

NHSScotland
National Cleaning Compliance Report
Domestic and Estate Services

Quarter 2 results: July 2011 - September 2011



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1. Introduction

1.1 This report provides data on compliance with the requirements set out in the NHSScotland National Cleaning Services Specification for July 2011 to September 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%

1.2 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

- 2.1 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

- 2.2 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

2.3

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. The Methodology behind the monitoring process is described in [Appendix 1](#).



3. Domestic Services – Key Findings for 2nd Quarter

Key Findings – Pan Scotland

- Scotland's overall total score in Quarter 2 for 2011/2012 was Green at 95%;
- all Health Boards have achieved an overall Green compliance rating;
- all A1 and A2 hospitals have achieved a Green compliance rating.

Hospital/Site Level Data

NHS Grampian

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

- overall NHS Grampian is in Green compliance for Quarter 2;
- all sites in NHS Grampian have been in Green compliance for the whole of Quarter 2,

HFS Perspective

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

NHS Highland

3.2 NHS Highland performance for this Quarter is in Green compliance with the score remaining fairly static at 94.2%.

All healthcare sites are now submitting monitoring data.

The County Community Hospital Invergordon, is in Amber compliance for the whole of Quarter 2 with 87.7% compliance. At the request of HFS, NHS Highland have submitted an action plan to HFS for this site and they are currently addressing four areas with faults, these include staff training, staffing level and sick absences.

HFS will continue to monitor and report on the situation.

HFS Perspective

3.2.1 Given the measures outlined in the NHS Highland action plan, and the fact that these sites are not significantly off 90%, HFS would expect to see both sites return to Green compliance in the next report.



Additional support from Health Facilities Scotland

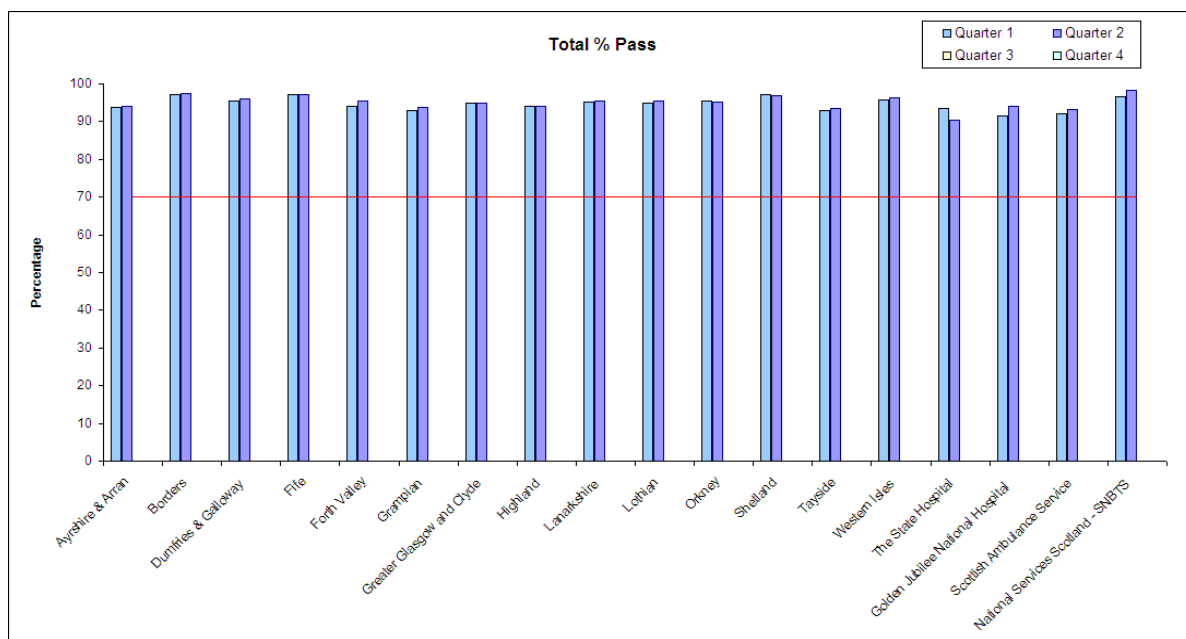
3.3 To support the Health Boards whose performance has dropped, Health Facilities Scotland will:

