



A Matron's Charter: An Action Plan for Cleaner Hospitals





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Let whoever is in charge keep this simple question in her head
(not, how can I always do this right thing myself, but)
how can I provide for this right thing to be always done?

Florence Nightingale, 'Notes on Nursing'

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Foreword

We are all responsible for making the NHS a cleaner, safer place. But in patient areas, it is nurses and midwives – and particularly Matrons – who the public look to, to set and uphold standards including cleanliness. This Charter reinforces the role of the Matron in relation to cleanliness, but also acknowledges the crucial truth that we will only succeed when we work together.

The principles of this Charter are easy – cleanliness is everyone's responsibility, not just the cleaner's. Even with the best cleaners as part of the healthcare team, standards of cleanliness cannot be improved without everyone taking responsibility, working tidily, cleaning up

after themselves, and seeing things through the patient's eyes. The reality may not be straightforward, but these principles will help us deliver a service to be proud of.

Across the country there are countless staff who work hard to deliver clean hospitals, and they have achieved some outstanding successes. Some of these people were influential in producing this Charter, and our thanks go to them. They were clear in their vision for a cleaner, safer NHS, and we recommend their principles to all NHS staff, no matter what their position.

John Reid, Secretary of State for Health

A MESSAGE FROM THE CHIEF NURSING OFFICER

When patients are cared for in hospitals, nurses and midwives provide an unbreakable strand of continuity, delivering a 24-hour service that links together all aspects of the patients' experience. They may be the only people who are immediately on-hand at all times, and so they bear a huge responsibility for co-ordinating access to other services patients need.

The Matron's Charter draws attention to one very important part of this role – making sure hospitals are clean. By putting the subject high on their own agendas, nurses and midwives can make a real difference to the patient environment.

But cleanliness is everyone's responsibility. The hard work and dedication of domestic staff needs to be supported by all NHS staff – otherwise we make an already challenging job harder than it needs to be. Cleaning staff are a vital part of the ward team, and it is only by recognising this that we will deliver the high-quality environment patients have the right to expect.

Chris Beasley, Chief Nursing Officer



A Matron's view

Matrons recognise the importance of considering what matters to our patients. By talking to them individually and through commitment to Patient and Public involvement, we can ensure that their views are heard and acted upon.

The Matron's Charter gives a common-sense approach to improving the environment in hospitals. It identifies what we need to do to provide a clean setting for the provision of care for our patients.

A clean environment is dear to all our hearts. As a Matron I know that it is my responsibility to take the lead in this; however, I cannot do it alone. Teamwork, clarity of role, and recognition of the value of the cleaning staff are all key to improvement. I can not over-emphasise the importance of a culture of good housekeeping and hygiene practice.

Matrons must lead by example and by making changes when things aren't up to scratch. Staff of all disciplines must be empowered to embrace good practice and challenge shortfalls in working practices. Patients must feel able to voice any concerns that they may have.

The structured approach offered through the Matron's Charter will help us all to work together towards the common goal of a clean and safe healthcare environment for the benefit of both patients and staff.

*Claire Edwards
Matron, Orthopaedics
Countess of Chester Hospital*



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Introduction

It is easy to look back to the past and see a golden age where wards always sparkled, sheets were always smooth and crisp, and Matron had complete control. The reality was very different – thousands of patients died each year from infections that are easily treatable today, and healthcare was far less complex – and often less successful.

There are some similarities with the past. Matrons are still rightly seen as the linchpin of standards, and they have the power and authority to lead change – and deliver cleaner hospitals. Today there are over 3000 matrons in post, and the potential of their power to drive up standards is incalculable.

But nurses and midwives do not work alone; cleaners are at the front line when it comes to keeping a hospital clean. Cleaning a hospital is not easy, and it depends on skilled and committed staff, who are as much a part of the NHS team as anyone else. The Charter aims to recapture that sense of joint ownership and pride so that everyone has the ethos of “Our ward, our problem, our solution”.

WHAT IS THE PURPOSE OF A MATRON'S CHARTER?

The Matron's Charter is aimed at all staff in the NHS, whatever their role. It sets out ten broad commitments that should be adopted everywhere in the NHS:

- as a basis for discussion – at ward, trust or SHA level – to provoke debate and encourage reflection on the importance of cleaning;
- as a spur to teams to audit their practice – not just in terms of inputs and outputs, but in respect of culture and philosophy;
- as a foundation for developing service ideals, in conjunction with existing standards and guidance in use across the NHS;
- as a tool to enable local targets for improvement to be set.

The Charter is written for staff, but it is direct and non-technical. It can and should be shared with patients and visitors, to involve them in plans for improvement and to gather their feedback.

Matrons and other staff have illustrated this document with examples of how trusts across the country have already begun to improve their services. They have also provided trigger questions to provoke discussions at local level, and information on further support available.

