

BELFAST HEALTH AND SOCIAL CARE TRUST



ENVIRONMENTAL CLEANLINESS STRATEGY

November 2007

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1.0 INTRODUCTION

In October 2005 the Health Minister launched “Cleanliness Matters”, a regional three-year strategy for improving the Standards of Environmental Cleanliness in all Health and Personal Social Services organizations and facilities. This was followed by the introduction of the Environmental Cleanliness Controls Assurance Standard, which provides a framework detailing the systems and processes required to ensure continuous improvement of environmental cleanliness in Health and Personal Social Services facilities.

In May 2007 the Department of Health and Social Services and Public Safety issued revised guidance on the implementation of the Environmental Cleanliness Strategy.

The Belfast HSC Trust welcomes these initiatives that detail objective regional standards to enable the Trust to measure improvements in the quality of service.

This strategy has been developed taking cognisance of the Trust’s Quality Objective and the following four key principles:

- To meet patient/client needs;
- To ensure a quality culture and style in the organisation;
- To improve staff training and communication;
- To find new ways of ensuring continuous improvement in service delivery.

In addition, this strategy should be read and implemented in conjunction with the following key Trust documents:

- Board Assurance Framework
- Infection Prevention and Control Strategy and Action Plan
- Estates Strategy
- Capital Utilisation and Investment Plan.

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2.0 BACKGROUND AND CURRENT POSITION

In the early 1990s Legacy Trusts cleaning services were competitively tendered using model input based cleaning specifications provided by the Eastern Health and Social Services Board. It was recognized that these specifications could not deliver the standards as detailed in the regional strategy and tool kit published in October 2005, and subsequent implementation guidance.

Cleaning services are delivered by in-house teams on five sites, and one Private Sector Contractor on the sixth site. As environmental cleanliness is a priority for all staff, this core cleaning service is complemented by Estates Services, Professional Staff (Nursing & Social Care) and a number of independent contractors responsible for specific aspects of cleaning services.

Following implementation of the in-house contracts the core cleaning services were subject to year on year cost improvements, and investment in cleaning services have failed to keep pace with changes in activity levels and general growth within the Trust.

3.0 STRATEGIC INTENT

“Belfast Health and Social Care Trust are committed to ensuring that the standards of environmental cleanliness throughout each of its Health and Social care sites and facilities, are maintained at, and improved to required high quality levels. Its primary objective will be to ensure that the environment into which all of its patients, clients, staff and members of the public enter is safe, well presented, hygienic and welcoming.

The Trust recognizes that high standards of environmental cleanliness are not only fundamental in minimizing the risk of Healthcare Associated Infections (HAIs), but also play a significant role in satisfying the most basic patient and clients needs by giving them a sense of well being whilst in our treatment and/or care.”

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Within the following documents:-

- 'Strategy for Prevention and Control of Healthcare Associated Infections in N.I. 2005-2010. 'Protecting Patient & Staff' June 2005;
- Changing the Culture: An Action Plan for the Prevention and Control of Healthcare Associated Infection in Northern Ireland 2006/2009
Ward Sisters' Charter. 'An Action Plan for cleaner Hospitals in Northern Ireland' October 2006;

it is recognised that the patients have the right to be treated in a physical environment that minimises the risk of infection and that a clean and safe environment with appropriate decontamination processes are important elements.

The Trust, therefore, will actively promote a culture of “**Cleanliness Matters**” adopting a partnership and collaborative approach that recognizes cleanliness as “**everyone’s responsibility not just the cleaners**” from Trust Board, cascading throughout every level of the organisation.

4.0 SCOPE

This strategy embraces all cleaning activities, throughout all Trust Sites, Facilities, Wards and Departments irrespective of who has primary responsibility for cleaning each specific aspect.

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5.0 STRATEGIC AIMS

The Trust has identified the following key Strategic aims to implement these new requirements:

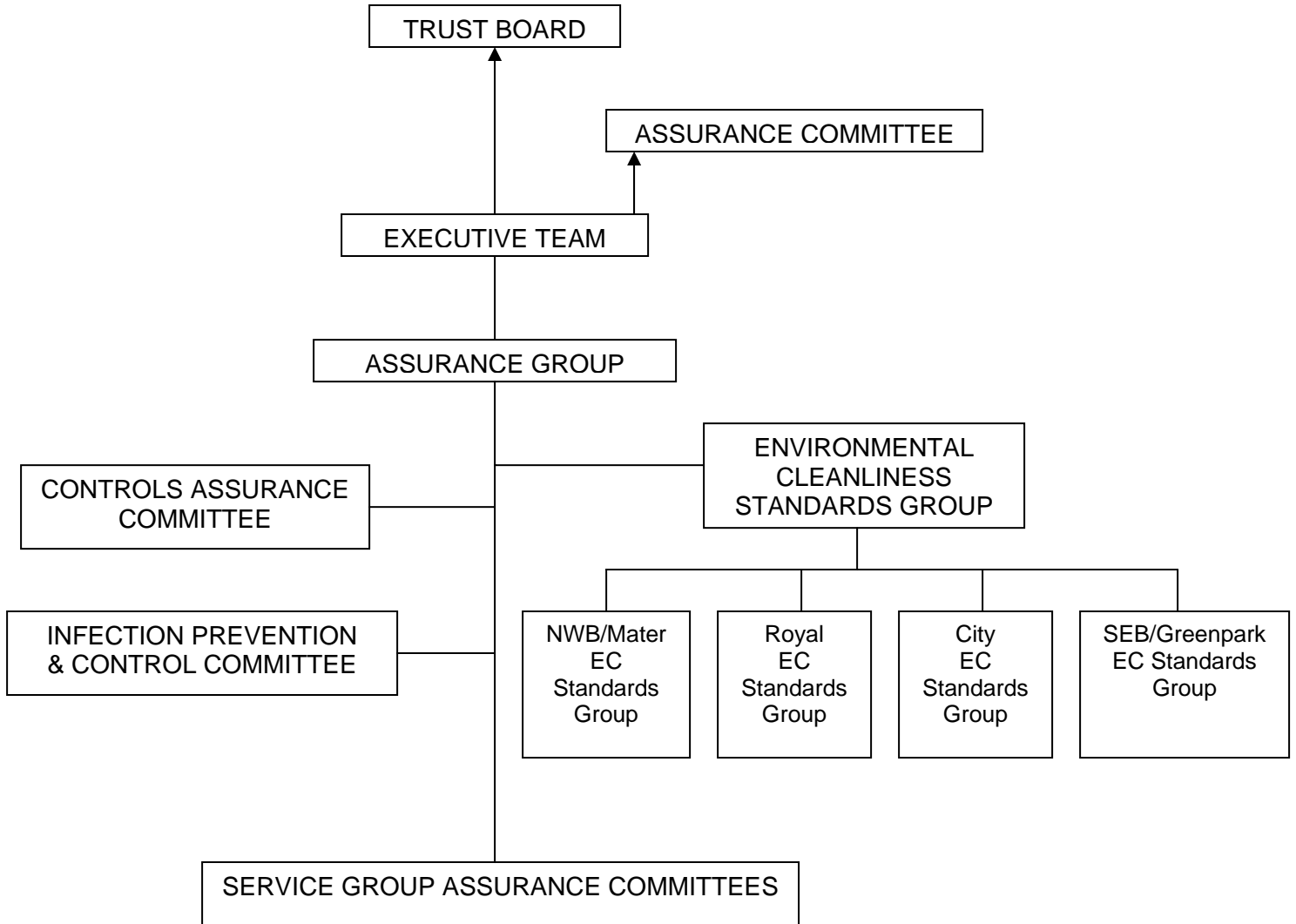
- To achieve the substantive level of compliance with the Environmental Cleanliness Controls Assurance standards by April 2008;
- To secure, prioritise and allocate additional resources informed by audit data, risk assessment, Estate, Capital Utilisation and Investment Plans;
- To embed the accountability and managerial responsibilities for Environmental Cleanliness within the wider Assurance and Internal Control Structures;
- To ensure the views of service users are used to evaluate performance and will be utilized as part of a process of continuous improvement;
- To work towards the levels of compliance detailed in the Cleanliness Matters toolkit in the majority of Trust Facilities by December 2012.

6.0 ACCOUNTABILITY – ROLES AND RESPONSIBILITIES

The Trust will embed the Accountability and responsibilities for Environmental Cleanliness within its existing Board, Committee and group structure for Assurance as follows:

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Environmental Cleanliness Accountability Framework Committee & Group Structure



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6.1 Roles & Responsibilities

Chief Executive

The Chief Executive, as accountable officer, has overall responsibility for implementing the Regional Environmental Cleanliness Strategy and associated Standards.

Director of Nursing & Patient Experience

The Director of Nursing & Patient Experience is the Trusts nominated Lead Director for the implementation of the Environmental Cleanliness Strategy, standards and associated actions plans and will ensure the Environmental Cleanliness Standards Group fulfils its remit as detailed in its Terms of Reference (see Appendix 1).

