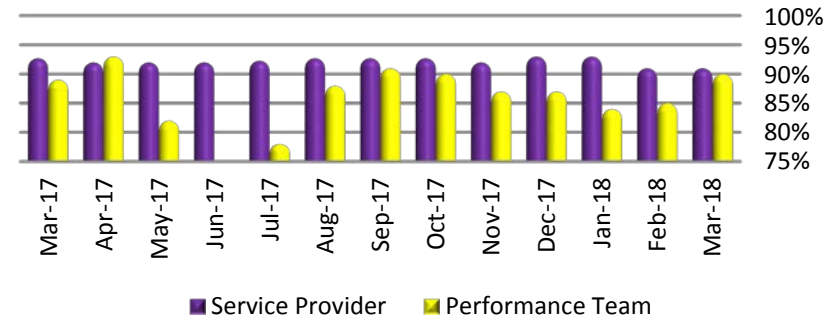
High Risk areas which are wards the national target is 95%.



Horton High Risk

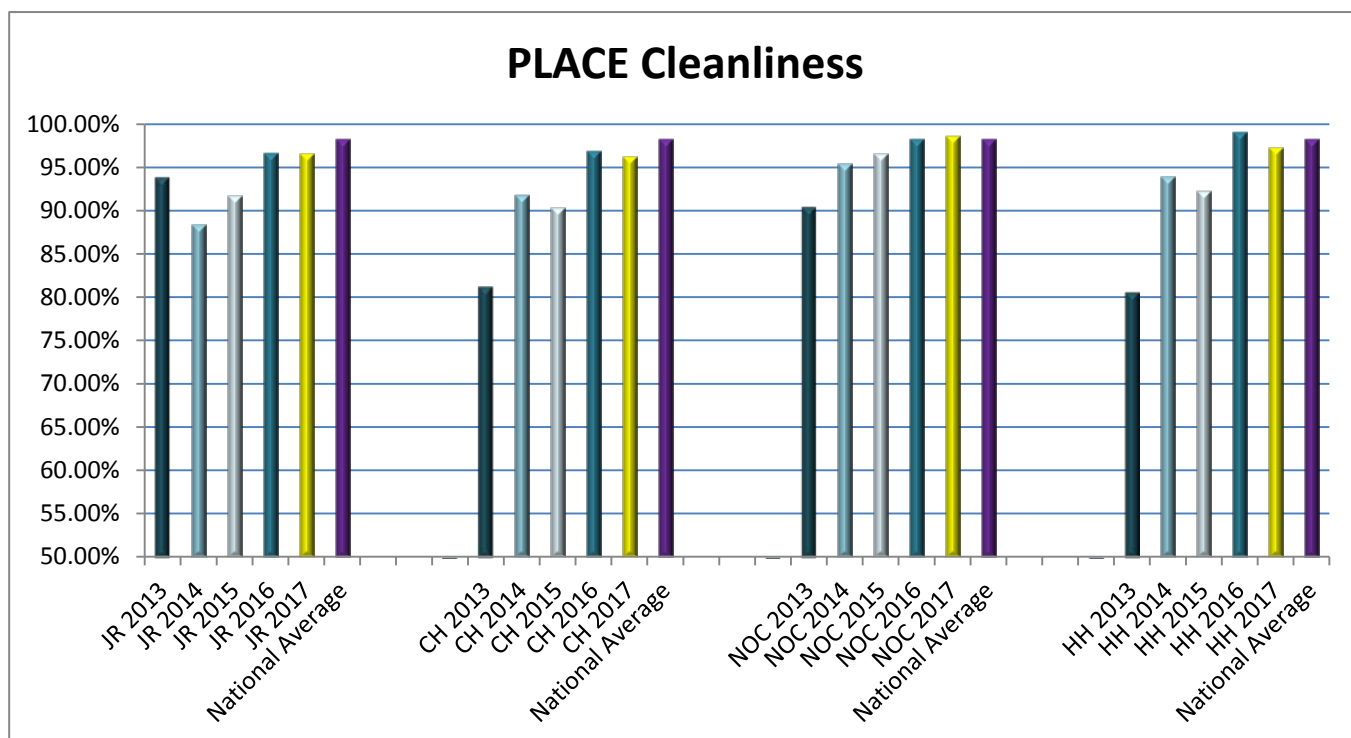


Nuffield Orthopaedic Centre High Risk



7. PLACE

7.1. The PLACE Cleanliness scores, now available over last five years, show a sustained improvement and all sites are now close to the national average. The overwhelming feedback from the patient assessors is that in the majority of cases they see clinical staff working hard to maintain a clean and safe environment.



7.2. The PLACE review for 2018 has been completed, and the outputs are currently being reviewed. They will be reported on in due course.

8. National Review of Cleaning Standards

8.1. There is an ongoing review of the National Cleaning Standards to provide an updated national standard which moves cleaning to a risk based approach, similar to that of PAS 5748 2014 (the latest specification for the measurement and review of cleaning standards in hospitals). It is understood that the intention is that the new cleaning standard will be linked to The Health & Social Care Act.

8.2. There has been a delay to this review whilst pilots take place from October. Following these pilots it is expected that consultation will commence in February 2019 with roll out April 2019.

8.3. Following release of the new standard next year, the Trust will need to review it and assess the implications in terms of its policy, monitoring, resourcing, funding and equipment.

9. Recommendation

9.1. The Board is asked to **note** the contents of this paper and to **support** the continuing work to monitor cleanliness.

Oxford University Hospitals NHS Foundation Trust

- 9.2. The Board is asked to note that although a cleaning validation audit may identify rectifications to correct failed elements, a review of these rectifications for the baseline period identified that the corrective actions were completed in a timely manner and that importantly an area was not left unclean.
- 9.3. The challenge is to ensure that standards are reliably being met on a daily basis. To this end the Board is asked to support work to raise the profile of daily monitoring, undertaken locally by wards, and the reporting of deficiencies to the appropriate helpdesk. This will enable corrective actions to be implemented and monitored.