



Western Health  
and Social Care Trust

# **Environmental Cleanliness Annual Report**

**April 2016 - March 2017**

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## **1.0 Introduction**

The Western Health and Social Care Trust (WHSCT) is committed to ensuring that the standard of environmental cleanliness throughout each of its Health and Social Care sites and facilities, are maintained at, and improved where appropriate to the Control Assurance Standards Framework and the Department of Health and Social Services & Public Safety (DHSSPS) Cleanliness Matters 2005 Strategic Framework.

The Trust recognizes that high standards of environmental cleanliness are not only fundamental in minimizing the risk of Healthcare Associated Infections (HCAIs), but also play a significant role in satisfying the needs of patient and clients by giving them a sense of confidence in our facilities whilst receiving care and treatment.

Patients and clients have the right to be treated in a physical environment that minimises the risk of infection and which are clean and safe with appropriate decontamination processes in place.

The Trust Environmental Cleanliness Steering group's primary objective will be to ensure that the environment into which patients, clients, staff and members of the public enter are safe, well presented, hygienic and welcoming.

All Trusts have been set a very challenging target of 'substantive' compliance through the Controls Assurance Framework.

The WHSCT approach has been to ensure a strong focus and ownership both at local facility and team level on the development of a 'cleanliness matters' culture combined with the adoption and implementation of Infection Prevention & Control Standards.

## **2.0 Strategic Context**

The DHSSPS (2015) policy for the Provision and Management of Cleaning Services has developed 6 key principles for the future development and delivery of cleaning services in Northern Ireland.

- Quality
- Training
- Efficiency
- Multi-disciplinary Working
- Governance and Accountability
- Patient, Visitor and Staff Participation.

The Regional policy outlines the way forward to be considered under the following headings:-

- Financial and General Management
- Audit Approach
- Training and Design
- Multi-disciplinary Workings
- Colour Coding Hospital Cleaning Material and Equipment
- Sharing Best Practice
- Association of Healthcare Cleaning Professionals

These headings will form the basis of the Trust Action Plan which is being developed during the year 2016 – 2017.

### **3.0 Accountability and Culture for Environmental Cleanliness**

The Trust has been actively promoting a culture of “Cleanliness Matters” adopting a partnership and collaborative approach that recognises that cleanliness is everyone’s responsibility not just the cleaners. This approach is cascaded through the organisation from Trust Board to ward level and across the Trust to community, Mental Health and Learning Disability facilities.

There is a need for the Trust to be able to demonstrate strong clear leadership at the highest level of management and encourage a culture that recognises that 'cleanliness matters' and that 'cleanliness is everyone's responsibility, from Boardroom to Bedside'.

The Executive Director of Nursing is the Director responsible for Environmental Cleanliness and Controls Assurance and has delegated the authority and responsibility to the Assistant Director of Nursing Governance and Performance to ensure the development of a corporate system which meets the requirements of Controls Assurance Standards providing monthly reports to the Trust Board.

The Environmental Cleanliness Steering group meets quarterly and is chaired by the Assistant Director of Nursing for Governance and Performance.

The Environmental Cleanliness Steering group reports to the Risk Management Sub Group, Corporate Management Team and Trust Board. The Steering group includes both Trust employees and members of the public.

Quarterly Multidisciplinary Accountability meetings on Environmental Cleanliness are held to review scores and performance. Variances are discussed and actions plans agreed to address the outstanding issues. Intractable issues are escalated to the Assistant Director of Nursing Governance and Performance.

Exception meetings when required are held by the Executive Director of Nursing or the Assistant Director Nursing and Support Services with individual Ward Sisters/Charge Nurses, Department managers, Support Services and Estate Services staff to discuss the exceptions and agree remedial action.

### **4.0 Adoption of a risk-based approach to Environmental Cleanliness Standards**

Environmental Departmental Audits (EC Audit) are well established and are on-going in facilities across the Trust. The audits are based upon the DHSSPS “Cleanliness Matters Toolkit” (2005) and the DHSSPS (2015) Policy for the Provision and Management of Cleaning Services.

Audit frequencies are determined by the risk category of an area with weekly audits required for very high-risk clinical areas e.g. theatres, and monthly audits for high-risk areas e.g. general wards, reducing in frequency based on the risk category.

Following the adoption by the Trust of the Regulation and Quality Improvement Authority (RQIA) Audit Tool for EC Audits in 2016 and the subsequent approval by the Corporate Management Team (CMT) changes regarding the frequency of the audit was adopted in 2016. Audits are completed on alternate weeks; quarterly and six monthly. The frequency of the audits is identified on a risk based approach, with very high risk areas bi-weekly and quarterly audits for high risk areas, reducing in frequency based on the risk category and compliance with standards.

## **5.0 Environmental Cleanliness Audits**

### **5.1 Environmental Cleanliness Managerial Audit**

Annual, unannounced environmental cleanliness managerial audits are scheduled to be carried out in all wards and departments. The managerial audit team consists of senior Nursing or senior Allied Health Care Professionals, Infection Prevention and Control, Support Services and Estates Services staff and the Ward Sister/Charge Nurse/Department Head. Attendance from IP&C is not always assured as their input is dependent on other competing priorities and in view of this the IP&C team risk assess to ensure their attendance at the most appropriate audits. The managerial audits are the method by which the Trust will validate the information from the Departmental Audits and identify any areas for improvement.

