

**NHSScotland**  
**National Cleaning Compliance Report**  
**Domestic and Estate Services**  
Quarter 1 results: April 2011 - June 2011



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## 1. Introduction

This report provides data on compliance with the requirements set out in the NHSScotland National Cleaning Services Specification for April 2011 to June 2011. It includes data on the 18 Scottish Health Boards that offer inpatient services or deal directly with patients, as follows:

- the 14 NHSScotland Operational Boards. These results are shown in two forms; the overall result for each Board and results for A1 (Acute Teaching) and A2 (Acute - Non-Teaching hospitals);
- 4 Special Health Boards - Golden Jubilee National Hospital, The State Hospitals Board for Scotland, Scottish Ambulance Service and the Scottish Blood Transfusion Service (part of NHS National Services Scotland).

The report indicates the status of each NHS Board using a traffic light system as follows:

Colour		Description
	Green	compliance above 90%
	Amber	compliance between 70% and 90%
	Red	compliance below 70%

The report also highlights any issues regarding non-compliance with the National Cleaning Specification as it relates to Estates issues. NHS Boards or major sub-units which receive an Amber or Red compliance rating must develop an action plan to address the issues identified through the monitoring process. This will be submitted to Health Facilities Scotland.

This is the first report of its type to present compliance data on estates issues hence there is no historical comparator data.



## 2. Background

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

The HAI Task Force was established in 2003 to take forward the Ministerial HAI Action Plan 'Preventing Infections Acquired While Receiving Healthcare' (October 2002). Cleaning services are an essential part of the multidisciplinary approach to tackling HAI. For prevention and control of infection to work effectively, critical activities such as cleaning and hand hygiene have to be embedded into everyday practice.

As part of its work programme, the HAI Task Force developed the 'NHSScotland Code of Practice for the Local Management of Hygiene and HAI' and the 'NHSScotland National Cleaning Services Specification'. These documents include guidance on cleanliness and hygiene, effectively setting minimum standards for the healthcare environment. They were issued to NHS Boards in May 2004.

The HAI Task Force commissioned Health Facilities Scotland (HFS) to develop a Monitoring Framework for the NHSScotland National Cleaning Services Specification. This was developed in consultation with a range of stakeholders within NHSScotland and was implemented in April 2006. The first Quarterly report was published in August 2006 and covered cleaning provided by Domestic services in NHS facilities.

### Estates Monitoring

In 2009 the HAI Task Force asked HFS to look at extending the scope of the cleaning monitoring tool to cover Estates Services as well as Domestic Services.

**Note:** Estates, in this context, covers issues relating to the fabric of the building e.g. vents, walls, ceiling tiles etc. It does not present information on the whole of the estates function e.g. water systems, heating, ventilation etc across all Healthcare facilities.

HFS took forward this work in partnership with NHSScotland Health Boards and built the estates monitoring system as an extension to the existing domestic monitoring system.

The domestic monitoring system has, since its inception in 2006, included an element of estates monitoring, but the original system was never designed to score the estates data or report on it.

The system will be operated by the domestic department within the Boards and a number of detailed and extensive training exercises have taken place to



provide monitors with further knowledge of the standards that they should be monitoring against.

Additionally, a comprehensive communication plan has been in operation to ensure staff at all levels across Health Boards understand how the system will operate and what it means for them. HFS has written to Health Board Chief Executives alerting them to the introduction of the new system and has used its network groups to ensure that within Boards from Director of Facilities down, Managers are aware of the system.

### **Monitoring and Improvement**

Monitoring, in this context, is defined as the ongoing assessment of the outcome of cleaning and estates maintenance processes to assess the extent to which corrective procedures are being carried out correctly, to identify any remedial action which is required and to provide an audit trail.

An essential component of any Monitoring Framework is the fundamental principle of continuous improvement. Therefore, the Monitoring Framework not only provides a reporting mechanism, but a rectification process that can be used locally to identify, prioritise and address issues of non-compliance.

Further information on the Monitoring Framework is available from [www.hfs.scot.nhs.uk](http://www.hfs.scot.nhs.uk). The Methodology behind the monitoring process is described in [Appendix 1](#).



### 3. Domestic Services – Key Findings for 1<sup>st</sup> Quarter

#### Key Findings – Pan Scotland

- Scotland's overall total score in Quarter 1 for 2011/2012 was Green at 94.6%;
- all Health Board have achieved a overall Green compliance rating;
- all A1 and A2 hospitals have achieved a Green compliance rating.

#### Hospital/Site Level Data

##### NHS Grampian

Drilling into the detail of Health Boards' results the following details were noted:

- overall NHS Grampian is in Green compliance for Quarter 1;
- Aberdeen Royal Infirmary continues to score well with a Quarter 1 average compliance in Green with 94.0%, this is a very slight improvement from the previous Quarterly result of 93.7%;
- the City hospital return decreased briefly to 86.8% during May but improved back to 99.7% compliance in June;
- Woodend Hospital continues to be in Amber compliance although the percentage rating has improved slightly to 87.4% in Quarter 1, 2011 from 86.9% in Quarter 4, 2010.

	Q2 2010	Q3 2010	Q4 2010	Q1 2011
<b>NHS Grampian</b>	<b>Total % Pass</b>	<b>Total % Pass</b>	<b>Total % Pass</b>	<b>Total % Pass</b>
Wood End Hospital	89.1%	87.1%	86.9%	87.4%

As can be seen from the table above, the performance trend was downward over the course of the last year and although there has been a slight improvement in the first Quarter of 2011, the situation remains challenging.

This is the 8<sup>th</sup> report in a row that NHS Grampian has been highlighted in this compliance report.

