



**NHSScotland National Cleaning
Specification Monitoring Framework
Independent Audit Report**

November 2008

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Executive Summary

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.

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

The HAI Task Force requested this piece of work as part of a planned programme.

The independent audit objectives were:

Objective 1: There is adherence to the National Cleaning Services Specification.

Objective 2: NHS Boards' systems and procedures are in place to carry out the cleaning audits.

Objective 3: Quarterly audit returns from Boards are accurate.

Objective 4: Peer and Public reviews are taking place in accordance with the monitoring guidelines.

The project brief was prepared under procurement processes and awarded to Management Specific Consultancy Ltd (FMS).

This audit was carried out through two processes, a visual inspection of the Monitoring Framework Systems and procedures and a visual audit of sample locations within the NHS Boards.

This report details the methodology and objectives of the independent audit and provides key findings, recommendations and specific actions required by NHS Boards and HFS in order to ensure compliance.

Key Findings

Objective 1: All Boards have implemented the National Cleaning Services Specification. However, on the day of the sample audit, a number of areas within Boards, suffered from high dust levels.

In many locations the quality of the physical environment appears to influence the perceived levels of cleanliness. Some public and circulation areas were not as clean as they could have been but the quality and age of the fixtures, fittings and fabric was not of the highest standard and this would add to the 'perceived' cleanliness of the areas.

Where required a number of Boards have already taken prompt actions to rectify issues within this area and have confirmed actions taken to HFS.

Objective 2: Eleven Boards have systems and procedures in place that enables them to carry out the cleaning audits in line with the Monitoring system procedures. Three Boards are required to make small changes in order to be 100% compliant and one Board requires significant support in order to address the shortfalls.

One Board requires to investigate the cleaning and frequency times within the A&E department in order to ensure that resources are directed at the right times.

There is a requirement for an estates audit tool in order to ensure that works, which affect the perception of cleanliness and the ability to clean, are addressed in a timely manner.

Objective 3: Twelve Boards sample audit results were in line with their quarterly audit results. Four Boards received a variance in results of between 5 and 10%.

Objective 4: Fifteen Boards were compliant with the peer/public review guidelines. One Board is required to implement the public review system. However, a number of Boards are required to increase the number of public reviews they presently have.

Recommendations

The introduction of an annual independent external audit for each NHS Board in Scotland.

A number of Boards are required to look at cleaning times and frequencies within a number of areas within their hospitals to ensure that the right resources are being delivered at the optimum time.

Three Boards are required to implement small changes to the system in order to be fully compliant. One Board is to receive support to fully implement the Monitoring system.

Four Boards are to carry out an immediate full audit to investigate the variance in independent audit score and local scores. Where the variance remains, an improvement plan is to be provided to HFS who will re audit to ensure those Boards are 90%.

One Board is to implement the public review system operated by NHS Greater Glasgow and Clyde as a matter of urgency in order to be fully compliant.

There are a number of generic recommendations which are to be implemented by most Boards and these are identified in the main body of the report under recommendations - Generic.

Background

Healthcare Associated Infection (HAI) remains a priority issue for NHSScotland. Cleaning services are an essential part of the multidisciplinary approach to tackling HAI. Since being commissioned in 2006, the National Cleaning Services Specification Monitoring Framework has not been independently audited.

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

All audit results published to date have been driven from self-audits with peer and public review. The Scottish Government Health Directorates (SGHD) commissioned HFS to manage an external audit. Facilities Management Specific Consultancy Ltd (FMS) were appointed and asked to visit all NHS Boards to carry out an independent sample audit of the Monitoring Framework.

The external assessor's brief was to conduct a structured audit within every NHS Board in Scotland. The audit objectives were to view the systems within an acute hospital and within a community hospital in each NHS Board to:

Objective 1

Confirm adherence to the National Cleaning Services Specification.

Objective 2

Confirm NHS Boards systems and procedures are in place to carry out the cleaning audits.

Objective 3

Confirm quarterly audit returns from Boards are accurate.