- 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

4.1 Cleaning Services Monitoring Tool – NHS Boards' Performance

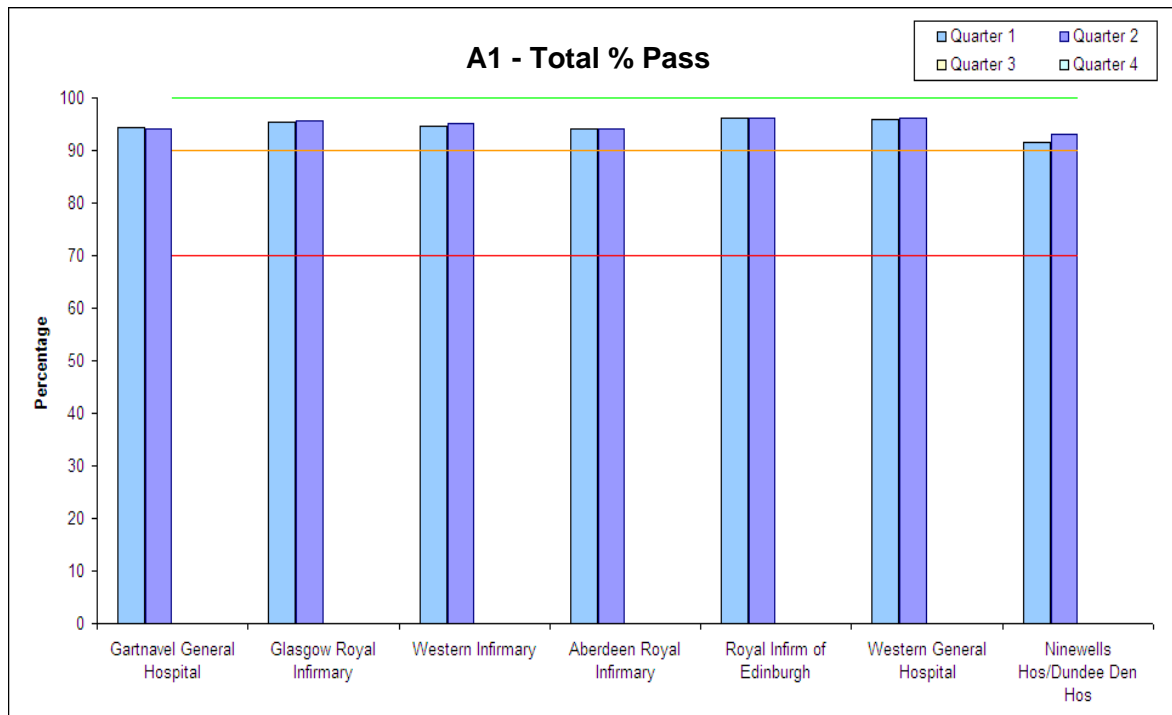


Health Board	4 th Quarter Jan - March 2010/2011	Annual Jan - March 2010/2011	1 st Quarter Apr - June 2011/2012	2 nd Quarter July - Sept 2011/2012
	Total % Pass	Total % Pass	Total % Pass	Total % Pass
SCOTLAND	95.1	95.4	94.6	95.00
Ayrshire and Arran	94.2	94.6	93.9	94.2
Borders	97.6	97.2	97.2	97.4
Dumfries and Galloway	96.1	96.4	95.6	96.1
Fife	98.1	97.8	97.2	97.2
Forth Valley	94.1	94.9	94.0	95.6
Grampian	92.7	93.5	93.0	93.8
Greater Glasgow and Clyde	95.0	95.7	94.8	94.9
Highland	94.9	94.9	94.1	94.2
Lanarkshire	95.9	96.2	95.1	95.6
Lothian	95.4	95.2	95.0	95.4
Orkney	95.4	95.5	95.4	95.2
Shetland	98.1	96.6	97.2	96.9
Tayside	93.8	94.5	93.0	93.5
Western Isles	96.6	96.4	95.7	96.3
The State Hospitals Board for Scotland	92.1	92.5	93.4	90.5
Golden Jubilee National Hospital	92.1	91.7	91.6	93.9
NSS – SNBTS	96.7	96.6	92.0	98.2
Scottish Ambulance Service	91.5	90.6	96.7	93.4