A comparison with the WHSCT Managerial Environmental Cleanliness Audit & Compliance with unannounced audit schedules in 2009-10 and 2015-16 indicated the Trust has moved from a compliance score of 79% in 2009-2010 to a compliance score of 94% in 2016 – 2017.

**5.2** A further exercise comparing the departmental scores during 2009-2010 and those achieved during 2016 – 2017 indicated an improvement from 89% to 96%.

These scores would indicate that during 2016-2017 there was a significant increase in the numbers of departments and wards complying with unannounced inspections with the score overall in respect to the standards achieved showing a steady increase.

### **5.3 Electronic Audit Systems**

The “C4C” system for recording environmental audits is now embedded for use across the Trust and ensures all wards/departments can view their audits and complete actions required.

## **6.0 Regional Review of Cleaning Service / Cleaning Standards**

In January 2015 the DHSSPS issued a new policy for the management of cleaning services “Policy for the Provision and Management of Cleaning Services”. This policy replaces the DHSSPS “Cleanliness Matters Strategy 2005-2008”.

Acute cleaning plans have been completed in June 2016. These plans are reviewed on an ongoing basis as changes are made to services or new services are introduced. A sub group has been established including representatives from IP&C, Professional Nursing and support Services staff to review cleaning plans in areas of high patient

throughput and greater risk. This group will meet quarterly. Community cleaning plans remain a work in progress and should be completed by March 2018.

## **7.0 Environmental Cleanliness Controls Assurance Standard (CAS)**

In 2016 – 2017 the WHSCT achieved Substantive Compliance with the CAS with a score of 90%. (Appendix 1) This score reflects the concentrated effort and commitment of all staff involved in delivering the Environmental Cleanliness agenda. An action plan has been developed for approval by the EC Steering group to take forward the recommendations for year 2017 – 2018.

## **8.0 Ward Sisters' Charter / Our Commitments to You**

In October 2006 the Minister launched the Wards Sisters' Charter. In summary this highlights that cleanliness/cleaning is part of the Ward Sisters' responsibility and that cleaning staff should be part of the ward team in so far as cleaning staff are permanently placed in the same ward. This Charter raises awareness of the Cleanliness Strategy and highlights the input required from Nursing Staff, re-emphasising the roles and responsibilities of all staff.

In 2015 the Chief Nursing Officer undertook a regional review of the Ward Sisters' Charter replacing it with the document "Our Commitments to You". (Appendix 1) The commitment that staff will deliver care on a ward that is clean and safe was retained.

## **9.0 Human Resources / Training**

A total of 272 Support services staff has received COSHH training in 2016 – 2017. This was delivered by the Training and Quality Department team and by the Chemical Supplier.

A total of 30 Support services staff has received Health and Safety Awareness training in 2016 – 2017. This was delivered by the Training and Quality Department team.

## **British Institute of Cleaning Science**

Support Services Staff continue to avail of the on-going British Institute of Cleaning Science (BICSc) Training programme delivered by the Training and Quality Managers and Support Services. 84% (531) staff completed their BICSc training, 664 staff were inducted into the BICScs Training Scheme and 127 are currently in progress, including 9 Theatre Orderlies who are in the process of completing the BICSc training.

## **C4C training**

In February and March 2017 training workshops on the use of the C4C tool and RQIA standards to be measured were held across the Trust. This training highlighted to staff how to complete an environmental audit and was delivered by staff from Professional Nursing, Infection Prevention and Control and the Support Services Training and Quality Manager.



## 10.0 Estate Schemes

The Estates Department continued their focus on Environmental Cleanliness with the audit program carried out throughout all facilities. Throughout the year Estates supported the managerial audit program and addressed minor deficiencies identified through the audits using Operations and Maintenance staff. A major refurbishment scheme was carried out on Ward 6 (Childrens), Altnagelvin.

## 11.0 Patient Satisfaction/Experience

Overall the quarterly patient experience work which asks patients and clients about their experience of the cleanliness of the toilets and facilities would indicate a high degree of satisfaction with the cleanliness of hospital facilities.

## 12.0 User Experience

A key member of the Environmental Cleanliness Steering group is the patient and client representative who contributes and participates in aspects relating to environmental cleanliness. This contribution has been invaluable in ensuring that the patient remains the focus and that the user voice is heard in matters pertaining to environmental cleanliness. Below is an extract relating to the experience of being a patient/client representative on the EC Steering group.

*“As a Patient Client Representative I was pleased to see that the DHSSPS Cleanliness Matters Strategy is embedded as a key priority throughout the Trust. I was asked to participate in a number of Managerial Audits and was impressed by the rigour applied to the audits but also that the necessary thoroughness was balanced with the need to encourage staff participation and compliance. The challenging targets are being energetically addressed; responsive action is employed in areas where compliance falls beneath acceptable standards to bring it up to a satisfactory score.*

*I believe the guiding principle of “involving and listening to users and staff” is crucial to the successful implementation of the strategy and I have observed this is evidence during my time as a member of the EC Steering group.”*

## 13.0 Regulation Quality Improvement Authority (RQIA) Inspections Augmented Care areas.

During 2016-2017 the Trust had 2 unannounced RQIA Infection Control /Hygiene Inspections in Altnagelvin.