The commitments

- 1 Keeping the NHS clean is everybody's responsibility.
- 2 The patient environment will be well-maintained, clean and safe.
- 3 Matrons will establish a cleanliness culture across their units.
- 4 Cleaning staff will be recognised for the important work they do. Matrons will make sure they feel part of the ward team.
- 5 Specific roles and responsibilities for cleaning will be clear.
- 6 Cleaning routines will be clear, agreed and well-publicised.
- 7 Patients will have a part to play in monitoring and reporting on standards of cleanliness.
- 8 All staff working in healthcare will receive education in infection control.
- 9 Nurses and infection control teams will be involved in drawing up cleaning contracts, and Matrons have authority and power to withhold payment.
- 10 Sufficient resources will be dedicated to keeping hospitals clean.

Keeping the NHS clean is everybody's responsibility

A clean and tidy environment creates a virtuous circle of good practice – a dirty one encourages an attitude of sloppiness and neglect.

Cleanliness can be catching. All staff should work tidily and clean up after themselves. Hospital cleaning staff are there to ensure a high and consistent standard of cleanliness. But the best cleaner cannot be everywhere at once – if all members of staff took care to work tidily, and to clean up after themselves, cleanliness standards across the whole hospital would rise. Matrons have a clear role in making this happen.

This doesn't mean surgeons scrubbing down the operating theatre. It means simple, everyday actions we all take for granted at home – such as wiping quickly round the bath after a patient has used it, or making sure that used paper towels land in the bin, not next to it. No matter how well-paid you are, this is likely to be more cost-effective than finding a domestic assistant to do it – and is certainly more timely. The bathroom will still need the regular attention of the cleaning staff – but in between, it will stay clean.

SOLVING PROBLEMS EARLY

Rapid action is central to keeping on top of cleanliness. East Sussex Trust has an environmental group that meets early in the morning twice a week to report environment, repair, tidiness and cleanliness matters, and to identify speedy actions to resolve them. The group is multidisciplinary (including PALS personnel) and is led by the site housekeeping manager, who coordinates the actions identified.



TAKING A TEAM APPROACH

The key to the success of the cleaning service within the Maternity Services at James Cook University Hospital in Middlesbrough is multidisciplinary teamwork and collaboration, according to Clinical Matron Fay Polson. "In our directorate there is a good sense of team ownership of cleaning and infection control – we recognise that keeping the place clean is everyone's responsibility.

"I have overall responsibility for monitoring standards, and do weekly rounds with our domestic supervisor and senior housekeeper. If we find that cleaning standards are not quite up to scratch, we agree actions to make the necessary improvements". Fay also maintains high visibility on her wards, walking around the department and talking with staff and patients to find out their views. "Comments sheets" have recently been introduced so that patients have a way of giving feedback confidentially if they wish to.

The increased collaboration and teamwork with all associated specialties has raised standards of cleanliness from 70% in September 2003 to 91% in August 2004.

Ask yourself . . .

Do you take active steps to keep your work area clean and tidy?

Do you pick up odd pieces of litter, for instance in corridors and public places?

What could you do to make it easier for cleaning staff to do their job?

THE IMPORTANCE OF LEADERSHIP

A trust-wide campaign at Hull and East Yorkshire NHS Acute Trust has been launched to tackle infection control. Led by the Chief Executive, and involving the medical director, directors of facilities and nursing, and service users, the “Think Clean” initiative plans to reduce Healthcare Associated Infections and raise awareness of the need for a clean, safe environment for patients, visitors and staff. It has already produced an action plan to facilitate these aims, including an education campaign, re-examining the use of invasive devices and IV drugs and infusions, ensuring basic equipment is clean, reviewing patient and visitor safety, and monitoring effectiveness of hand-washing campaigns.

Chief Executive Stephen Greep said, “It is vitally important that a scheme such as the Think Clean initiative is led by the executive team. However, there is a Trust-wide responsibility to ensure that the action plan is implemented and monitored, and I shall be personally involved in all aspects.”



Further information

‘Winning Ways’ (2004) contains advice from CMO on the management of Healthcare Associated Infection (available to download from <http://www.dh.gov.uk>).

‘Towards Cleaner Hospitals and Lower Rates of Infection’ (2004) is a summary of action bringing cleanliness and infection control together in one document (available to download from <http://www.dh.gov.uk>).

Local Clinical Governance teams can give advice on developing and maintaining a culture of personal and collective responsibility.

The patient environment will be well-maintained, clean and safe

An environment that is difficult to keep clean costs more to manage, and may increase risk to patients.

Any hospital can look dirty when it is not in top condition, and older buildings can therefore cost more to keep clean. Key principles in designing new buildings and carrying out refurbishments are to minimise open horizontal surfaces, to make sure all areas are accessible for cleaning, and to provide enough storage to prevent clutter. Cleaning materials should be available at all times – and Matrons should ensure that relevant staff have access to them and know how to use them safely and effectively.

Patient equipment, including clinical equipment such as endoscopes, also needs to be kept clean. When purchasing equipment, staff should take account of cleaning needs before committing to a particular device. In some cases disposable equipment will be more appropriate.

STORING EQUIPMENT TIDILY

The Countess of Chester Hospitals NHS Foundation Trust no longer has bed-bathing trolleys on elderly care wards. Supplies are now kept in cupboards in each bay and there are individual patient supplies and waste bags. Anne Mayers, Matron for Older People, says, "This practice reduces the risk of cross-contamination, and improves the quality of care and dignity for the patients." Washbowls for individual use during in-patient stays are kept on the back of each locker.