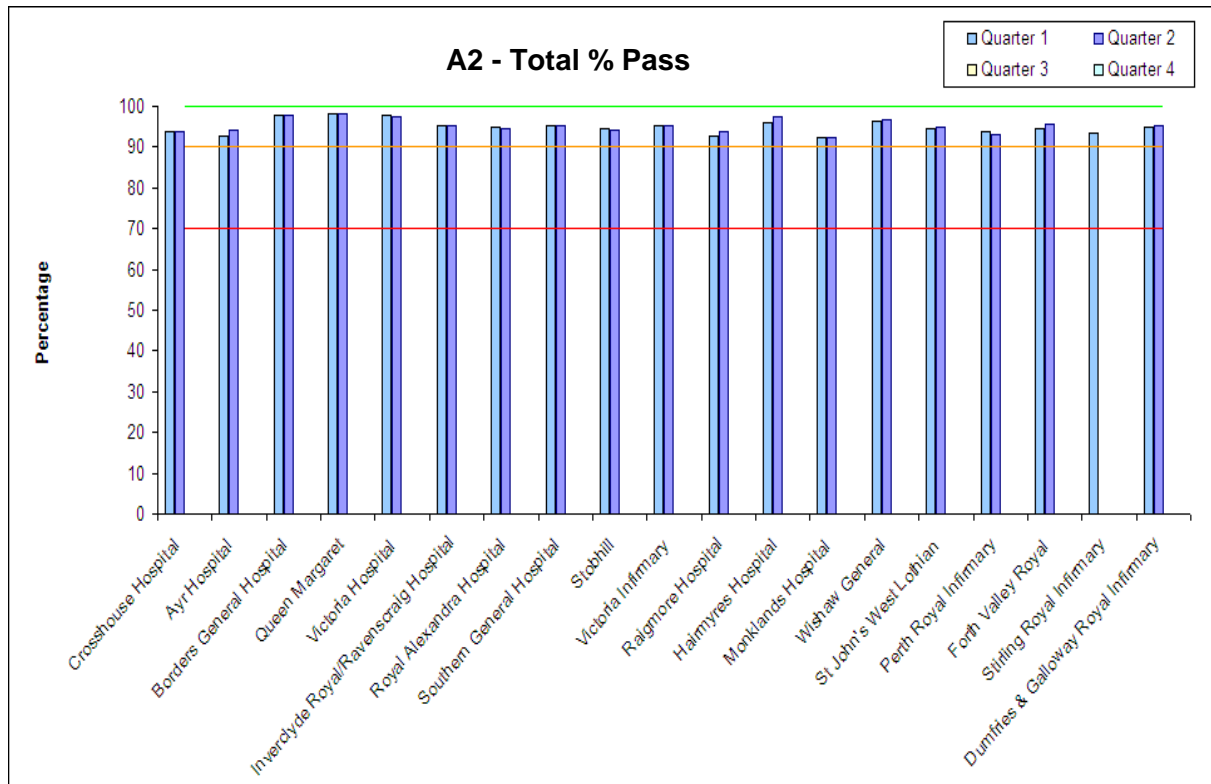
4.2

Cleaning Services Monitoring Tool – A1 Hospital performance



4.3

Cleaning Services Monitoring Tool – A2 Hospital performance





Hospital Type	Organisation	4 th Quarter Jan - Mar 2010/2011	Annual April 2010- March 2011	1 st Quarter Apr - June 2011/2012	2 nd Quarter July - Sept 2011/2012
A1	Gartnavel General Hospital, Glasgow	94.0	94.9	94.3	94.2
	Western Infirmary, Glasgow	95.2	96.1	94.5	95.0
	Glasgow Royal Infirmary	92.9	94.2	94.1	95.7
	Aberdeen Royal Infirmary	93.7	94.0	94.0	94.0
	Western General Hospital, Edinburgh	96.7	96.0	95.9	96.0
	Edinburgh Royal Infirmary	95.7	95.8	96.2	96.2
	Ninewells Hospital, Dundee	92.9	93.5	91.6	93.0
A2	The Ayr Hospital	92.4	92.5	92.5	94.2
	Crosshouse Hospital, Kilmarnock	94.7	95.3	93.9	93.9
	Borders General Hospital	98.2	97.8	97.9	97.7
	Victoria Hospital, Kirkcaldy	98.4	98.0	97.8	97.5
	Queen Margaret Hospital	98.8	98.4	98.2	98.2
	Southern General Hospital, Glasgow	95.5	96.0	95.2	95.2
	Victoria Infirmary, Glasgow	96.6	96.7	95.4	95.2
	Stobhill Hospital, Glasgow	94.9	95.1	94.4	94.3
	Inverclyde Royal/Ravenscraig Hospital	96.7	97.8	95.3	95.4
	Royal Alexandra Hospital, Paisley	94.9	95.6	95.0	94.5
	Raigmore Hospital, Inverness	94.8	93.6	91.7	93.8
	Monklands Hospital, Airdrie	94.0	94.8	92.4	92.5
	Hairmyres Hospital, East Kilbride	97.7	97.8	96.1	97.3
	Wishaw General Hospital	95.6	96.0	96.3	96.7
	St John's Hospital, Livingston	94.8	94.4	94.5	94.8
	Perth Royal Infirmary	95.2	95.3	93.7	93.1
	Stirling Royal Infirmary*	94.0	94.5	NA	NA
	Forth Valley Royal	94.3	95.6	94.6	95.6
	Dumfries & Galloway Royal Infirmary	95.4	95.9	94.8	95.1

*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 2nd Quarter

This is the third Estates monitoring report developed from the new Domestic Monitoring Tool (DMT). Health Boards are becoming more familiar with the system implementation, auditing, monitoring and reporting processes.

Key Findings – Pan Scotland

- 5.1 Scotland's overall total score in Quarter 2 for 2011/2012 was Green at 94.9%.

Health Board Level Data

- 5.2 One Board in Scotland is in Amber, this is The State Hospital at 87.1%, which is an improvement from the previous Quarter when it achieved 84.3%. The remaining 17 Boards having achieved a Green compliance.