Objective 4

Confirm Peer and Public reviews are taking place in accordance with the monitoring guidelines.

All NHS Boards in Scotland were visited and the audits were carried out in accordance with the Monitoring Framework and standards were checked against those required within the National Cleaning Services Specification. The summary of each Boards findings is outlined in [Appendix 1](#).

Methodology

All audits of the Monitoring system and of the physical standards within each NHS Board were conducted jointly with a member of FMS and a senior member of the Board's domestic department. The selection of areas for audit was agreed from a shortlist prepared by FMS. At the end of the audit, faults were agreed to ensure there were no items in dispute.

The quality audit was completed by using the NHSScotland standard monitoring tool and measured against the codes which had been identified by the Domestic Managers in each Hospital. Subsequent written copies of audits have been sent out to all NHS Boards operational management for agreement. Communication has been received to confirm that the monitoring audits were a true record of the audit, which took place in NHS Boards.

The methodologies used to identify compliance with the objectives set are:

- adherence to the National Cleaning Services Specification was through the investigation of actual frequencies and standards delivered;
- confirmation that NHS Boards' systems and procedures are in place to carry out the audits was identified through clarification of systems being used and by physical checking;
- confirmation that the quarterly audit returns from Boards are accurate was through investigation of past results and through physical sample auditing;
- confirmation that Peer and Public reviews are taking place in accordance with the monitoring guidelines was via copies of actual peer / public reviews and through interview.

When using the physical sampling method to compare with previously reported scores, it was noted that there were a number of factors, which needed to be considered in relation to any potential variance. These are:

- the time of audit;
- the activity of the area;
- the patient type;
- the employee performance;
- the weather conditions on the day;
- the sickness levels.

FMS were aware that there was a facility within the Monitoring Framework for the auditor to manually adjust the environmental factors by additions of up to 3 points for environmental issues such as building fabric, local governance, client group and domestic staff compliance. FMS did not adjust any audits with any additional marks for environmental factors. Therefore, while the audits provide a snapshot of compliance, it would be inappropriate to expect that the results will

yield the exact same score but should indicate if the standards reported are higher or lower than seen in the area during this audit.

Although public circulation areas within the hospitals formed a low percentage of the number of audits undertaken, FMS recorded that in many of these locations the cleanliness standards were below those expected of such areas. This is important to note as the public perception of cleanliness is often based on these areas, despite evidence showing they are not the high-risk areas in relation to infection. However, specific recommendations are made in this report to address this.

Key Findings

Objective 1

All NHS operational Boards have introduced the National Cleaning Services Specification. However, a number of Boards had high levels of dust within some areas, especially public circulation areas which could indicate that frequencies of high and low dusting in these areas, is not being strictly adhered to.

Objective 2

Eleven NHS Boards have systems and procedures in place in full accordance with the monitoring guidelines.

NHS Borders, NHS Dumfries and Galloway and NHS Shetland need to make minimal changes to their Monitoring Framework system within their Board to become 100% compliant.

At the time of the sample audit, NHS Borders A&E department was below the standard expected.

At the time of audit Craigshill Health Centre (Lothian) was below the standard expected.

Locally agreed exclusions at NHS Lanarkshire regarding Telephones and Blinds results in these items not being cleaned.

NHS Orkney requires significant support to address shortfalls in their monitoring systems, which is not fully compliant with the full operational monitoring procedures.

There is a requirement across all Boards for an estates audit tool as public perception and the ability to clean is easily influenced by standards of décor, furnishings etc.

Changes are required to be made by a number of Boards and these are discussed within the recommendations to ensure they are fully compliant.

Objective 3

Twelve Boards sample audit results were in line with their quarterly audit results.

NHS Borders, NHS Forth Valley, NHS Grampian and NHS Tayside Boards were between 5 and 10% variance from the local quarterly audit results.

Objective 4

Fifteen of the Boards have peer/public review although some are required to increase their involvement.