All Matrons were involved in this, and the set-up costs only required the purchase of bowls – there are no on-costs.

CREATING SPACE

The Housekeeper at Lancashire Teaching Hospitals has taken on the role of disposing of excess equipment on the ward; in particular, televisions which are surplus to requirements now that bedside TVs have been installed. Some are to be raffled and some advertised on the internal exchange and mart. Removal of excess equipment has created more space for organised storage and cleaning of medical equipment such as drip stands which are in day-to-day use.

Ask yourself . . .

Does your trust involve infection control nurses in refurbishment and new-build projects?

Do you routinely store equipment in public areas – common rooms, corridors, shower cubicles etc?

Have you had a “dump the junk” day in the last six months?

Does your storage area contain any broken or damaged equipment, or things that could be held in a central store?

Before you buy new equipment, do you ensure you have a system in place to clean it?

SETTING LOCAL STANDARDS

The internal partnership Patient Environment Action Team (PEAT) inspection sets the standard that the housekeepers work to in South Manchester. The trust has an admission bed checklist for the housekeepers, which was devised to make sure that the initial impression by patients/relatives is a good one. The ward housekeepers, matrons and the Sodexo cleaning supervisor carry out regular walk-rounds to ask patients how they feel about the cleanliness of the ward. Sue Langley, Matron Cardiothoracic Surgery, South Manchester University Hospitals Trust, says, “Housekeepers work to an annual plan for the year which schedules window cleaning, curtain changing, and maintenance, and they also ensure adherence to an infection control cleaning schedule for non-clinical items.”



Further information

See <http://www.nhsestates.gov.uk> and follow the link to “Clean Hospitals” for information on the PEAT process and on support materials for cleaner hospitals.

HFN 30 – ‘Infection control in the built environment’ (2002) – available from <http://www.nhsestates.gov.uk>.

Advice on the purchase of medical devices is available from your trust’s supplies department but also from NHS Purchasing and Supplies Agency at <http://www.pasa.doh.gov.uk>.

Matrons will establish a cleanliness culture across their units

Creating a cleanliness culture ties up all the aspects of this Charter, bringing together personal hygiene, environmental cleanliness and clinical actions.

This Charter builds on the words of Florence Nightingale:

“Let whoever is in charge keep this simple question in her head (not, how can I always do this right thing myself, but) how can I provide for this right thing to be always done?”

Although maintaining a culture is a joint responsibility, creating it at local level demands a strong, credible Matron to act as role model. The Matron must have the personal drive to communicate a vision of cleanliness, challenge poor practice and recognise achievement. She or he must have confidence in the wider healthcare team, and a respect for the work of hotel services staff as well as clinicians. Without the input of the cleaning staff, this Charter is undeliverable, and the wise Matron will recognise this and act accordingly.

CHANGING PRACTICES

Hazel Moon is a senior nurse/matron for the paediatric theatre service at Bristol Royal Hospital for Children, and is also an infection control coordinator for the children's directorate. She says, “My role is to coordinate infection control activities and infection control link staff. It is important to make sure there is good communication between the trust's IC team and staff in the directorate, and between clinical areas.”

Hazel works hard to highlight good infection control practice and effective practice development in clinical areas. Each month, infection control leads from all clinical areas meet with a medical lead so that medical staff are engaged in any changes in practice. As a result there have been a number of service improvements: “We used to have a policy where all non-immunised babies had to be nursed in a cubicle – this had been a long-standing practice, but working with the medical lead and infection control team we have been able to change practices so that physical isolation is no longer necessary.”

All senior nurses/matrons, ward managers and infection control link nurses are kept informed of the group's work, and Hazel works with them to ensure that the action plans following regular infection control audits address non-compliance.



Ask yourself . . .

Do all staff promote the principles of a clean environment at all times?

Is the ward equally clean at all times, irrespective of who is on duty?

DELIVERING REAL IMPROVEMENTS

In the five months up to August 2004, MRSA rates in the University Hospitals of Coventry & Warwickshire NHS Trust have fallen by a dramatic 21%, with rates of *Clostridium difficile* down 64% to an all-time low.

A multidisciplinary group, led by ward managers and including a non-executive director, a patient representative and a member of the trust's SHA PEAT team, is driving a range of initiatives. The Associate Director of Nursing, the Infection Control Nurse Manager and the Housekeeping Manager all support the group.

Actions included a patient questionnaire, ward cleaning books and monthly meetings, covering ward tidiness, cleanliness, hand-washing and hygiene, spillages, toilet and washing facilities, and environmental concerns. As a result of concerns raised about cleanliness in the toilets, the project group recommended that they be cleaned more often, and this was initiated within two weeks. All wards now have a nominated lead for auditing hand-washing practices.

In the five months since the work began, the trust has seen some outstanding results, which has encouraged staff to continue to move the project forward. The key to the project's success has been the teamwork between healthcare staff, infection control, domestic and housekeeping staff, managers, patients and carers. Patients have commented:

“Expensive private medicine could not exceed the standard of care I received.”

“Even when the nursing staff were busy, the standard of hygiene was never compromised.”