NHS Greater Glasgow and Clyde (GG&C) is in Green compliance at Board level for the entire Quarter and the trend is one of improvement.

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.

The State Hospital

- 5.3 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 an improvement in compliance this Quarter from 84.3% to 87.1%.

HFS Perspective

- 5.3.1 HFS notes the actions taken and planned by the State Hospital. Although works continued to September 2011, there has been a steady improvement in compliance percentages at the State Hospital and we expect compliance to be fully in Green once the new facilities are fully commissioned after September 2011.



A1/A2 Hospital & Healthcare Site Level Data

Glasgow City (NHS Greater Glasgow and Clyde)

5.4

Although the overall NHS GG&C Health Board has achieved a Green compliance, a number of sites within the Board remain in Amber, specific details are given in the table below. All of these sites have improved their compliance between the first and second quarter except for the Glasgow Dental Hospital & Dalian House site which has dropped compliance from 82.3% in Quarter 1 to 81.5% in Quarter 2.

	Q1 2011	Q2 2011
NHS Greater Glasgow & Clyde	Total % Pass	Total % Pass
Gartnavel General Hospital	78.5%	87.3%
Glasgow Dental Hosp & Dalian Hse	82.3%	81.5%
Southern General Hospital	80.3%	86.7%
Victoria Infirmary	87.7%	89.6%

HFS contacted NHS Greater Glasgow and Clyde (NHS GG&C) for an action plan and an explanation of why these four sites are in Amber compliance. NHS GG&C have provided an action plan and the following explanation:

“The ongoing backlog maintenance program for NHS GG&C will continue to improve on the overall performance of the Board.

The Dental Hospital is part of the Boards Capital Investment Program both for last year and the current financial year. Over two financial years a total of £2M will have been invested in the infrastructure and environment of the Hospital.

Works are ongoing at present and have contributed to the decline in the performance of this unit. Work will be complete on site by 31st March 2012. The performance of the unit will reflect this investment profile.

In terms of continuing to focus on the performance of the other Amber compliance units NHS GG&C is committed to improving performance subject to access arrangements being negotiated with the relevant clinical teams.”

HFS Perspective

5.4.1

With the planned completion of the Dental Hospital refurbishment in March 2012 we would expect the facility to return to Green compliance. Until then it is likely to remain in Amber. The other facilities in Glasgow in Amber compliance have been making good progress to improve their percentages and we would expect these facilities to be in Green compliance by the end of the financial year.



Woodend Hospital (NHS Grampian)

5.5 Overall NHS Grampian is in Green compliance, however Woodend Hospital is in Amber at 82.9%, slightly up from the previous Quarter when the percentage was 78.4%.

HFS contacted NHS Grampian for an action plan and an explanation of why this site is in Amber compliance. NHS Grampian have provided the following explanation:

“The most recent quarterly domestic & estates monitoring inspection for Woodend Hospital has identified a score of 82.9% (amber) against estates issues only, representing an increase on the previous quarter’s score of 78.4% (amber) against estates issues only.”

The Estates issues that have been identified in the monitoring fall broadly into two main categories (a) minor works/general maintenance, and (b) significant or major investment needed.

These are

(a) Minor Works/General Maintenance

Checks on these issues indicate that not all issues have been reported to the Estates Help Desk. As such, some of the issues have not been logged and Estates responses have not been actioned within the monitoring period. The root cause of the non-reporting is being addressed with hospital management and the monitoring teams.

It should be noted that the majority of the issues highlighted relate to damaged or chipped paintwork. All such minor issues are now logged for attention and are either in progress or will be completed within the next 14 days.

(b) Significant or Major Investment

The backlog maintenance profile for Woodend Hospital has been assessed at £65.8 million. This is based on the age profile (circa 1900) of the buildings including significant issues of physical condition, suitability etc. During 2010/11 NHS Grampian targeted £1.9 million investment in one ward at Woodend to address significant issues of backlog, HAI, etc.

The longer term strategy for the Woodend Hospital site is to vacate the older, ‘unfit for purpose’ buildings to modern upgraded facilities. This plan is subject to the usual limitations of funding prioritisation and overall risk management & reduction across the Board’s physical estate”.

HFS Perspective

5.5.1 HFS notes that Grampian states it will tackle the non-reporting of estates issues and therefore would not expect to see this as an issue in future action plans for this site.



Given the amount of money invested (£ 1.9 million) against the estimated backlog (£ 65.8 million) and the fact that the long term strategy is to vacate 'unfit for purpose' buildings to modern upgraded facilities. It is therefore likely that Woodend Hospital will feature in future issues of the report in Amber compliance. It is also possible, for the same reasons that Woodend would feature in HEI inspection reports, if it is selected.