Head of Patient and Client Support Services

The Head of Patient and Client Support Services, as lead for the Environmental Cleanliness Controls Assurance Standard, and the management of Patient & Client Support Services, will ensure a process for audit and continuous improvement is in place, and is monitored and reviewed.

Director of Medical Services

The Director of Medical Services as Lead Director for Integrated Governance and Infection Prevention and Control will ensure that Environmental Cleanliness is incorporated in Infection Prevention and

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Control strategies and plans and that it is embedded in the work of Service Group Assurance Committees.

Directors

Directors for all service groups will ensure appropriate action is taken in accordance with this strategy and action plan. They must consider internal and external audit, inspection reports and ensure issues that cannot be addressed locally are logged on the risk register and brought to the attention of relevant service area committees or groups.

Audit details where appropriate should also be included in service plans and relevant business cases.

Co-Director, Patient and Client Support Services

The Co-Director's of Patient and Client Support Services will ensure the Development, Implementation, Monitoring and Review of Environmental Cleanliness Strategies, associated action plans and the production of reports to relevant Service Groups, Committees and Trust Board.

Managers – Patient and Client Support Services, Estates, Professional (Ward and Facility)

All managers are responsible for the necessary planning and implementation of this strategy and action plan including cleaning specifications, schedules, work allocation, monitoring and review. A multidisciplinary approach with clearly defined roles and responsibilities supported by robust communications systems will be critical to the successful implementation of this strategy.

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All Staff

In a culture where 'cleanliness is everyone's business' it is essential that all staff play a part in ensuring our facilities are clean and welcoming to the public. This includes how we work together, to avoid clutter and litter, through to the prompt reporting of problems or cleaning failures. A multidisciplinary and inclusive approach will be adopted.

7.0 KEY QUALITY PRINCIPLES

7.1 Accountability and Management of Environmental Cleanliness

The Trust will embed the Management of Environmental Cleanliness within the existing Assurance Structures, framework and internal control system. Trust Board have delegated leadership in this area to the Director of Nursing and Patient Experience supported by the Head of Patient and Client Support Services and other Directors. This will ensure clear accountability arrangements for Environmental Cleanliness, linked to infection prevention and control and risk management within the wider Assurance Structure and framework.

7.2 Local Environmental Cleanliness Strategies

All Trust sectors have completed preliminary controls assurance baseline assessments, which gives an indication of "where we are now" and developed associated action plans to ensure progress is made. It is recognised that these plans will require urgent review and modification. An updated action plan will be submitted to Trust Board as part of the annual report on Environmental Cleanliness.

7.3 Involving and Listening to service users

The Trust will ensure service user representation on the Environmental Cleanliness Standards Group. Patient and Client Support Services managers will conduct regular surveys and attend a number of patient/client groups or focus groups, and these views will be integrated into the planning implementation and monitoring process.

7.4 Adoption of a Risk-based approach to Environmental Cleanliness Standards

The Trust have risk assessed every room in every Trust facility and these assessments will be used by Patient and Client Support Services, Estates and professional staff in the development of new cleaning specifications, schedules and cleaning methods for each functional area proportionate to the relative risks.

7.5 Consider the facilities service user mix together with its age, design and condition when setting achievable cleaning standards

On completion of the comprehensive baselines audits, Estates Services will produce a cost of outstanding estates faults, which will be prioritised within a timeframe commensurate with the levels of risk, taking cognisance of Estates and Capital Utilisation and Investment Plans.

The Trust will also establish an Environmental Cleanliness procurement group incorporating Infection Prevention and Control, Patient and Client

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Support Services and Estates staff to advise on future designs / refurbishments and general procurement of furniture, equipment and floor coverings and cleaning service specifications to ensure they meet environmental cleanliness quality standards.

7.6 Develop appropriate Regional and Trust Human Resources Strategies for cleaning staff and managers

The Trust will liaise with Health Estates and the Department of Health and Social Services and Public Safety Human Resources Section to develop a Regional Human Resources Strategy. Locally the Trust Human Resources and Patient and Client Support Services staff will review and develop a workforce strategy to include recruitment, retention, education and training and development programmes for managers and staff.

7.7 Appropriate levels of monitoring, audit, reporting and benchmarking are undertaken

The Trust will produce annual audit schedules to include Departmental, Managerial and external audits by other Health and Personal Social Services Trust teams. A range of internal and external benchmarking exercises will be scheduled and both the audit data and benchmarking results will be included in an Annual Report to the Executive Team and Trust Board.