The Golden Jubilee Hospital has not implemented public review in accordance with the set out procedures.

Recommendations: NHSScotland Boards Specific

Objective 1

Introduction of an annual independent external audit for each NHS Board in Scotland.

Boards to review frequencies of cleaning in public circulation areas as, in a number of hospitals, these areas did not reflect the standard in other areas of the same hospital and could be partly responsible for poor perception of hospital cleanliness.

Objective 2

NHS Western Isles should be commended as a beacon site for the system and should provide support and training to Orkney in the implementation of the audit system. HFS is to coordinate this support and audit compliance.

NHS Borders is to review the cleaning times and frequencies within the A& E department. FMS audited in early afternoon but the areas last clean had been carried out at 6am.

Craigshill Health Centre (Lothian) requires a training plan in place to bring the standards up to the appropriate standard.

NHS Lanarkshire is required to ensure that there is a cleaning policy in place for telephones and blinds.

Objective 3

NHS Borders, NHS Forth Valley, NHS Grampian and NHS Tayside are to carry out an immediate audit to investigate why their sample audits were found to be between 5 and 10% below the scores normally reported in their quarterly report and, where necessary, take action to improve standards. Where variances are above 5% an improvement action plan is to be provided to HFS who are to carry out further audits to ensure standards are 90% and above.

Objective 4

The Golden Jubilee Hospital has not implemented the Public review system. It is to implement the public review system as a matter of urgency.

NHS Greater Glasgow and Clyde has recently implemented an excellent public review-training package, which has been very successful. It is recommended that all Boards follow similar systems and procedures to improve the number of public reviews.

Boards to review ways to increase interest from external public auditors to ensure continued compliance with the required number of public audits per quarter.

Recommendations all NHS Boards

Board auditors to vary the time of audits. A different time audit may identify the need to increase the frequency of cleaning and ensure that frequencies are appropriate, particularly in areas of high activity and risk.

Boards to ensure that the rectification system is in place, is monitored for repeated failures, and is linked to the employee training plan in order that training resources can be directed to the improvement of standards.

Boards to ensure estates issues and user issues are logged and communicated to the estates department. Communication back to the domestic department on actions taken would close the circle and ensure works are complete.

Boards to review ways to reduce the time gap from the physical audit to obtaining a score in order to ensure that the rectification takes place in accordance with rectification procedures.

Boards to review best practice systems that exist within other NHS Boards.

Recommendations: Health Facilities Scotland

Objective 1

Introduction of an annual independent external audit for each NHS Board in Scotland.

HFS to discuss this with SGHD and agree a way forward.

The implementation of an estates monitoring tool to work alongside the Cleaning Monitoring Framework to identify estates issues. This is to ensure that works are carried out in a timely manner and that the fabric of the buildings are in a condition, which assists, in the cleaning process.

Draft estates monitoring framework to be in place by April 2009.

Organise one to one system training at NHS Orkney via NHS Western Isles to ensure full implementation of the Monitoring Framework. HFS is to ensure full compliance through further audit.

Training and the full implementation of the system to take place immediately and to be completed by 1st December 2008.

Meet with FMS and the Domestic Services Advisory Group to discuss and share 'best practice'. A sub group should be formed to agree and implement best practice throughout NHSScotland.

A sub group is to be formed to agree best practice by December 2008.

Objective 2

To review action plans provided by the four Boards where sample audit scores were found to be below their quarterly results and to carry out revisits to ensure standards have achieved 90% and above.

Action plans to be provided to HFS by Boards by 14th November. Revisits to take place December 2008.

Objective 3

Ensure that the Golden Jubilee Hospital introduces the Public review process in order to ensure compliance with the set out procedures and to audit this through the 3rd quarter report.

HFS to visit the Golden Jubilee Hospital to ensure compliance by December 2008.

HFS to arrange a meeting with the Domestic Services Advisory Group and the PFPI lead for Scotland in order to investigate new ways of attracting members of the public on to audit teams.

Meeting to be arranged for the meeting of the domestic advisory group in January 09.