Environmental cleaning, guidelines, audit and staff competency based training were reviewed. Inspectors observed good practice and the Trust achieved full compliance in the section on environmental cleaning. This score evidenced good practice in adhering to current guidelines for cleaning. Staff displayed good knowledge on cleaning procedures and adherence to guidelines. There was a regular programme of de-cluttering in place and terminal cleans were randomly validated by cleaning staff supervisors.

RQIA carried out 2 unannounced Infection Prevention and Hygiene Inspections at ward level during 2016-2017. The inspections took place in Wards 9 and 6 Altnagelvin Hospital.

The RQIA report, while highlighting some areas for improvement, indicated that standards relating to infection prevention and hygiene are of an extremely high standard and all staff are commended for this.

The results achieved are as follows:

**General Environment**

**Standard for:**

Reception	<b>84</b>
Public toilets	<b>100</b>
Corridors, stairs lift	<b>90</b>

<b>Standard:</b>	<b>Ward 9</b>	<b>Ward 21</b>
General environment	<b>91</b>	<b>94</b>
Patient linen	<b>96</b>	<b>98</b>
Waste	<b>97</b>	<b>97</b>
Sharps	<b>100</b>	<b>86</b>
Equipment	<b>99</b>	<b>95</b>
Hygiene factors	<b>99</b>	<b>98</b>
Hygiene practices	<b>97</b>	<b>97</b>
<b>Average Score</b>	<b>97</b>	<b>95</b>

**14.0 Reduction in Cleaning Services**

In October 2013 a cost reduction plan was developed and included a reduction in cleaning in non-clinical areas. In December 2013 a further reduction was made with administration areas receiving one clean per week for sanitary areas, kitchen, circulations and meeting rooms with no office cleaning. Staff residential areas were also reduced along with moderate risk areas e.g. medical imaging, circulation, main entrances and outpatients. This reduction in services was reviewed in April 2014 and twice weekly service re-instated to administration areas and all reductions in staff residential and moderate areas re-instated. This continues to be the case during 2016-2017 with reduced cleaning services in certain areas.



WHST Controls Assurance Environmental Cleanliness Scores 2016-2017

1	95%	Trusts are able to demonstrate strong and clear leadership at the highest level of management that encourages a culture of “cleanliness matters”. Clear accountability arrangements for environmental cleanliness, linked to infection prevention and control, risk management and to corporate and clinical and social care governance are in place.
2	90%	A consistently high standard of environmental cleanliness is delivered in all Trust facilities.
3	66%	Service user’s views on environmental cleanliness standards are integrated into the planning, implementation and monitoring process.
4	95%	The most appropriate cleaning methods and frequencies are applied to specific functional areas within health and social care facilities proportionate to the relative risks.
5	85%	Trust facilities and fixtures are maintained to an acceptable condition to enable the effective and safe cleaning of the service user environment and new facilities are designed to provide easier “cleanability”.
6	95%	The risk management process contained within the risk management system standard is also applied to the management of improvement of Standards of Environmental Cleanliness.
7	95%	Staff recruitment, retention, education and development programs are developed so that staff are recruited and trained to undertake their duties in ensuring that the necessary levels of environmental cleanliness standards are achieved.
8	95%	Key indicators capable of showing improvements in the Standard of Environmental Cleanliness are used at all levels of the organisation, including the Board.
9	90%	The organisation participates in benchmarking its performance of Environmental Cleanliness.
10	95%	The system in place for Standards of Environmental Cleanliness, including risk management arrangements, is monitored and reviewed by management and the Board in order to make improvements to the system.
11	95%	The Standard of Environmental Cleanliness is assessed by appropriate internal monitoring and audit and reported to the Trust Board.
12	90%	The organisation’s board should seek independent assurance that an appropriate and effective system of managing Standards of Environmental Cleanliness is in place, that the necessary level of controls and monitoring are being implemented and that there is visible evidence that Standards have improved.
<b>Overall Score:</b>	<b>90%</b>	



## Welcome to Name of ward

My name is **Angela Smith**  
and I am the **Ward Sister**

While you are on my ward, my team and I will do everything we can to make sure you are comfortable and well cared for.

Here are the seven commitments we make to you:

1

You will receive individual, safe, uninterrupted and high-quality care that meets your personal needs and is given by competent members of staff.

2

We will treat you with dignity, respect and compassion on a ward that is clean and safe.

3

We will behave with courtesy and consideration to your visitors.

4

You will know who you are speaking to. We will communicate with you confidentially and in a way that best suits you and your needs.

5

You will feel respected and listened to. You will have the opportunity to share your opinions about the care we provide.

6

Our decisions about your care will be made with you and with the people you wish to include. You will receive the information you need to make informed choices about your care.

7

You will be cared for by a team who are inspired by these commitments and have the authority to fulfil them.