At the request of SGHD, HFS met with NHS Grampian in May 2011 to discuss the situation in Woodend Hospital. NHS Grampian had conducted a thorough review of the situation and identified that a significant injection of additional staff was required at Woodend. The Board had approved the staff request and new staff would be recruited, trained and on the job by late July 2011. Therefore it will be Quarter 2, 2011 before the impact of these staff will feed into the monitoring figures.



Additionally, other steps are being taken currently to manage the situation:

- additional Domestic hours to be allocated to weekend clinical areas;
- cleaning duties are being separated off from other duties e.g. catering provision in order to give them the degree of focus required to increase compliance.

### **Scottish Ambulance Service (SAS)**

The SAS has achieved a national overall score of 92.0 % for a Green compliance.

All divisions in SAS have also achieved an overall Green rating.

Clearly the measures taken by SAS to address performance issues, highlighted in previous issues of this report, have proven effective. The current trend is one of improvement. Therefore in future reports HFS will not specifically highlight SAS performance as long as it remains in Green compliance.

### **NHS Highland**

NHS Highland performance for this Quarter is in Green compliance with the score remaining fairly static, hovering around the 94% level. However a number of smaller remote facilities in NHS Highland have not submitted monitoring figures during this Quarter due to staff shortages. HFS contacted NHS Highland about this situation and received the following explanation:

*“NHS Highland usually submits monthly domestic/estates monitoring returns covering all their locations. However, over the 1st Quarter of 2011 the usual monthly monitoring was not carried out in some of the remote and rural community hospitals due to unavoidable staff shortages. NHS Highland has reviewed the issues and submitted an action plan to HFS which details how it intends to achieve full compliance for the future”.*

The NHS Highland action makes it clear that they have put steps in place to ensure that there are no missing returns in future.

### **Additional support from Health Facilities Scotland**

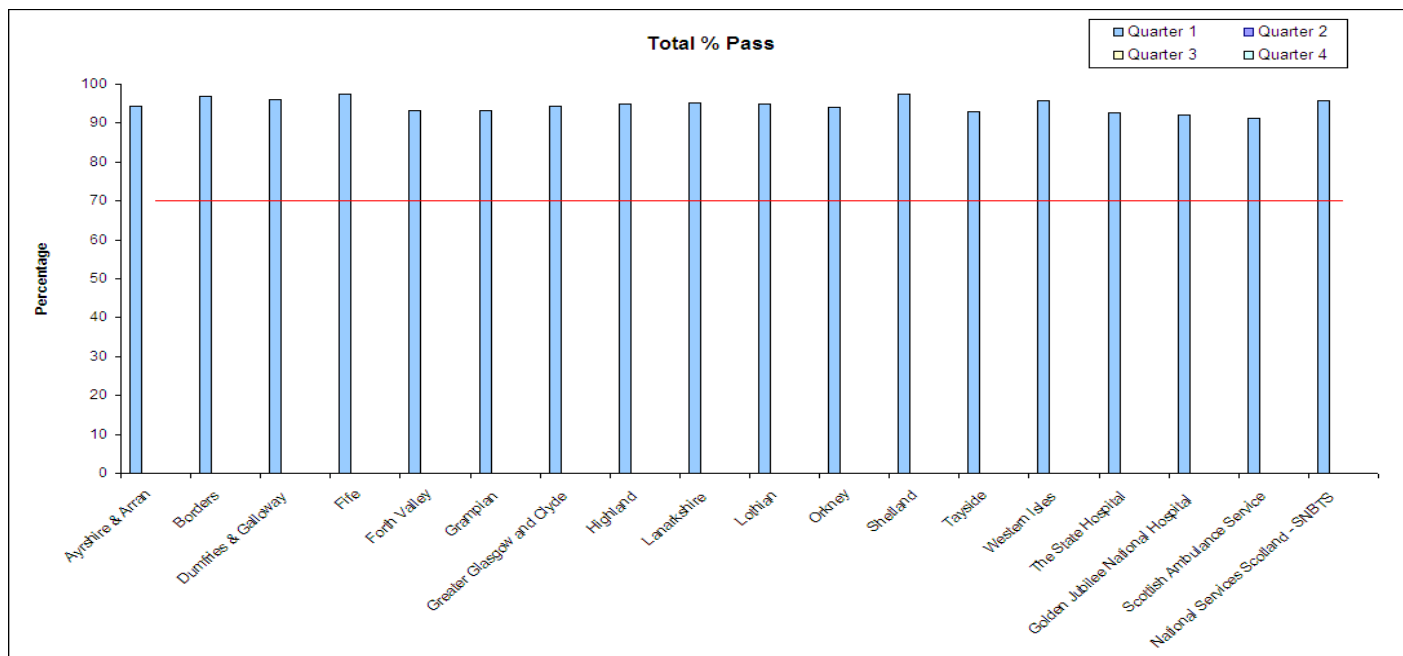
To support the Health Boards whose performance has dropped, Health Facilities Scotland will:

- monitor the data returns to detect any issues;
- participate in peer review monitoring exercises with Health Boards;
- provide help and advice to Health Boards around the monitoring frequencies.