Invergordon and Dingwall (NHS Highland)

- 5.6 Two sites in NHS Highland have are in Amber compliance as shown in the table below:

	Q1 2011	Q2 2011
NHS Highland	Total % Pass	Total % Pass
County Community Hospital, Invergordon	90.2%	89.8%
Ross Memorial & Buildings/Dingwall Health Centre	86.4%	87.0%

At the request of HFS, NHS Highland have submitted an action plan for these sites and they are currently addressing four areas addressing faults, staff training, staffing level and sick absences.

HFS Perspective

- 5.6.1 Given the measures outlined in the NHS Highland action plan, and the fact that these sites are not significantly off 90%, HFS would expect to see both sites return to Green compliance in the next report.

Royal Edinburgh Hospital (NHS Lothian)

- 5.7 The Royal Edinburgh Hospital is in Amber compliance at 88.2% this is a slight drop from the previous Quarter when they achieved 89.4%. HFS contacted NHS Lothian for an action plan and an explanation of why this site is in Amber compliance.

NHS Lothian has provided the following action plan:

Item No	Description of Works	Action
1	General Maintenance Items – repairs etc.	Being undertaken by confirming the works are in the system, and job cards have been issued to Estates tradesmen
2	Routine maintenance inspections and repairs – e.g. gleaning of vents, ventilation servicing, service of equipment and plant	PPM system is now picking this up. Additional staff now in place to ensure that PPM's are now routinely undertaken



Item No	Description of Works	Action
3	Painting Items	These have been added to the painting programme. Due to funding issues these works will be prioritised on risk.
4	Upgrade and substantial repairs funding will be sought – no guarantee this will be available	HEI audits continuing and application for funds will be submitted Jan/Feb 2012. Minor capital work applications are being prepared. Works are being prioritised by risk. Until funding has been identified then risk will be managed operationally and by estates.

HFS Perspective

- 5.7.1 Although NHS Lothian is only a little off Green compliance (90%), the trend over the last two months is downward. This is likely continue as the action plan is not clear that issues will be addressed. Rather the action plan makes it clear that works to address issues are dependant on funding. It is also likely that this Hospital will feature in any HEI inspections reports, if selected.

East Central Division (NHS Scottish Ambulance Service)

- 5.8 East Central Division is in Amber compliance at 88%, this is a great improvement on the previous Quarter when they achieved 77.5%. HFS contacted SAS for an action plan and an explanation of why this site is in Amber compliance.

SAS have provided a comprehensive action plan and the following explanation:

"East Central Division is showing continuous improvement from 77.5% last quarter to 88% this quarter. An action plan has been developed and further improvement should continue. Many older ambulances have recently been withdrawn from service and replaced with new stock. This should help further in improving the estates score overall."

HFS Perspective

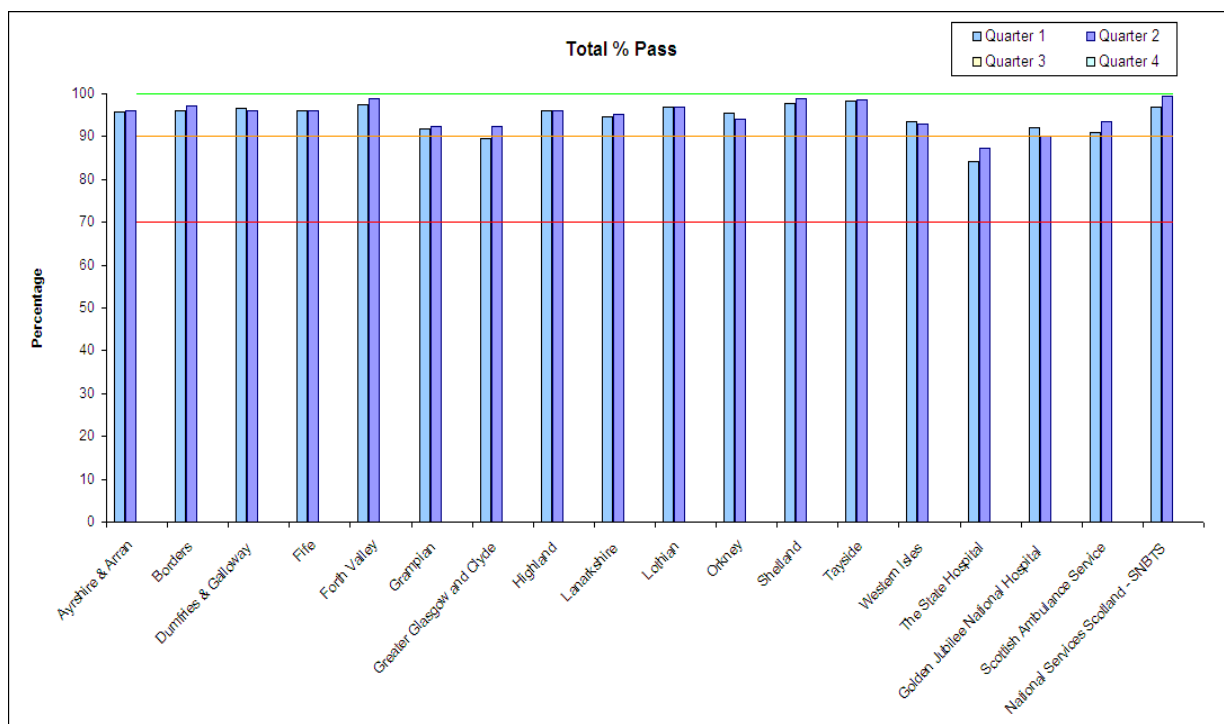
- 5.8.1 The recent improvement in SAS together with the programme to replace old ambulances with new stock is likely to result in this division moving to Green compliance by the next quarter.