Further information

The NHS Healthcare Cleaning Manual (2004) is available from NHS Estates and can be found on <http://www.nhsestates.gov.uk> from Autumn 2004.

Cleaning staff will be recognised for the important work they do. Matrons will make sure they feel part of the ward team

No matter who provides the cleaning services, it is good practice that the same cleaning staff are responsible for the ward every day.

Keeping the same staff means that domestic assistants become part of the team, working on a day-to-day basis to the ward sister even if their employment contracts are managed elsewhere.

Patients, as well as nurses, like to see the same domestic assistant every day. Some patients are reluctant to ask the nurses or doctors for help, but feel able to talk to cleaners. If they see a different face every day, they may not speak freely to anyone – and may spend their whole stay feeling isolated.

BRINGING ALL STAFF TOGETHER

Simon Pullin, Senior Nurse at the Royal Free Hospital in north London, sees his role as maintaining standards and being highly visible to staff, patients and carers.

“It’s about developing your ability to network not just with nurses, but with medical staff, domestics, catering and the rest of a multidisciplinary team,” he says. “For instance, I work with the infection control team and look with them at ways in which we can improve measures of infection control, such as the introduction of hand gels. Trends in infection rates such as MRSA have shown a decrease since the hand hygiene initiative began, and staff are also now much more aware of these issues and the importance of minimising the movement of patients as much as possible.”



Ask yourself . . .

Do all the staff in the team (including cleaning staff) know each other's names?

Are cleaning staff invited to team parties, nights out etc?

Do photographs of cleaning staff appear alongside others at the entrance to wards?

Do all staff have access to ward staff-rooms and facilities?

Are cleaning staff receiving infection control training with the rest of the team in your ward or department?

WORKING TOGETHER TO CHANGE PRACTICE

King's College Hospital have set up a Patient Environment Forum, in response to increased infection rates and complaints relating to cleaning. The forum has input from the Environmental Officer, Infection Control Nurse, Contract Services Managers, Domestic Supervisor, ward staff and patients. The key achievements of the group have been a decrease in MRSA rates, increased screening for MRSA, and changes in infection control practice, for example coloured aprons for barrier nursing and regular audits.



Further information

<http://www.nhsestates.gov.uk> has information on integrating support staff into the ward team

More information about the role of support services and the patient's journey can be found in: Supporting Patient Care in Accident & Emergency: Redesigning Housekeeping and Support Services (2003).

Specific roles and responsibilities for cleaning will be clear

Most patients don't care who cleans the ward – they only care that someone does. But for staff, complaints about “it's not my job” can get in the way of delivering a good service. Local roles vary, but there are some common principles:

- The Chief Executive is responsible for standards across the whole trust.
- Trust Executive Directors are responsible for:
 - allocating budgets with due attention to infection control and cleanliness;
 - understanding the implications of the funding decisions they make.
- Matrons are responsible for:
 - leading and driving a culture of cleanliness in clinical areas;
 - setting and monitoring standards in conjunction with others.
- Infection control teams are responsible for:
 - advising on contracts for cleaning;
 - educating staff about the need for good hygiene standards.
- Nurses/midwives in charge of wards and departments are responsible for:
 - agreeing cleaning standards for their area;
 - making sure that standards are met;
 - working with local cleaning staff to help them fulfil their roles.
- Contract managers are responsible for:
 - making sure that contracts (including in-house SLAs) deliver high standards, and value for money;
 - establishing a spirit of partnership and teamwork with service providers.
- Cleaning service managers are responsible for:
 - ensuring there are enough staff, with the right skills to do the job;
 - making sure there is an appropriate supply of equipment, including cloths and chemicals.

Some things regularly slip through the cleaning net, with no-one taking responsibility. Patient equipment (for example drip stands and commodes) is a case in point. Who cleans such items is a local decision – but whatever the solution, Matrons need to ensure that someone knows that this is their job, and takes it seriously.



GIVING AUTHORITY TO HOUSEKEEPERS

At Sandwell Hospital in Birmingham, housekeepers check and clean the underneath of equipment (particularly commodes) on a daily basis. They also check items such as drip stands, chairs, flower vases, staff fridge and other equipment. They receive copies of monthly PEAT inspections which matrons undertake with the support services, and follow up on actions identified. In the spirit of improving services by working in different ways, housekeepers have completed training to carry out a daily check of the oxygen and suction equipment.

Ask yourself . . .

What are your responsibilities – general and specific – for keeping things clean?

Do staff and patients know who to go to for help when things go wrong?

Who is responsible for cleaning patient equipment in your trust?

SETTING UP A LINK NURSE SYSTEM

At Nobles Hospital, on the Isle of Man, the link nurse system set up in 2002 now boasts over 40 dedicated Registered Nurses who are role models for infection control within the organisation. The group recently led the implementation of cleaning schedules for equipment in each area, tackling problems of cleaning particular categories of equipment, which had been caused mainly as a result of lack of systems and role definition.

Cathy Dale, Team Leader for the Infection Control Link Nurses, said, “The organisation is very supportive of the Link Nurse System – we have made time to develop schedules and to attend meetings, and our internal audit results have recently confirmed the effectiveness of our new cleaning schedules.”