## 4. Domestic Services - Graphs

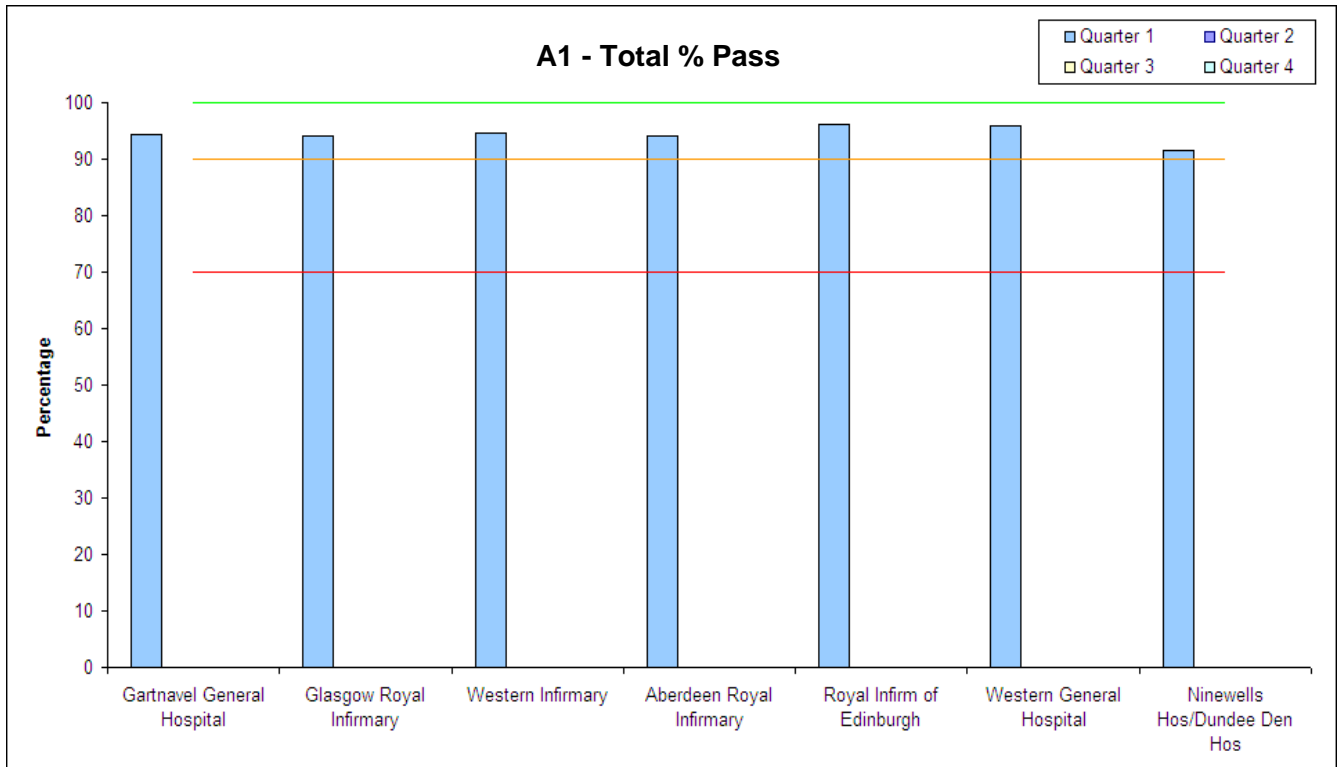
### Cleaning Services Monitoring Tool – NHS Boards' Performance