6. Estates Services - Graphs

6.1

Estates Fabric Monitoring Tool – NHS Boards' Performance

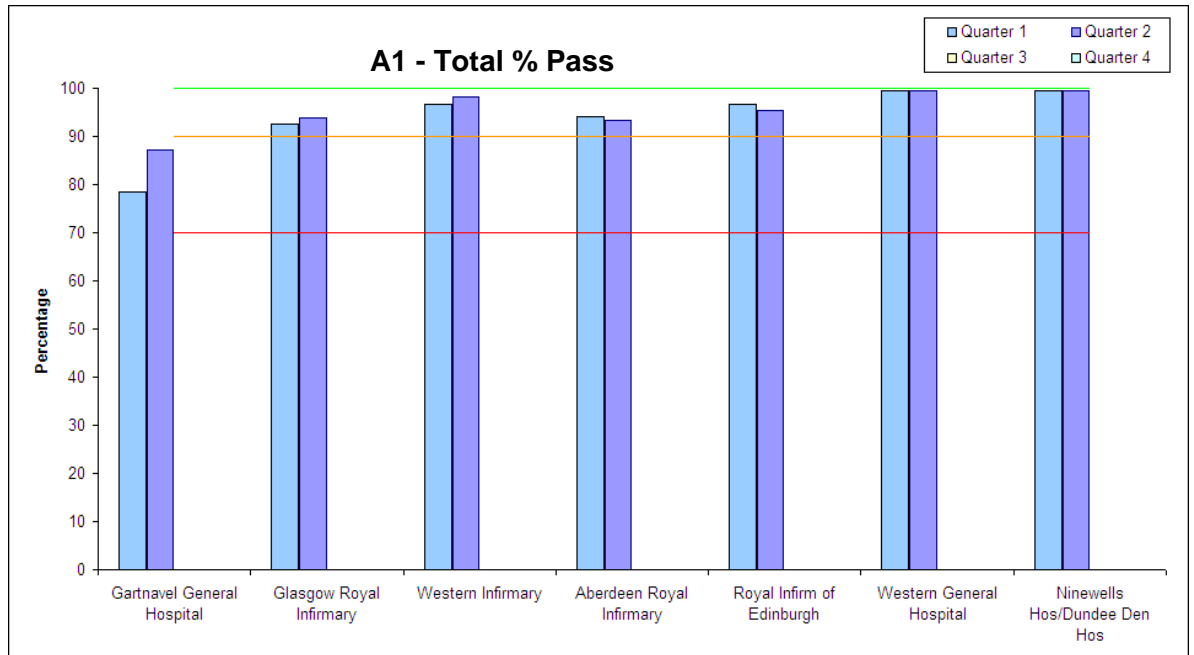


Health Board	4 th Quarter Jan – March 2011	1 st Quarter Apr – June 2011/12	2 nd Quarter July – Sept 2011/12
	Total % Pass		
SCOTLAND	92.4	93.8	94.9
Ayrshire and Arran	93.8	95.7	95.9
Borders	96.2	95.9	97.2
Dumfries and Galloway	97.0	96.7	96.2
Fife	95.7	96.0	96.1
Forth Valley	95.6	97.3	98.9
Grampian	91.5	92.5	92.2
Greater Glasgow and Clyde	86.2	89.6	92.4
Highland	94.2	96.2	96.1
Lanarkshire	96.6	94.6	95.2
Lothian	96.3	96.7	96.8
Orkney	93.7	95.6	93.9
Shetland	97.9	97.9	98.9
Tayside	97.7	98.2	98.6
Western Isles	90.6	93.4	92.9
The State Hospitals Board for Scotland	89.4	84.3	87.1
Golden Jubilee National Hospital	91.9	92.2	90.1
NSS – SNBTS	95.4	97.0	99.5
Scottish Ambulance Service	91.1	90.8	93.4