REINFORCING OWNERSHIP AND RESPONSIBILITY

At Blackpool, Fylde & Wyre Hospitals NHS Trust, ward audits and inspections found that many areas were not meeting acceptable standards of cleanliness. Trust staff felt that the principal cause for low scores was that clinical staff no longer appeared to know what they should clean (or how), and what domestic staff should clean. To tackle this, the trust took a number of actions, including introducing a monthly Infection Control Newsletter, introducing mandatory infection control training for all healthcare workers, infection control nurse involvement in matrons' meetings, and new spot inspections.

Dr Bryan Marshall, Consultant Microbiologist and Director of Infection Prevention and Control, says, “staff are now being encouraged to take ownership and responsibility for their own environment and being empowered to do something about it.” All this means that infection control becomes everyone's business, the wards look cleaner and patients feel safer.

Further information

<http://www.nhsestates.gov.uk> has information on the role of the housekeeper and sample job descriptions.

The new model contract will give clear advice on what needs to be covered in any agreement. From Autumn 2004 it will be available on <http://www.nhsestates.gov.uk>

Cleaning routines will be clear, agreed and well-publicised

Cleaning is a part of the ward routine – not an intrusion into it.

Where possible, Matrons, ward sisters and facilities managers should work together to plan routine cleaning so that everyone can get their work done with the minimum of inconvenience. An agreed and well-publicised routine also makes for more efficient cleaning, as more ordered working practices support a more ordered environment – and thus a cleaner one.

Cleaning activity, as well as cleanliness, should be visible and reliable. Often, patients and visitors find it reassuring to see cleaners at work. Knowing when the cleaners are due can give structure to the day as well as providing a familiar face.

Cleaning routines must be flexible to respond to the changing needs of a particular area or ward. This is another reason why cleaners need to be part of the ward team.



HELPING PATIENTS UNDERSTAND THE SYSTEM

We all feel better when we know what is going on around us. Staff at Nottingham City Hospital have used this knowledge to help their patients and to give cleaning staff an acknowledged place in the ward team.

A pilot study was undertaken on two surgical wards where patients were provided with a “diary” setting out how their day was structured. It included the usual information on mealtimes, visiting times and so on – but also held details of cleaning times. This reinforced the message that domestic assistants are part of the team and also made cleaning staff (and their actions) more visible. This pilot was well received by patients and staff, and the trust hopes to be able to develop this work further and consider rollout of the schedules in the future.

Elsewhere in the hospital, colour-coded aprons are used in some wards for staff delivering clinical care and cleaning services. Helen Hyde, ward manager in Haematology, says “utilising colour coded aprons assists us in reducing cross-infection. This concept encourages staff to think about their practice and that of others. It also sends a message to patients and carers that infection control issues are taken seriously.”

Ask yourself . . .

When is your working environment cleaned?

Have your cleaning times been agreed with all appropriate groups?

Could the patients' day be improved by changing the clinical and cleaning routines?



TAILORING ROUTINES TO MEET NEEDS

In Leeds General Infirmary, a data-based system is being implemented that allows the trust to modify the cleaning specification for each functional area. One “credit” is equal to one hour of staff time: each ward is allocated a number of hours of cleaning time, and how they use these hours is at the discretion of the matron or ward manager. Cleaning can be tailored to what the individual ward manager/matron needs, and gives the flexibility to tackle “hot spots” either within existing resources or by identifying additional resources.

One of the benefits is that it can easily be interpreted into cleaning work schedules for the cleaning staff to follow. Andrew Matthews, Head of Hotel Services, says, “using a computerised cleaning management programme, operational teams can focus on getting the standards of cleaning right and have the right information available to make informed decisions on the service.” He is developing the system so that ultimately the specification for each ward can be adjusted in accordance with monitoring results, allowing ward managers to fine-tune in order to improve standards.

Further information

Trust Hotel Service Managers will have information on existing routines – ward sisters can match these to ward routines.

The new model contract will have information on cleaning frequencies, and will be available on <http://www.nhsestates.gov.uk> from Autumn 2004.

Patients will have a part to play in monitoring and reporting on standards of cleanliness

For many people, it is difficult to judge the quality of their clinical care – they have to rely on the expertise of clinical staff; but most people can judge standards of cleanliness.

Seeing the hospital through the patients' eyes can help us deliver a better service.

Patients' Forums have been asked to take on a defined role in inspecting hospitals quarterly and reporting their findings. They are local people, reporting on local services. The annual patient survey, reported by the Healthcare Commission, further identifies what patients think, and supports improvement and benchmarking.

Trusts can also introduce more local feedback mechanisms. Systems that allow patients to report problems (and be assured of action) can increase confidence not just in the cleaning services, but in the NHS as a whole. Bedside TVs and telephones can potentially be used to encourage patients to give feedback on cleanliness. Pilots are under way to develop systems that use patients' input to continually monitor the environment – and report direct to those who can take action. This could include Matrons and domestic services managers as a first port of call, escalating ultimately to Chief Executive if the problems are not solved.