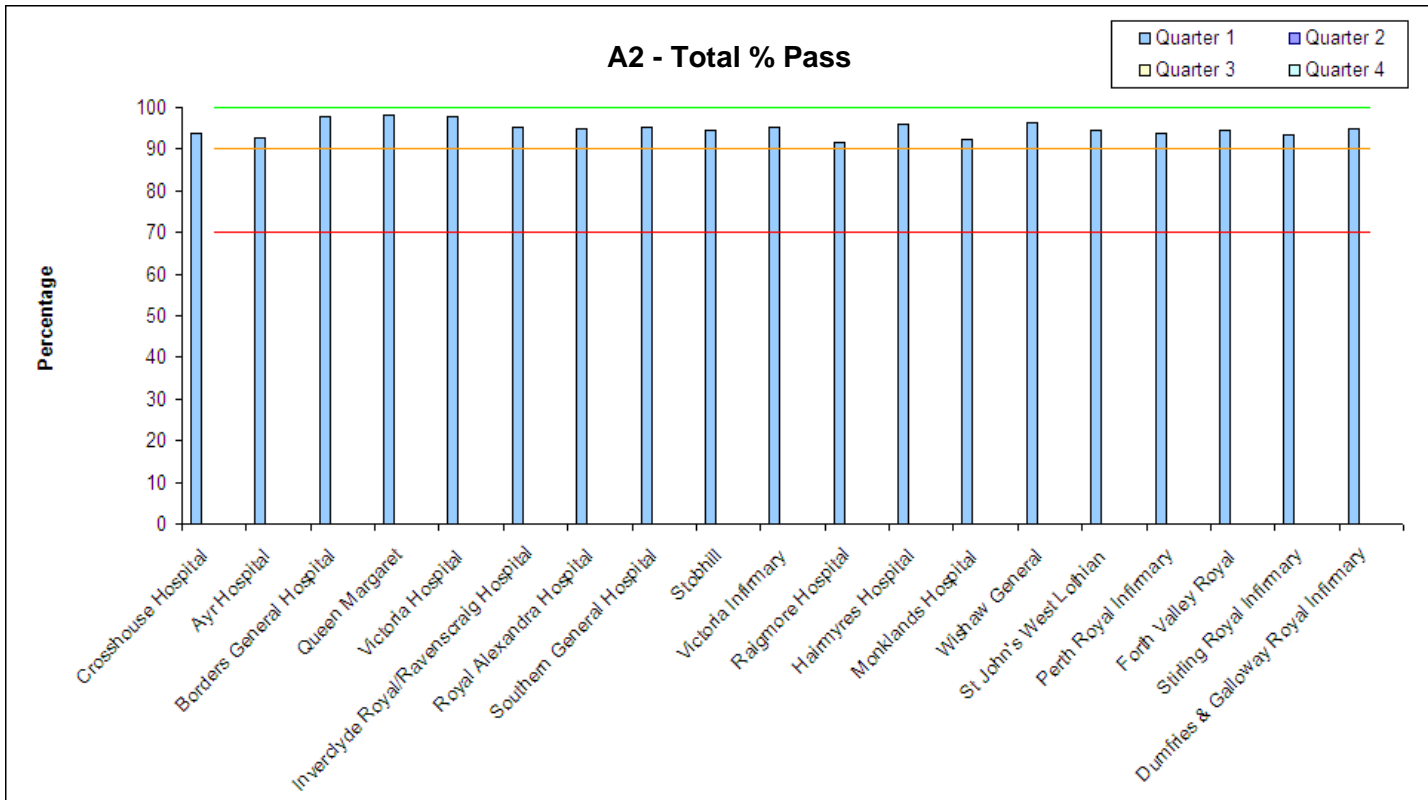
Health Board	3 <sup>rd</sup> Quarter Oct - Dec 2010/2011	4 <sup>th</sup> Quarter Jan - March 2010/2011	Annual Jan - March 2010/2011	1 <sup>st</sup> Quarter Apr - June 2011/2012
	Total % Pass	Total % Pass	Total % Pass	Total % Pass
<b>SCOTLAND</b>	<b>95.3</b>	<b>95.1</b>	<b>95.4</b>	<b>94.6</b>
Ayrshire and Arran	94.9	94.2	94.6	93.9
Borders	97.0	97.6	97.2	97.2
Dumfries and Galloway	96.0	96.1	96.4	95.6
Fife	97.7	98.1	97.8	97.2
Forth Valley	94.8	94.1	94.9	94.0
Grampian	93.4	92.7	93.5	93.0
Greater Glasgow and Clyde	95.6	95.0	95.7	94.8
Highland	94.4	94.9	94.9	94.1
Lanarkshire	96.0	95.9	96.2	95.1
Lothian	95.2	95.4	95.2	95.0
Orkney	95.9	95.4	95.5	95.4
Shetland	96.4	98.1	96.6	97.2
Tayside	94.3	93.8	94.5	93.0
Western Isles	96.5	96.6	96.4	95.7
The State Hospitals Board for Scotland	92.3	92.1	92.5	93.4
Golden Jubilee National Hospital	91.9	92.1	91.7	91.6
NSS – SNBTS	96.9	96.7	96.6	92.0
Scottish Ambulance Service	91.3	91.5	90.6	96.7



### Cleaning Services Monitoring Tool – A1 Hospital performance



### Cleaning Services Monitoring Tool – A2 Hospital performance





Hospital Type	Organisation	3 <sup>rd</sup> Quarter Oct - Dec 2010/2011	4 <sup>th</sup> Quarter Jan - Mar 2010/2011	Annual April 2010- March 2011	1 <sup>st</sup> Quarter Apr - June 2011/2012
<b>A1</b>	Gartnavel General Hospital, Glasgow	95.0	94.0	94.9	94.3
	Western Infirmary, Glasgow	96.2	95.2	96.1	94.5
	Glasgow Royal Infirmary	94.1	92.9	94.2	94.1
	Aberdeen Royal Infirmary	94.3	93.7	94.0	94.0
	Western General Hospital, Edinburgh	96.2	96.7	96.0	95.9
	Edinburgh Royal Infirmary	95.7	95.7	95.8	96.2
	Ninewells Hospital, Dundee	93.4	92.9	93.5	91.6
<b>A2</b>	The Ayr Hospital	92.9	92.4	92.5	92.5
	Crosshouse Hospital, Kilmarnock	95.8	94.7	95.3	93.9
	Borders General Hospital	97.9	98.2	97.8	97.9
	Victoria Hospital, Kirkcaldy	97.7	98.4	98.0	97.8
	Queen Margaret Hospital	98.4	98.8	98.4	98.2
	Southern General Hospital, Glasgow	96.0	95.5	96.0	95.2
	Victoria Infirmary, Glasgow	96.9	96.6	96.7	95.4
	Stobhill Hospital, Glasgow	94.9	94.9	95.1	94.4
	Inverclyde Royal/Ravenscraig Hospital	97.8	96.7	97.8	95.3
	Royal Alexandra Hospital, Paisley	95.5	94.9	95.6	95.0
	Raigmore Hospital, Inverness	93.8	94.8	93.6	91.7
	Monklands Hospital, Airdrie	94.7	94.0	94.8	92.4
	Hairmyres Hospital, East Kilbride	97.4	97.7	97.8	96.1
	Wishaw General Hospital	95.9	95.6	96.0	96.3
	St John's Hospital, Livingston	95.2	94.8	94.4	94.5
	Perth Royal Infirmary	94.8	95.2	95.3	93.7
	Stirling Royal Infirmary*	94.2	94.0	94.5	NA
	Forth Valley Royal	95.8	94.3	95.6	94.6
	Dumfries & Galloway Royal Infirmary	95.3	95.4	95.9	94.8

\*Stirling Royal Infirmary have started a 3 month phased move of services to the new hospital at Larbert during which, it has been agreed, they will not be submitting cleaning returns. HFS have emphasised to Forth Valley management the need to maintain standards during the move



## 5. Estates Services - Key Findings for 1<sup>st</sup> Quarter

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This is the second Estates monitoring report developed from the new Domestic Monitoring Tool (DMT). Health Boards are still very much finding their feet with the system implementation, auditing, monitoring and reporting processes.