Acknowledgement

FMS would like to thank everyone for their support and professionalism in undertaking this independent audit.

Appendix 1

Board Reports

NHS Ayrshire and Arran

The Monitoring Framework documentation and systems were viewed and were fully in place.

The physical sample FMS audits achieved good standards and again demonstrated that the Monitoring Framework System was in place.

Nursing staff were informed about the audit process and demonstrated good housekeeping practices which makes access for cleaning better throughout all sites visited in NHS Arran and Ayrshire.

All Management and Supervisory staff met during the visit were very knowledgeable about the Monitoring Framework and the practical details of that which impacted their sites. They were also confident when auditing and extremely positive in the delivery of their role.

NHS Borders

NHS Borders has the Monitoring Framework documentation in place. There are a few items within the documentation, which can be improved and these relate to ensuring time of audits, dates, etc are correctly recorded on the paperwork.

The physical audit scores were lower than the previous audit's scores and lower than expected by the management who accompanied at the time of audit. The General Hospital has a mix of old and new areas with upgrading work ongoing in some areas. However, dust levels were higher than expected in most areas visited, which generally indicates the frequencies for daily dust removal cleaning were not being adhered to. FMS were informed that one of the wards had recently moved and perhaps this was responsible for the lower score levels. FMS would have selected another ward had this been conveyed in advance of the audit.

When the audit was carried out in the Accident and Emergency department it was approximately 8 hours after the last full daily clean. This was reflected in the audit result, which was much lower than expected from an Accident and Emergency department. The 'fails' recorded on dust levels and floor edges were unacceptable at the time of audit. Actions were taken at the time by the local Board to address these issues.

Poynder View was just below 90%. It is important to note that this unit has security restrictions, which result in access difficulties for the delivery of the domestic service. This unit may need more available hours to provide an increase in flexibility to cope with the restrictions of the environment.

Kelso Health Centre has an excellent standard of cleanliness. The users of the building work very closely with the on-site domestic team in maintaining good housekeeping practices at this site.

NHS Dumfries and Galloway

NHS Dumfries and Galloway has the Monitoring Framework in place, however FMS were advised it has increased the local audit frequencies and all areas receive weekly audits.

The Board does not follow the required rectification procedures; the reason given was the frequency of the areas next audit would take place at the same time.

Peer review information showed that the unit had completed ten peer group reviews and one public review.

The physical audit produced lower than expected scores in Pharmacy and Ward 12. This was due to the lack of detail cleaning on that day.

NHS Fife

NHS Fife has the Monitoring Framework documentation in place and there were examples to show that the system was working well and had peer and public teams providing additional checks on the standards provided.

All three sites are of various ages, from the 'state of the art' Linburn Health Centre that was newly opened, to Queen Margaret Hospital and lastly the older styles of Lynebank Hospital. Queen Margaret Hospital has been out to tender in the past for its cleaning services which are now back in-house however, it has less hours per ward than Lynebank Hospital and this can be seen in the greater number of small faults found.

Queen Margaret Hospital and Lynebank both had a number of maintenance issues.

The Accident and Emergency department at Queen Margaret was of a very good standard given the types of customers who use this area and the activity, which currently takes place within the area.

Ward 1 in Queen Margaret Hospital did fall below the standards required.

The FMS summary of the Fife sample cleaning audit was that the hospital sites viewed were cleaning and auditing to standards and frequencies required and there were systems in place to ensure faults were rectified when things do go wrong.

NHS Forth Valley

NHS Forth Valley has the Monitoring Framework documentation in place. Faults are rectified very quickly after the actual audit, communicated verbally and signed off on the actual audit report. The peer and public audits are very active and the peer group provide a report on the visits, copies of which are

held on site along with the audit documentation. A quick guide reference sheet is also held along with the paperwork giving a summary of the audits. A standard letter goes to all heads of the wards and departments giving details of the audit and also the % performance score.