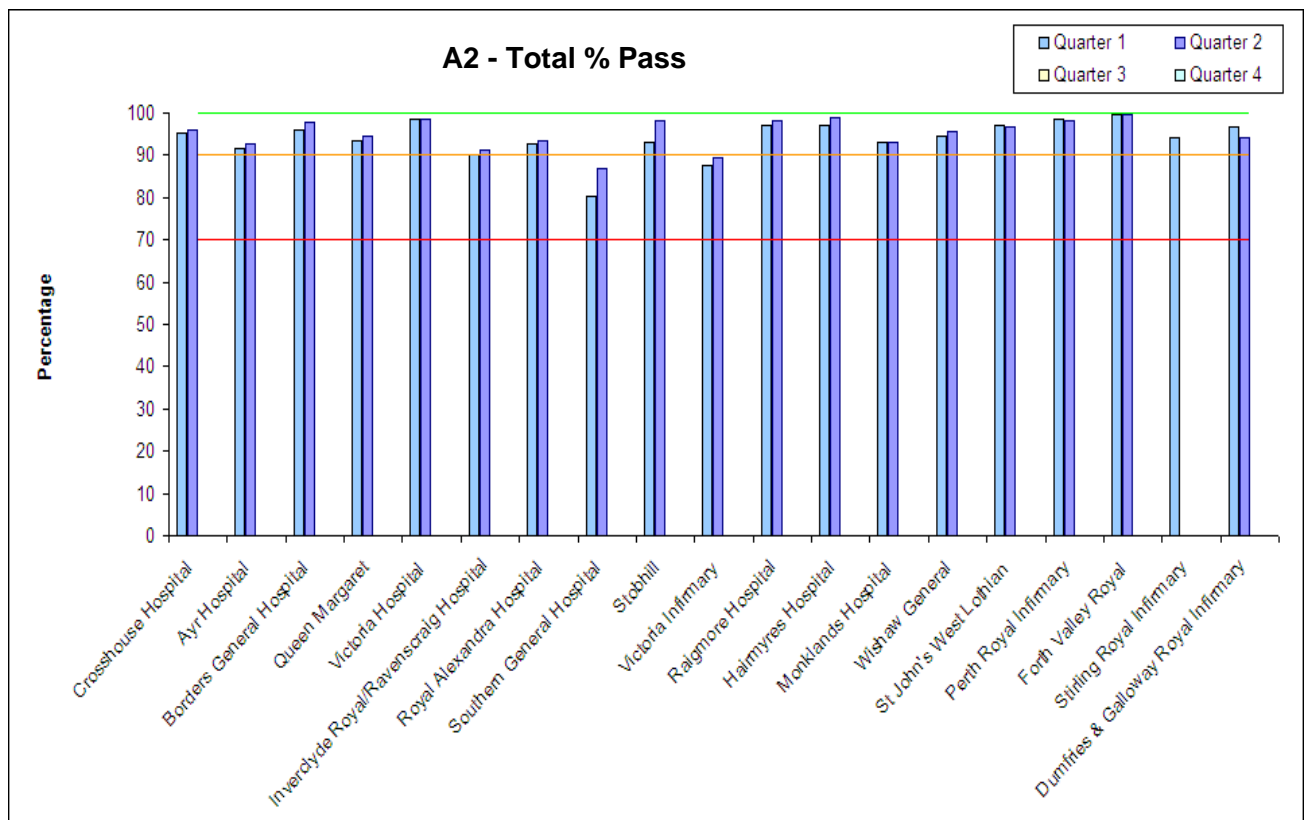
6.2

Domestic Services (Estates) Monitoring Tool – A1 Hospital performance



6.3

Domestic Services (Estates) Monitoring Tool – A2 Hospital performance





Hospital Type	Organisation	4th Quarter Jan – March 2011	1st Quarter Apr – June 2011/12	2nd Quarter July – Sept 2011/12
A1	Gartnavel General Hospital, Glasgow	68.7	78.5	87.3
	Western Infirmary, Glasgow	94.6	96.8	98.2
	Glasgow Royal Infirmary	84.0	91.6	93.9
	Aberdeen Royal Infirmary	94.1	94.1	93.2
	Western General Hospital, Edinburgh	99.6	99.4	99.5
	Edinburgh Royal Infirmary	94.9	96.6	95.5
	Ninewells Hospital, Dundee	99.2	99.4	99.6
A2	The Ayr Hospital	88.1	91.6	92.8
	Crosshouse Hospital, Kilmarnock	94.0	95.4	95.8
	Borders General Hospital	97.5	96.0	97.7
	Victoria Hospital, Kirkcaldy	98.4	98.6	98.4
	Queen Margaret Hospital	93.9	93.5	94.4
	Southern General Hospital, Glasgow	79.4	80.3	86.7
	Victoria Infirmary, Glasgow	87.8	87.7	89.6
	Stobhill Hospital, Glasgow	89.2	93.2	98.3
	Inverclyde Royal/Ravenscraig Hospital	87.6	90.3	91.4
	Royal Alexandra Hospital, Paisley	91.1	92.6	93.6
	Raigmore Hospital, Inverness	98.2	96.5	98.7
	Monklands Hospital, Airdrie	96.0	93.0	93.0
	Hairmyres Hospital, East Kilbride	99.1	96.9	98.8
	Wishaw General Hospital	95.7	94.5	95.8
	St John's Hospital, Livingston	96.9	97.1	96.8
	Perth Royal Infirmary	96.3	98.5	98.3
	Stirling Royal Infirmary	93.9	94.2	N/A
	Forth Valley Royal	97.6	99.7	99.7
Dumfries and Galloway Royal Infirmary	96.7	96.6	94.2	



Appendix 1 - Methodology

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 15th of the following calendar month to their Health Board contact.