### Key Findings – Pan Scotland

Scotland's overall total score in Quarter 1 for 2011/2012 was Green at 93.8%.

#### Health Board Level Data

Two Boards in Scotland are in Amber, this is NHS Greater Glasgow and Clyde (NHSGG&C) with a score of 89.6% and the State Hospital with a score of 84.3%. All 16 other Boards have achieved a Green compliance.

It is important to note that although NHSGG&C is in Amber compliance for the whole Quarter, they achieved a Green compliance score of 90.2 % for June, the final month in the Quarter. Hence the trend for the last 4 months is improving.

In accordance with the monitoring protocol, Health Facilities Scotland (HFS) contacted the Boards in Amber who have provided copies of the Board action plan being followed to improve the compliance score from Amber to Green. Additionally Boards have provided the following explanations.

#### NHS Greater Glasgow and Clyde

Amber scores due to need for ongoing maintenance such as damaged floors, seals, walls, door frames, missing light covers, dirty vents, high level cleaning, broken/chipped tiles etc. In most case work is completed or in progress, there are some exceptions to this where ward or sites are due to close in the very near future. Only areas remaining open will be progressed and completed. Some areas not progressed on basis that some areas are not front facing and are not a HAI risk. The Environmental Audits completed by Infection Control are always cross referenced to prioritise workload and investment. HFS has provided some support in July to ensure the tool is being appropriately used. Although still in Amber compliance, there has been a significant improvement in performance from 86.2% to 89.6%.

#### The State Hospital

There is an overall poor condition of the physical environment within existing ward buildings some of which date from the 1930s. These wards will be completely replaced with new wards (hub and cluster) facilities with full en suite facilities. Limited minor works being undertaken in some areas to maintain property until the decommissioning date. All works (phase 2) are confirmed to be completed by September 2011 (operational wards) when the patient move to



new accommodation will take place. In the meantime there has been a significant decline in performance from 89.4% to 84.3%.

## **A1/A2 Hospital Level Data**

### **NHS Greater Glasgow and Clyde Update**

All A1 & A2 hospital across NHS Greater Glasgow and Clyde have improved, with the sole exception of the Victoria infirmary whose performance has remained static.

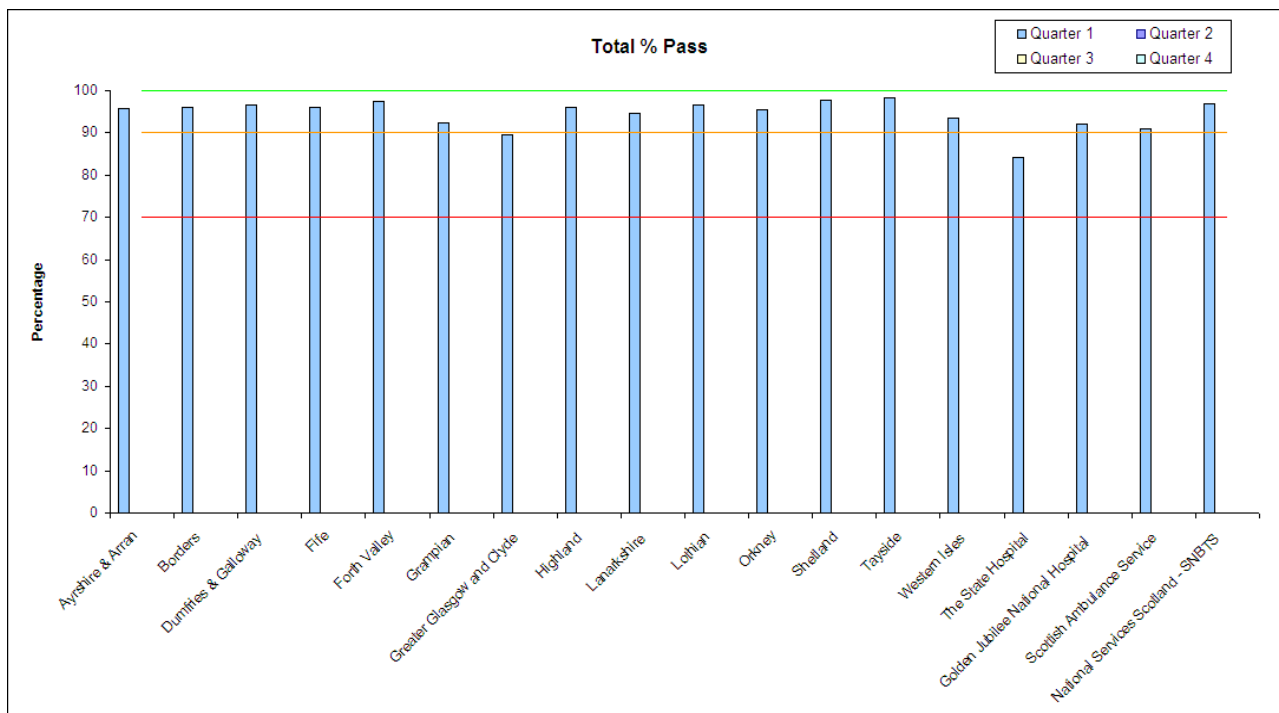
Gartnavel has moved out of Red compliance 68.7% into Amber with a score of 78.5%

Glasgow Royal Infirmary, Stobhill and Inverclyde Hospitals have all moved from Amber compliance into Green Compliance.