ENGAGING WITH PATIENTS

Staff at West of Cornwall PCT work hard to get feedback from patients about their services. Ward Sister Linda Retallick has used a range of methods, including a local housekeeper forum that monitors the environment with input from patients and visitors. Some methods they use are:

- **An environmental audit tool.** This is used quarterly, filled in by the housekeeper with extensive input from patients and visitors. It covers cleanliness and other issues such as maintenance.
- **Comments books on each ward.** These are available at all times, but are taken by the housekeeper to all patients/relatives a few days before discharge. Some wards incorporate a simple questionnaire.
- **Patients' stories.** Linda first used this technique during the RCN leadership programme. Asking patients to relate their experiences in their own words proved so powerful that she has continued to apply the approach. Comments are then put into practice where appropriate – for instance, the trust is looking at ways to improve the way it hangs its bed curtains, where it places its waste bins and so on. Most notably, the trust introduced ward housekeepers in direct response to feedback from patient stories.

Ask yourself . . .

Do you take regular, formal feedback from patients about cleanliness in your area?

Do you encourage patients and visitors to let you know about problems?

Do you have a rapid, reliable way of responding to patients' comments?

USING PATIENT FEEDBACK

In Gynaecology at Nottingham City Hospital, patient views about cleaning services, collected using feedback forms, informed the directorate action plan. Matron Adrian Roe says, "Representatives from the ward staff, patients and managers meet monthly to discuss patient feedback. Changes made as a result of this are put on a display board for patients to see. Patient and public involvement has made a real difference – changes have been made that are important to the people using the service." The success of this work has meant that the scheme is now used within every ward in the trust.



Further information

Information on the use of bedside TVs and telephones to enhance feedback is available from <http://www.nhsestates.gov.uk>.

Further details about your Patient Forums are available from your Forum Support Organisation – visit http://www.cppih.org/Inp_newcastle.html

All staff working in healthcare will receive education in infection control

Control of infection is everybody's business.

Everyone – clinical or non-clinical, in-house or contracted out – needs regular, ongoing education to make sure they are aware of current practice and are able to uphold standards. Matrons should hold records of relevant education.

Not everyone needs the same training. “Scrubbing-up” is a specialist hand disinfection regime largely confined to the operating theatre, whilst buffing floors is a technical procedure that only some cleaners need to learn.

Nonetheless, everyone needs to know the basics of good hand hygiene and environmental cleaning, and needs to be aware of their personal responsibilities in preventing the spread of infection. A sound knowledge base will give staff the confidence to challenge poor practice – and to support colleagues in putting it right.

AN INTEGRATED APPROACH TO TRAINING

New housekeepers in Calderdale and Huddersfield NHS Trust shadow members of staff from various departments including Infection Control, Nursing and Cleaning. The training in infection control includes the basic principles of decontamination of equipment, universal precautions, and the isolation policy.

In addition, ward housekeepers are responsible for the decontamination of equipment and must be able to identify appropriate methods of decontamination, know where infection control policies are located, and recognise the need to decontaminate equipment prior to sending it for repair or service. They also clean ward equipment including commodes and drip stands, and must identify appropriate cleaning methods for each piece of equipment as well as being aware of the relevant health and safety and infection control information.



Ask yourself . . .

What training have you and your team had in infection control (including informal “on-the-job” training)?

Are there other things you feel you and others need to know?

What have you done to fill any gaps in your knowledge base?

Do you take steps to share your knowledge with new staff or those who make mistakes?

Are cleaning staff involved in local team training for a particular ward or department?

DELIVERING A SPECIALIST SERVICE WITH WELL-TRAINED STAFF

At Chesterfield and North Derbyshire Royal Hospital NHS Trust, problems had occurred in ensuring correct and timely cleaning of single rooms or bed spaces after use by patients with an infection. Therefore a Decant Team was introduced to cover the period of 7.30 am–8.00 pm, seven days per week.

Specialist training alleviated fear of cross-infection amongst domestic staff – in addition to domestic assistant training, the Decant Team had a one-day training session run by Domestic Services and Infection Control. The team were accessible throughout the day, with controlled equipment and materials being used and disposed of correctly. It freed up ward staff and domestic staff time and released rooms more promptly.