The Monitoring Team has established an easy to understand Monitoring Framework System in place, however the overall standard reflected in the patient environment does not mirror the high results on record.

Falkirk Royal Hospital is a very old hospital with many environmental issues, which impacts greatly on the domestic standard. Lack of suitable storage was evident in all areas and this had an impact on the cleaning standards in a number of areas. There were examples of areas with new flooring which has enhanced the appearance of ward areas in comparison to some of the other areas. Marks to porous floors, old paintwork (which can be difficult to clean) and other areas shows that suitable effort was not given to detailed cleaning over a period of time, and this has produced a build up which was evident at the time of the audits.

The areas contained very old fixtures and fittings and additionally, many of the floor surfaces were 'tired' and needed replaced. There were many examples of dirt building up on the skirtings and ledges within the public corridors.

It would be beneficial to have an on-site process for reporting estates issues. This would be a method to deal directly with problems, avoid risks under health and safety and make the overall environment more pleasing.

NHS Grampian

The Monitoring Framework in NHS Grampian has been implemented to a high standard.

Aberdeen Royal Infirmary is a very busy hospital with varied ages of buildings, it also has patient areas, which have very old fixtures and fittings, and this can give the perception of a poor standard of cleanliness.

Many communal areas were not formally audited on the day, however visual observations recorded a lower than acceptable level of cleanliness in many of the corridor, circulation and public lift areas.

Elmwood Community Hospital displayed a very high standard of cleanliness. Recent upgrade work has contributed to this as more suitable floor coverings have been introduced.

On the day of the audit the David Anderson Centre displayed below 90%. It was noted the unit were experiencing abnormal sickness levels.

NHS Greater Glasgow and Clyde

The Monitoring Framework documentation including public and peer audits was, on the whole, in place within the three locations viewed.

Glasgow Royal Infirmary has introduced more frequent audits in some areas as the local management believe the activity within these codes in the site required additional audits to the frequency stipulated in the Monitoring Framework.

The cleaning standards at Drumchapel were high although the fabric appearance looked poor in areas because of wall damage. The cleaning is provided by Initial Hospital Services.

The cleaning standards at Baillieston Health Centre were very high and good housekeeping practices were evident which helped enhance the cleaning standards.

Although there were many examples of refurbishment throughout Glasgow Royal Infirmary there were many areas still requiring upgrading and, to the untrained eye, this could give a first impression that the hospital area was below the desired cleaning standards. An example of this can be viewed in the Diabetic Unit which when audited, met a high cleaning score but first impressions of the old fabric could incorrectly be associated with cleaning.

Although not formally audited against the Monitoring Framework, the public circulation areas were noted by FMS as visually being below the Monitoring Framework standard.

It should be noted that their public review system is an excellent example of partnership between the Board and the public and should be rolled out across NHSScotland.

NHS Highlands

The Monitoring Framework documentation and systems were in place in the NHS Highland locations viewed.

NHS Highland's management demonstrated good examples of ownership and commitment of the Monitoring Framework System in the quality standards, structured meetings, training plans and informative reports provide to FMS during the visit.

The hospital nursing and department staff appeared to be very pro-active around cleanliness and during audits. FMS noted the knowledge which nursing staff had on the Monitoring Framework objectives.

The documentation and systems in place were accurate and were fully traceable back to the plan. There was evidence of planning for all audits and the Quality Manager was knowledgeable of the standards and audit results within the NHS Highland locations.

As the Quality Manager role oversees all auditing accountabilities, this releases the Hotel Services Managers to manage the services.

Raigmore Hospital is a busy unit with good standards. Areas within the hospital were in the process of being upgraded and other areas had been upgraded and were very pleasant patient environments.

The areas viewed that were old were still have an acceptable standard. Although the public toilets in the main entrance had wall damage, tiles broken etc the toilets were clean.

The Royal Northern Infirmary (RNI) Community Hospital sample viewed was of a very high standard. The Monitoring Framework audits take place monthly. Management has made this decision because the area is small and easy to audit.