## 6. Estates Services - Graphs

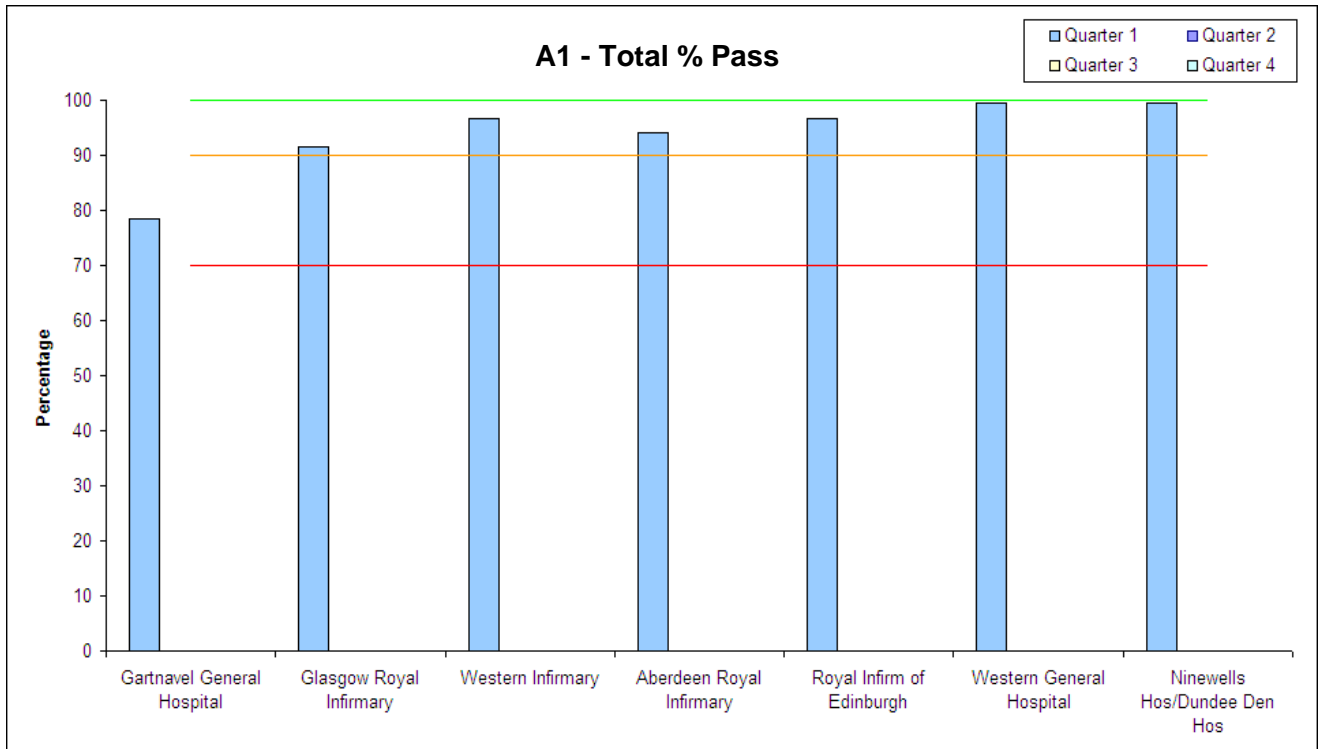
### Estates Fabric Monitoring Tool – NHS Boards' Performance



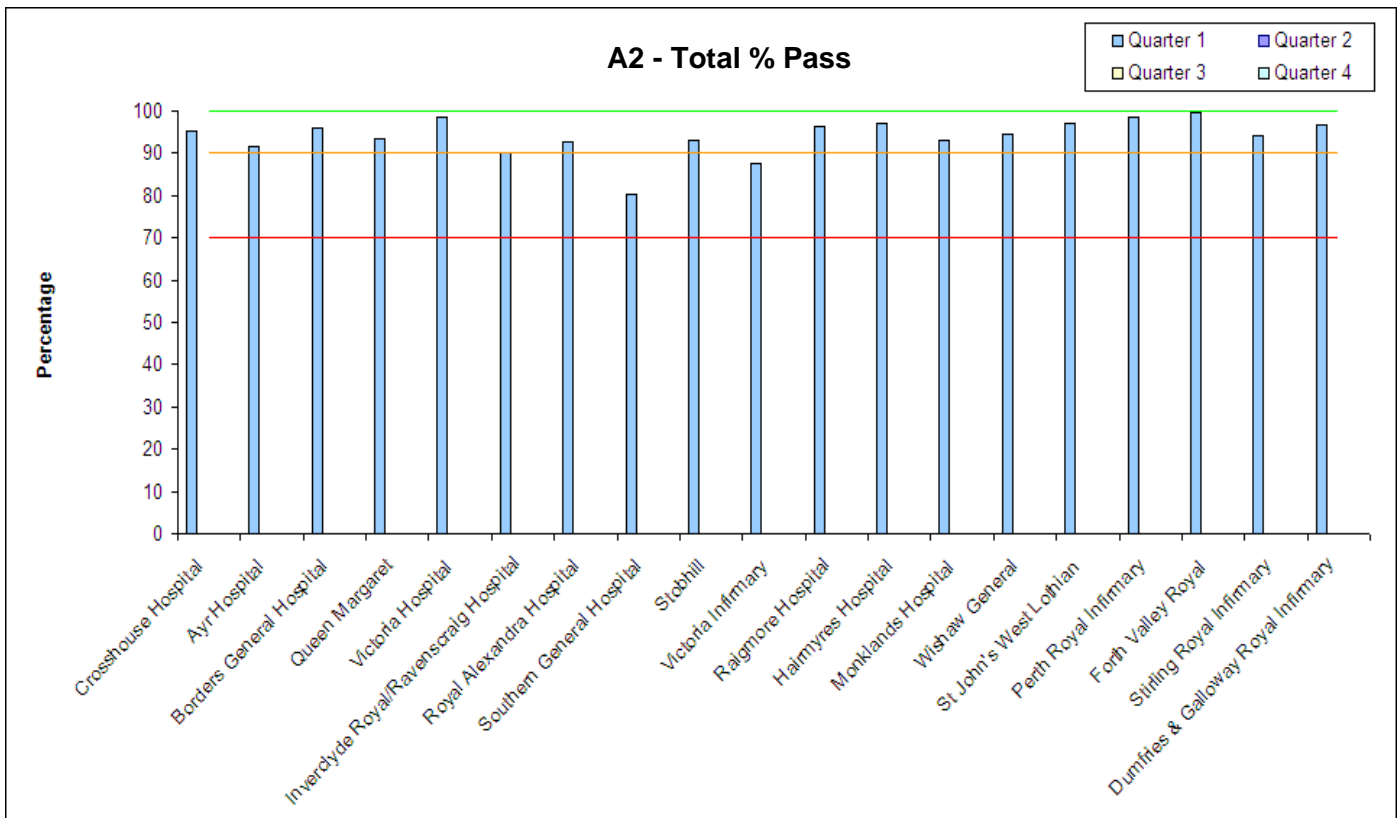
Health Board	4 <sup>th</sup> Quarter Jan – March 2011	1 <sup>st</sup> Quarter Apr – June 2011/12
	Total % Pass	Total % Pass
<b>SCOTLAND</b>	<b>92.4</b>	<b>93.8</b>
Ayrshire and Arran	93.8	95.7
Borders	96.2	95.9
Dumfries and Galloway	97.0	96.7
Fife	95.7	96.0
Forth Valley	95.6	97.3
Grampian	91.5	92.5
Greater Glasgow and Clyde	86.2	89.6
Highland	94.2	96.2
Lanarkshire	96.6	94.6
Lothian	96.3	96.7
Orkney	93.7	95.6
Shetland	97.9	97.9
Tayside	97.7	98.2
Western Isles	90.6	93.4
The State Hospitals Board for Scotland	89.4	84.3
Golden Jubilee National Hospital	91.9	92.2
NSS – SNBTS	95.4	97.0
Scottish Ambulance Service	91.1	90.8