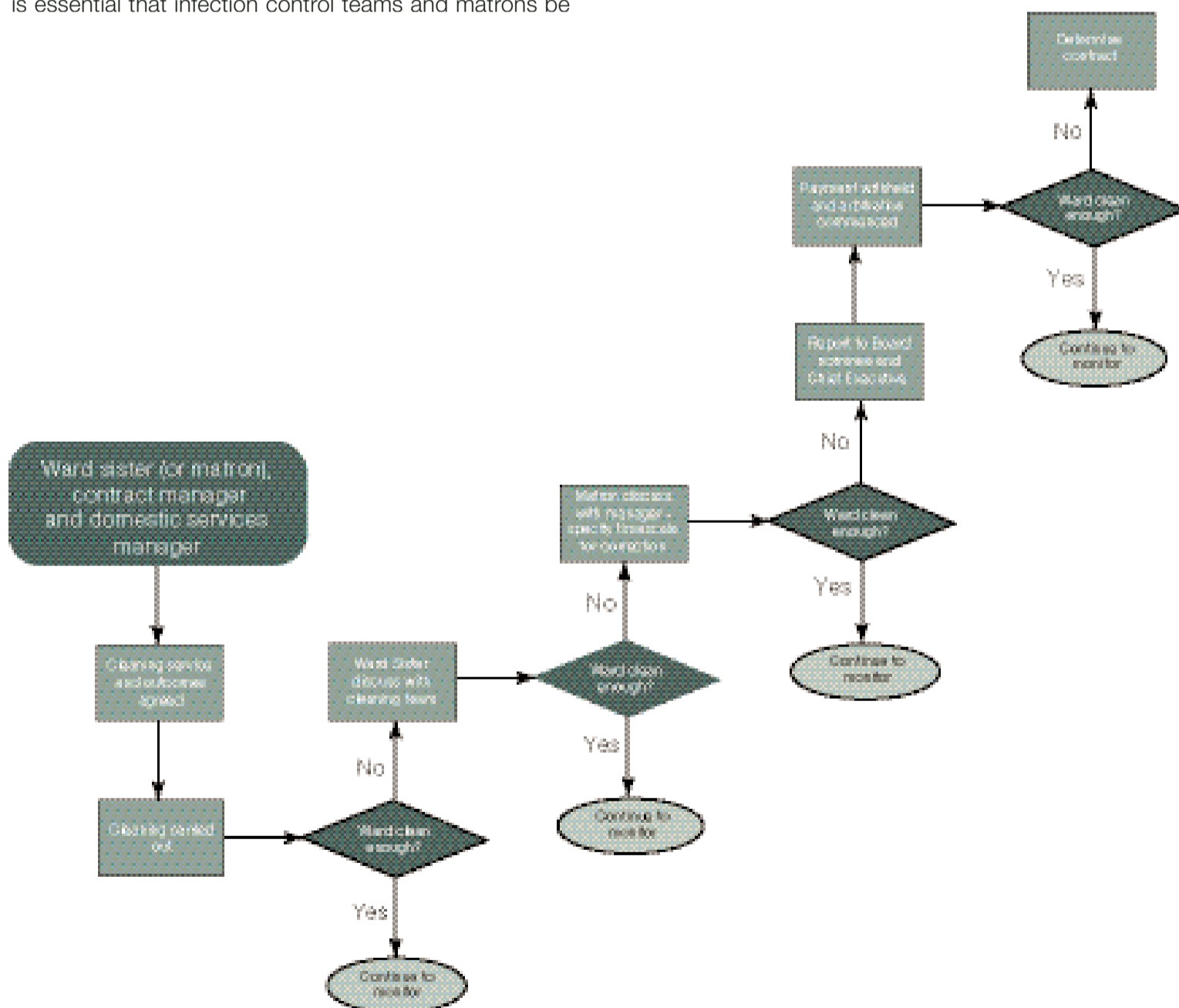
Further information

NHSU is developing training specifically aimed at non-clinical staff. Their website, <http://www.nhsu.nhs.uk>, has details.

Local information control teams and staff development departments can offer advice on education for specific groups.

Nurses and infection control teams will be involved in drawing up cleaning contracts, and Matrons have authority and power to withhold payment

Whether cleaning services are delivered by an in-house team, or by an external contractor, it is imperative to have clarity around the service that can be expected. It is essential that infection control teams and matrons be



Ask yourself . . .

Are you happy with your cleaning services, and if not, do you know who to tell?

Do you know the name of somebody in your infection control team?

Do you have robust systems in place for monitoring your cleaning standards?

Has effective action always been taken when standards have not been met?

BRINGING NURSES AND CONTRACTORS TOGETHER

Three years ago Derby Hospitals NHS Foundation Trust introduced matrons. Across their midwifery service in Southern Derbyshire, they have seven full-time matron posts: four in the community and three in the hospital.

Matrons, or “clinical leads” in the hospital setting, in particular pick up the issue of cleanliness and good practice regarding infection control. The clinical leads for the labour ward and the 62-bed in-patient ward sit on the trust group that works with the external cleaning services contractor. Because they work clinically every week, they can see and find out from ward staff and patients whether cleanliness standards are being maintained, and they know when they are falling below acceptable standards. Ward staff know that when things are not right they have the power to put things right themselves through their clinical lead.

Sheena Appleby, Head of Midwifery Services, says, “Clinical leads are in touch with all the issues on the wards. They see when there are problems with the physical environment that affect the care of our women and babies, and they are in a position to raise any issues directly with contractors to get things improved. The benefits to patients are clear: clinical leads have direct links to the managers of the cleaning services, and have a great influence with them when standards are not met.”



Further information

The new model cleaning contract will give information on drawing up and monitoring contracts.

[CE Bulletin reference.](#)

Sufficient resources will be dedicated to keeping hospitals clean

All NHS managers face difficult choices about resources, but money wisely invested in cleanliness can improve trust performance elsewhere.

Common sense tells us that patients will appreciate a clean hospital – and may choose it over other providers. Some trusts have pooled nursing and facilities management funds to strengthen partnership between groups, for instance by introducing housekeepers. Matrons can be key in brokering such partnerships.

Many factors affect the investment needs of a particular area, including age, levels of maintenance, and clinical specialism. Investment must recognise this, and must also allow for additional cleaning if there is an outbreak of infection or contamination.