The Health Centre visited was of a high standard and very well maintained. Good working relationships were observed when visiting the area and the staff who worked at the area had been in post for some time and were very highly thought of by the staff who praised their dedication in maintaining the standards.

NHS Lanarkshire

FMS viewed two completely different service providers, in two different building styles and age, using different methods of audit.

The central control system, operates, monitors, logs and reports the NHS Lanarkshire details in the same way. FMS had confidence in the system, which had been set up, and the level of detail retained.

The Cleaning Monitoring Services Tool form has approximately twelve items to be inspected and recorded for each audited room. NHS Lanarkshire has local policy exclusions, which deduct two of these items (these are telephones and blinds) as these are not part of the contract, therefore a single fail will drop the percentage quicker than if all twelve items inspected. There were many examples of audits, which FMS conducted in NHS Lanarkshire having only six of the possible room items to inspect. Any failure in NHS Lanarkshire, particularly in the areas with low possible audit items, would likely drop the percentage quicker than if the item had failed in a comparable room in another NHSScotland Board without the exclusions. This may be worth further investigation.

The in-house service observed was generally provided in older buildings where the building design was less forgiving to cleaning standards than a new building. The lowest audit score was identified in Wishaw Health Centre. This is a building built in the mid 1970s and is currently undergoing refurbishment. In an ideal audit situation this location would not have been selected for audit although FMS did make allowances for the building effects during the audit. The FMS conclusions after audit were that the lower audit score was most probably down to operational difficulties than building work, although this would not fully be known until the local teams conduct further investigation.

The rectification system in the community was not as aligned to the Monitoring Framework System as the system observed at Wishaw General Hospital and this may be also be a reason for slightly lower audit score levels in the community.

The main Wishaw General Hospital and the community both had suffered operational challenges with staffing throughout the very recent school holidays.

All areas within the General Hospital reached above 90%.

The Wishaw General Hospital presents well and although public areas were not part of the audit, all public areas viewed provided a good first impression of the Hospital.

NHS Lothian

NHS Lothian has the Monitoring Framework documentation in place and there were many examples observed to show that the system was working well. Peer and public reviews (although small numbers) provide additional checks on the standards provided.

St Johns Hospital and the Livingston Community Service sites viewed had been in use for a number of years and there were examples of many areas which required refurbishment, especially the Health Centres and Dental Practices.

Many of the circulation areas of St John's could have been cleaner although none of these areas were formally audited during this process. The reason given for the poorer visual standard was the current reallocation of staff from these areas to the patient areas during the current 9% employee sickness level.

The Health Centre in Craigshill did fall below the standards required. FMS were informed outside the building prior to the start of the audit that they had concerns regarding the present standards.

The FMS summary of the Lothian sample-cleaning audit was that the sites were cleaning and auditing to standards and frequencies required and there were systems in place to ensure faults were rectified when things do go wrong.

NHS Orkney

The Cleaning Monitoring system has not been fully introduced at NHS Orkney and this needs to be addressed as soon as possible. The new manager is keen to introduce the system fully but needs further training. This needs to be addressed as soon as possible.

There are also weaknesses in staff numbers within the supporting structure.

The sites viewed had been in use for a number of years and there were examples of many areas which required refurbishment, especially the main Health Centres and many of the wards in the hospital.

Many of the circulation areas were visually clean but untidy and the volumes of current storage will be hindering cleaning, however none of the circulation areas were formally monitored.

Although the staff hours were not studied in detail, early indications were that there could be opportunity to redesign the service and fill gaps where there were areas of weakness from within the current establishment hours.

The main Health Centre did fall below the standards required. The area was in need of refurbishment but there could have been a far higher cleaning standard

than was presented on the day of audit. As there was only one supervisor for all services seven days per week and this building was cleaned during her off duty period, it was important to fill the gap of low supervisory hours to ensure consistent levels of service delivery.