### Domestic Services (Estates) Monitoring Tool – A1 Hospital performance



### Domestic Services (Estates) Monitoring Tool – A2 Hospital performance





<b>Hospital Type</b>	<b>Organisation</b>	<b>4<sup>th</sup> Quarter Jan – March 2011</b>	<b>1<sup>st</sup> Quarter Apr – June 2011/12</b>
<b>A1</b>	Gartnavel General Hospital, Glasgow	68.7	78.5
	Western Infirmary, Glasgow	94.6	96.8
	Glasgow Royal Infirmary	84.0	91.6
	Aberdeen Royal Infirmary	94.1	94.1
	Western General Hospital, Edinburgh	99.6	99.4
	Edinburgh Royal Infirmary	94.9	96.6
	Ninewells Hospital, Dundee	99.2	99.4
<b>A2</b>	The Ayr Hospital	88.1	91.6
	Crosshouse Hospital, Kilmarnock	94.0	95.4
	Borders General Hospital	97.5	96.0
	Victoria Hospital, Kirkcaldy	98.4	98.6
	Queen Margaret Hospital	93.9	93.5
	Southern General Hospital, Glasgow	79.4	80.3
	Victoria Infirmary, Glasgow	87.8	87.7
	Stobhill Hospital, Glasgow	89.2	93.2
	Inverclyde Royal/Ravenscraig Hospital	87.6	90.3
	Royal Alexandra Hospital, Paisley	91.1	92.6
	Raigmore Hospital, Inverness	98.2	96.5
	Monklands Hospital, Airdrie	96.0	93.0
	Hairmyres Hospital, East Kilbride	99.1	96.9
	Wishaw General Hospital	95.7	94.5
	St John's Hospital, Livingston	96.9	97.1
	Perth Royal Infirmary	96.3	98.5
	Stirling Royal Infirmary	93.9	94.2
Forth Valley Royal	97.6	99.7	
Dumfries and Galloway Royal Infirmary	96.7	96.6	



## Appendix 1 - Methodology

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Over the year, NHS Boards will monitor all facilities. Each Quarterly report covers monitoring of a proportion of the facilities/areas within an NHS Board area.

Compliance is assessed within NHS Boards using a standardised monitoring template. There are two components to the monitoring:

- audits carried out on a routine basis by Domestic Services Managers;
- audits carried out by Peer Review teams, incorporating a Public Involvement element.

Cleanliness and the state of the estate fabric are assessed using an observational process and according to the technical requirements set out in the NHSScotland National Cleaning Services Specification. The requirements vary depending on the type of area being assessed and the scores are weighted to reflect risk. For example, an operating theatre receives a higher weighting.

The areas to be audited are selected at random in accordance with the Monitoring Framework guidance.

The purpose of the peer review audit is to provide a degree of independent scrutiny within the monitoring system. The peer review process may include representation from the following, accompanied by the local Domestic Services Manager:

- a member of the public;
- an Infection Control professional;
- a manager with domestic services expertise;
- an Estates representative;
- a member of the NHS Board's Quality Team.

The area to be audited by the peer review process, using the monitoring tool to audit, is selected at random and is not identified to local staff in advance of the visit.

At the conclusion of the review all participants will have signed the completed audit tool sheets. The Domestic Services Manager's are advised of the findings.