8.0 KEY PERFORMANCE TARGETS

The following key performance targets have been established:

- Utilise the baseline audit data, service user views, risk assessments, Estates and Capital Utilisation and investment plans to set improvement targets for each facility in accordance with the Cleanliness Matters toolkit;

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- Achieve the substantive level (>70) of compliance with the Environmental Cleanliness Controls Assurance Standard by April 2008;
- To fully implement the Environmental Cleanliness implementation plan and action plan;
- To work towards the levels of compliance detailed in the Cleanliness Matters toolkit in the majority of Trust Facilities by December 2012.

The Environmental Cleanliness Standards Group will regularly review and refine the performance targets and indicators with any change or new targets incorporated in the Annual Report.

These performance targets will be included in the Trust Corporate Plan.

9.0 MONITORING REVIEW AUDIT AND REPORTING

The Trust will put in place a robust monitoring audit and review process.

The process will have five Key Elements as follows:

- Internal Self monitoring
- Patient and Client Support Services Audits
- Departmental Audits
- Managerial Annual Audit
- External Audits

9.1 Internal Self Monitoring

Internal self-monitoring by all staff happens on a daily basis with appropriate faults communicated to Patient and Client Support Services or Estates Services. These faults are logged by the relevant departments and responded to accordingly.

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9.2 Patient and Client Support Services Audits

The Patient and Client Support Services Departments will conduct sample scored audits in all facilities on a monthly basis.

9.3 Departmental Audit

A Departmental level audit scheduled by Patient and Client Support Services and lead by the facility/ward manager in conjunction with a Patient and Client Support Services Supervisor and Estates Services representative, if available, will be conducted, based on the frequency recommended for the particular risk category of the functional area as follows:

Risk Category	Frequency at “Departmental” Audit recommended
Very High Risk	A sample of rooms within a very high risk functional area should be audited at least weekly.
High Risk	A sample of rooms within a high risk functional area should be audited at least every three months.
Moderate Risk	A sample of rooms with a moderate risk functional area should be audited once every six months.
Low Risk	A sample of rooms with a low risk functional area should be audited as part of the annual audit.

By leading the audit process the facility/ward manager has key ownership in ensuring that the necessary level of Environmental Cleanliness Standards are achieved and maintained where they really matter.

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9.4 Managerial Annual Audit

Patient and Client Support Services will schedule an annual audit programme for all facilities to verify outcomes of “Departmental Audits” and identify areas for improvement. The Audit team will comprise Patient and Client Support Services Managers, Estates, Facility/Ward Managers, Infection Prevention and Control Nurse and Service User Representative.

9.5 External Audits

Environmental Cleanliness is incorporated in the inspection programmes of the Regulation and Quality Improvement authority, Mental Health Commission and other external bodies.

9.6 Benchmarking

The Trust will develop Key Performance Indicators for internal benchmarking exercises using similar type environments and also develop external benchmarking with other Health and Personal Social Services Trusts.

9.7 Reporting

The Trust will produce a regular Controls Assurance position report to Controls Assurance Leads Group, Assurance Committee and Service Group Assurance Committees.

In addition, an Annual Report will be produced for the Executive Team, Assurance Committee and Trust Board.

**Environmental Cleanliness Standards Group
Terms of Reference**

Purpose: The Environmental Cleanliness Standards Group are responsible for ensuring that standards of Environmental Cleanliness are high and continuously improved.

The duties of the group are to:

- Ensure that the Trust complies with the DHSSPS Environmental Cleanliness controls assurance standard or any other appropriate action plans or standards which may be developed in the future;
- Develop and implement appropriate Trust strategies, actions plans, cleaning specifications, schedules, policies and procedures;
- Communicate and promote a cleanliness culture that recognises cleanliness as everyone's responsibility not just the cleaners;
- Monitor progress against agreed prioritised action plans;
- Ensure Service User views are integrated into the planning, implementation, monitoring and review processes;
- Ensure effective links with Infection Prevention and Control;
- Ensure clear lines of communication with Service area Governance Groups;
- Provide bi-annual progress reports to Service area Governance Groups / Assurance Committee;
- Provide annual reports to the Chief Executive, Assurance Committee and Trust Board.

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Proposed membership:

Director of Nursing and Patient Experience (Chair)

Head of Patient and Client Support Services

Co-Director of Nursing, Governance and Risk

Four Co-Directors of Patient & Client Support Services

Nominated Reps from each Service Group

2 x Service User Reps

2 x Staff Side Reps

1 x Finance Rep

1 x HR Rep

1 x Estates Services Rep