Health Board contact sends monthly results to HFS at nss.hfscleanmonitor@nhs.net by the 15th 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

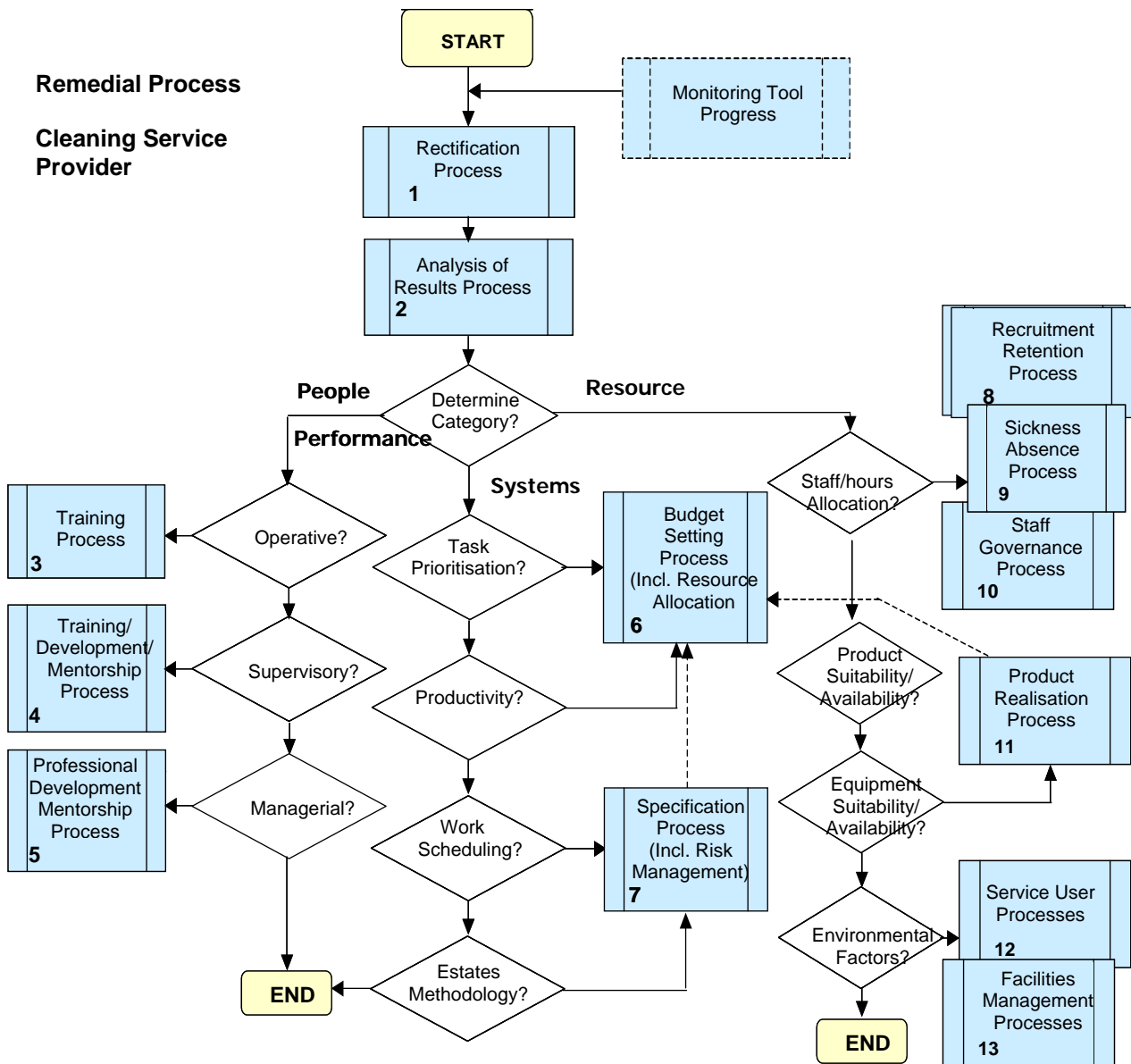
* Health Boards will report each month therefore 25% of the individual discs should be peer reviewed each Quarter e.g. for every 4 discs, at least 1 should be peer reviewed per Quarter.

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