NHS Boards report their results to Health Facilities Scotland on a monthly basis. From the data received, the monitoring tool produces a score for all Boards and A1 and A2 hospitals. This data is used to compile the Quarterly report and fed back to Boards.



## Appendix 2 - Reporting Process

**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.

**All Sites**  
Monitor the cleanliness and estates issues of areas/wards etc between the first and last day of each month and input the information into the individual workbooks. The results will be emailed to Health Facilities Scotland (HFS). Peer Review will, as part of the process, be conducted at least once a year.

Data from the individual Workbooks will be collected monthly.

**Individual Monthly Workbook.**

**NO**

Is the Monthly Workbook result equal or greater than 90%?

**YES**

Send email to HFS with Individual Summary Workbook Quarterly, identifying issues and confirming that a Health Board Action Plan is in place.

**Hospital(s) representative(s) sends individual Summary Workbook(s) by the 15<sup>th</sup> of the following calendar month to their Health Board contact.**

Health Board contact sends monthly results to HFS at [nss.hfscleanmonitor@nhs.net](mailto:nss.hfscleanmonitor@nhs.net) by the 15<sup>th</sup> of each month.

HFS checks returns are received and complete.

HFS sends draft Quarterly report to Health Boards who must confirm/comment within 10 days.

HFS completes Quarterly reports which will be sent to the SGHD and Health Boards 7 days prior to publication dates. Reports are published in August, November, February and May; 6 weeks after receipt of Health Boards Quarterly returns.

### Peer Review Explanatory notes

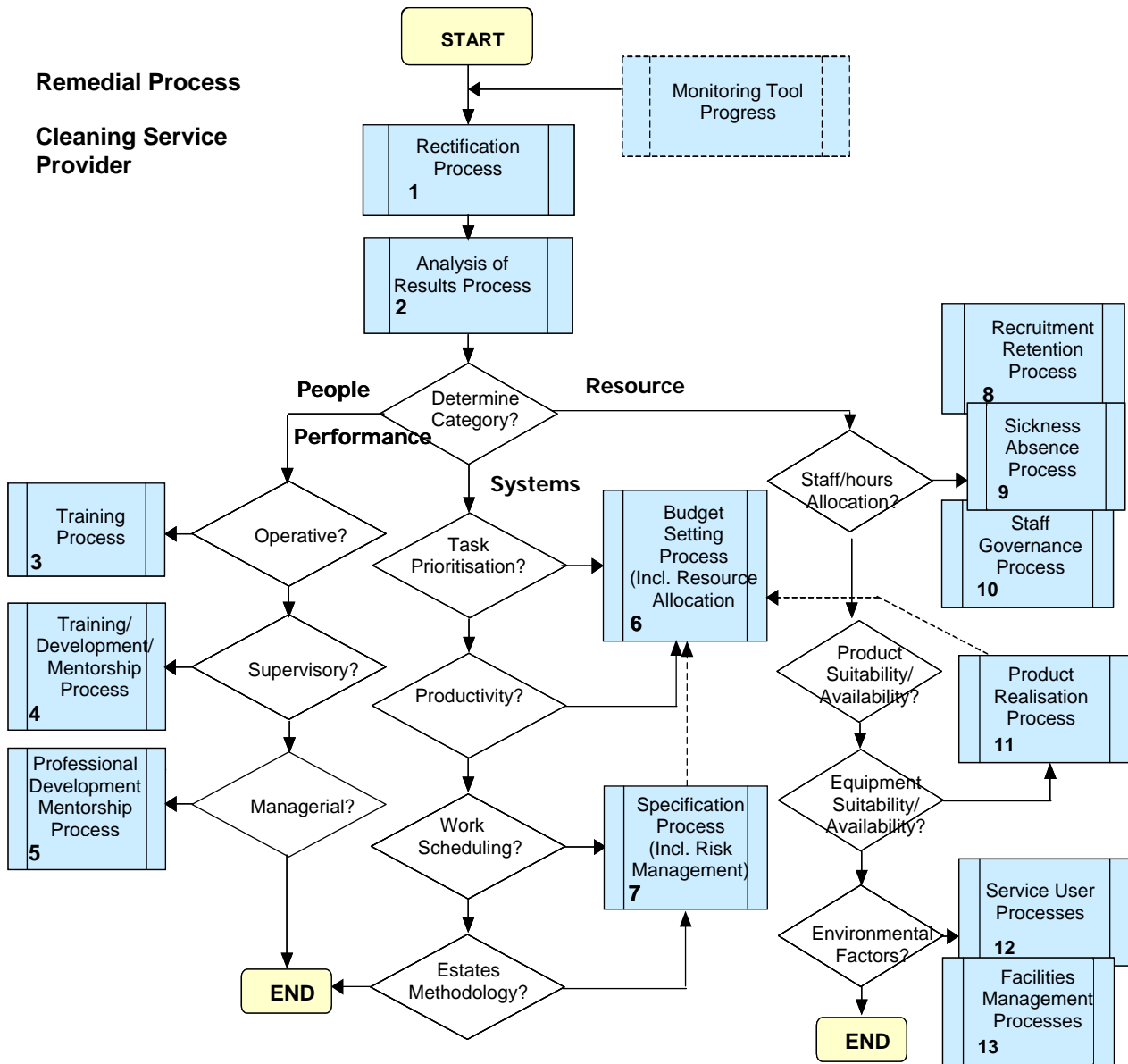
\* Health Boards will report each month therefore 25% of the individual discs should be peer reviewed each Quarter e.g. for every 4 discs, at least 1 should be peer reviewed per Quarter.

### 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 representative 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.

## Appendix 3 - Estates Remedial process



## Appendix 4 - Estates Red, Amber and Green Remedial Process