The FMS summary of the Orkney sample cleaning audit was that the areas were being cleaned to the required standards in the majority of areas but not yet fully auditing to standards and frequencies required in the Monitoring Framework although there were systems in place to ensure faults, when found, were rectified.

NHS Shetland

The Monitoring Framework is in place but there are gaps, which need to be rectified. There were faults found in the physical audit results and a more robust Monitoring Framework system within NHS Shetland would, if used correctly, improve the standard outcomes.

The main hospital and the community service are provided by Sodexo Healthcare. All areas audited by FMS were serviced by Sodexo Healthcare.

The main sites viewed at Gilbert Bain and Montfield had been in use for a number of years and there were examples of many areas which require refurbishment, The Lerwick Health Centre is one of the newest locations at the Health Board and it was disappointing to see the standards as poor as they were presented on the day of audit.

Further research into the previous audit's scores indicated that the Service Managers and Supervisors were not aware of the problem. The Sodexo Manager would investigate the internal training needs relating to their auditing skill for this area.

There was a great deal of building work ongoing at the Gilbert Bain Hospital and many of the circulation areas were untidy and dirty, however none of the circulation areas were formally monitored in this process. Although the refurbishment is currently ongoing throughout the site, the circulation appearance may require short-term support to improve its presentation.

The FMS summary of the NHS Shetland sample cleaning audit was that the sites were cleaning to the required standards in the majority of areas but where things go wrong, highlighting the weakness in the current system of planning, checking, recording and rectification and displayed there was a need for further work in the internal audit system.

NHS Tayside

Murray Royal Hospital demonstrated a high standard of cleanliness in all areas of the hospital along with good housekeeping practices used. Observations made were that the HFS audit tool was used to the correct frequencies and documentation viewed was easy to track.

The stand-alone G Code unit Pitcullen which is sited within the Murray Royal Hospital grounds, was of a much lower standard with high levels of dust evident. It was noted at the time of the audit that the windows were in a poor state of repair and seemed to be left open quite a lot of the time; this may be contributing to the levels of dust.

Perth Royal Infirmary displayed a very good Monitoring Framework system with the required documentation, which was easy to track. However, the standards in this hospital were lower than the Monitoring Framework requirements with high levels of dust evident in wards and public areas.

The ward areas, which under achieved at the time of audit were busy and seemed to be very cluttered. Many faults were found around the edges of the floors where high levels of dust were found and additionally this dust appeared under and behind furniture.

In the public areas and main entrances the natural wood ledges and skirtings looked clean, but unfortunately were unacceptable to touch.

NHS Western Isles

The majority of the HFS cleaning audit system was in place with the exception of the rectification notes for above 90% areas. The team were focussed on the outputs at all levels. The audit scores were detailed and realistic and the FMS scores generally mirrored the historic audit results of the local auditing team.

The main hospital has been open since 1992 and there were many examples where the Board were replacing tired carpets with easier maintained hard floor surfaces. The Health Centre contained the poorest fabric observed during the audit, which currently presents many difficulties for the cleaning staff. The Health Centre was very busy and it was regrettable that the overall general higher standards of fabric observed at the hospital were not able to be continued to the same level to provide the same positive 'first impression' that comes with the first line care service in the community buildings.

The main entrance of the hospital also presents challenges to the cleaning department with the carpet placed so near to the entrance. This area would benefit from barrier zone between the first two doors before entering the hospital.

The fabric and cleaning standards observed in A & E were excellent. The nursing team work well with the cleaning team to jointly identify ways to improve cleaning services. A simple example of this was observed when nursing staff removed all their equipment to allow free access for cleaning; FMS were informed this occurs nightly.

The Renal Unit was also new and had a very good cleaning standard.

The location of NHS Western Isles is not ideal in terms of geography but FMS would identify the Monitoring Framework Systems and the Domestic Department operating the system in NHS Western Isles (with a few minor

changes to the rectification system) as a centre of excellence for the system and service delivery.

The Golden Jubilee National Hospital

The Monitoring Framework is not fully implemented into this unit. The public and peer group audits need to be introduced to this site along with a rectification system; this would address issues raised at audits formally.