The model cleaning contract (due out in Autumn 2004) contains information on cleaning frequencies, cleaning standards and contract monitoring. It will help trusts decide how to invest in cleanliness – and how to make sure that investment delivers real improvements in standards.

DEVELOPING THE HOUSEKEEPER ROLE

East and North Hertfordshire NHS Trust have entirely funded ward housekeepers from the nursing budget. Following a skill-mix exercise, the trust found that up to 24% of the ward/department nursing time was spent on housekeeping duties, and in one ward this equated to 4.33 WTE. Most wards have now recruited a ward housekeeper, leaving nurses free to “nurse”. Head of Nursing Barbara Jenkins reports, “Generally, the nursing staff did not view it as losing a nurse (“B” Grade), as it was very clear this was an activity that they were already undertaking, and that recruiting someone specific for the task would improve job satisfaction all round.”



Ask yourself . . .

How many cleaning hours does your ward need to achieve high standards of cleanliness?

Do you know how much your trust invests in cleaning per square metre, and how that compares with the national average?

What is your trust's most recent PEAT score?

What systems do you have in place to call extra cleaning staff into an area at short notice?



DELIVERING AN INTEGRATED SERVICE

In Chelsea and Westminster, the Paediatric Ward Leaders identified that the one person who would make the most significant difference to their ward, to their own jobs and to the environment would be a housekeeper. As each ward had a “B” Grade vacancy it was decided that the money from these posts would be used to employ housekeepers. They are currently being employed by ISS Mediclean, who bill the trust for their salaries, but they are directly responsible to the Ward Leader or the person in charge of the ward if the Ward Leader is absent. ISS have been responsible for their training and for their competency-based programme which can lead to NVQ-level courses.

Further information

Your facilities manager can give information about cleaning time allocation and schedule for your area.

Model cleaning contract – to be launched Autumn 2004 – advises on recommended cleaning frequencies.

“National standards of cleanliness in the NHS” (<http://www.nhsestates.gov.uk>) gives detail on relative risks associated with particular areas – and thus the need for cleaning.

Annex A

DEVELOPING A MATRON'S CHARTER

In July 2004, the Government released "Towards cleaner hospitals and lower rates of infection", a summary of action aimed at delivering real improvements, driven by those who know the NHS best – the people who work in it. One promise was to develop a "Matron's Charter" of key principles that all staff could agree with and sign up to, and which could be applied in any healthcare establishment, anywhere in the country.

On 8 September 2004 a number of important professional organisations came together to share good

practice and develop the underlying ethos for the Charter. Amongst the participants were matrons, nurses, housekeepers, managers, midwives, doctors and scientists. They worked in mixed groups to agree an ethos for cleanliness that was general enough to be applied anywhere, yet specific enough to drive change.

From the outcomes of this debate, the Matron's Charter was born. It is a synthesis of many thoughts and much discussion. It can be attributed to no single person, but is multidisciplinary in concept and execution. It is written by people in the NHS, for the NHS.

WORKSHOP PARTICIPANTS

Participants were selected because of their passion for cleaner hospitals and their commitment to work together. They were nominated by the host organisations.

Brenda Alderson	Jill Foster	Tina Lewis	Cathy Seargent
Anne Anderson	Adam Fraise	Val Long	Maria Sinfield
Vivienne Atkinson	Gary French	Maurice Madeo	Susan Smith
Stephen Barrett	Thekli Gee	Janet Marsh	Maggie Somers
Pat Bignell	Paul Gibson	Alison McCree	Mike Speakman
Peggy Brame	Sue Greenhill	Donna Mizell	Dr Robert Spencer
Jackie Bramford	Marjory Greig	Amanda Morgan	Elizabeth Stalley
Geoff Callan	Lynn Grundy	Richard Moss	Roman Szeremeta
Tim Carter	Bev Hall	Phil O' Connor	Louise Taylor
Reena Cartmell	Kim Hill	David Owens	Angela Todd
Martyn Case	Paul Hodson	Debbie Peniket	Paul Tourville
Yvonne Cleary	Judith Hudson	Christine Perry	Donna Traynor
Carole Clibery	Julie Hughes	Jonathan Plumb	Caroline Trevithick
Yvonne Coghill	Anne Jackson-Baker	Fay Polson	Angela Turner
Richard Cooke	Annette Jeanes	David Preece	Julie Turner
Paul Cryer	Joyce Johnson	Simon Pullin	Janet Walker
Geraldine Cunningham	Andrew Jones	Judith Richards	Diane Ward
Wendy Dassut	Elizabeth Jones	Kath Roberts	Steve Warren
Paula Davies	Hazel Knight	Ann Robertson	Jan Westbury
Stephanie Davis	Ady Knighton	Pat Robson	Heather Whitehead
Esther Dias	Diane Laiolo	Midge Rotheram	Janet Whitwam
Debbie Dzik-Juasz	Marion Langley	Josie Rudman	Pauline Williams
Clare Edwards	Jean Lawrence	Patricia Ryan	Sue Wiseman
Bob Ellarby	Caroline Lecko	Lone Sarosi	Vera Woodhead
Donna Fearon	June Levick	Maggy Schooley	Vanessa York