The results from the physical audits were good and the standards within the samples audited indicate the hospital was being maintained to the standards required by the Monitoring Framework.

The furnishings, fixtures and fittings within this unit are of a very high specification, in some cases much higher than other NHS units. These design features have contributed greatly to methods of cleaning, although some items like light shades, table lamps and soft furnishing are not suitable to a hospital environment.

The Operational Manager, with the help of the IT department, has introduced the Monitoring Framework System onto an electronic version (held hand), which is used to complete the audits. As this system was new, training of the supervisory staff in the hand held operation was being undertaken at the time of FMS audit.

The State Hospital, NHSScotland

This audit was very controlled due to the nature of the clients.

The hospital is working on a reduced capacity of inpatient clients due to the major building work in progress and it is anticipated the building work will take up to 3 years to complete.

It was evident when walking the areas that there was an increased volume of dust from the demolition of buildings and rebuilding. As the works are increasing it is anticipated that the dust level will increase over the coming months.

The overall standard within the hospital was high on the ward area as it is classed as a patient's home. The standards were good with very little estates issues outstanding. There were examples of furniture and fittings, which were in need of upgrade.

The Monitoring Framework System and documents were used very well in conjunction with the audit frequency within a very restricted area. There were many examples of management ownership of the Monitoring Framework System, particularly around training.

The physical standards observed also met the Monitoring Framework standards required.

Appendix 2

Sites Visited

All NHS Boards in Scotland were audited.

The hospitals visited are listed below:

- Davidson Cottage Hospital, Girvan, NHS Arran and Ayrshire;
- Crosshouse Hospital, NHS Arran and Ayrshire;
- Coylton Health Centre, NHS Arran and Ayrshire;
- Borders General Hospital, NHS Borders;
- Kelso Community Hospital, NHS Borders;
- Kelso Health Centre, NHS Borders;
- Dumfries and Galloway Royal Infirmary, NHS Dumfries and Galloway;
- Crichton Community Hospital, NHS Dumfries & Galloway;
- Dental Hospital, NHS Dumfries & Galloway;
- Queen Margaret Hospital, NHS Fife;
- Lynebank Hospital, NHS Fife;
- Linburn Health Centre, NHS Fife;
- Falkirk and District Royal Infirmary, NHS Forth Valley;
- Bonnybridge Community Hospital, NHS Forth Valley;
- Laurieston Health Centre, NHS Forth Valley;
- Glasgow Royal Infirmary, NHS Greater Glasgow and Clyde;
- Drumchapel Hospital, NHS Greater Glasgow and Clyde;
- Baillieston Health Centre, NHS Greater Glasgow and Clyde;
- Aberdeen Royal Infirmary, NHS Grampian;
- Elmwood Community, NHS Grampian;
- David Anderson Centre, NHS Grampian;
- Raigmore Hospital, NHS Highlands;
- RNI Community Hospital, Inverness, NHS Highlands;
- Culloden Medical Practice, NHS Highlands;
- Wishaw General Hospital, NHS Lanarkshire;
- Wishaw Health Centre, NHS Lanarkshire;
- St John's Hospital, NHS Lothian;
- Craigmair Community Hospital, NHS Lothian;
- Craigshill Health Centre, NHS Lothian;

- Haeden Health Centre, NHS Lothian;
- The Balfour Hospital, NHS Orkney;
- The Main Health Centre, NHS Orkney;
- Heilandi Health Centre, NHS Orkney;
- Gilbert Bain Hospital, NHS Shetland;
- Montfield Hospital, NHS Shetland;
- Lerwick Health Centre, NHS Shetland;
- Perth Royal Infirmary, NHS Tayside;
- Murray Royal Hospital, NHS Tayside;
- Western Isles Hospital, NHS Western Isles;
- The Health Centre, NHS Western Isles;
- The Golden Jubilee National Hospital, NHSScotland;
- The State Hospital, NHSScotland.