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THE MANAGEMENT AND DELIVERY OF HOSPITAL CLEANING SERVICES IN WALES

Report by the National Audit Office Wales on behalf of the Auditor General for Wales

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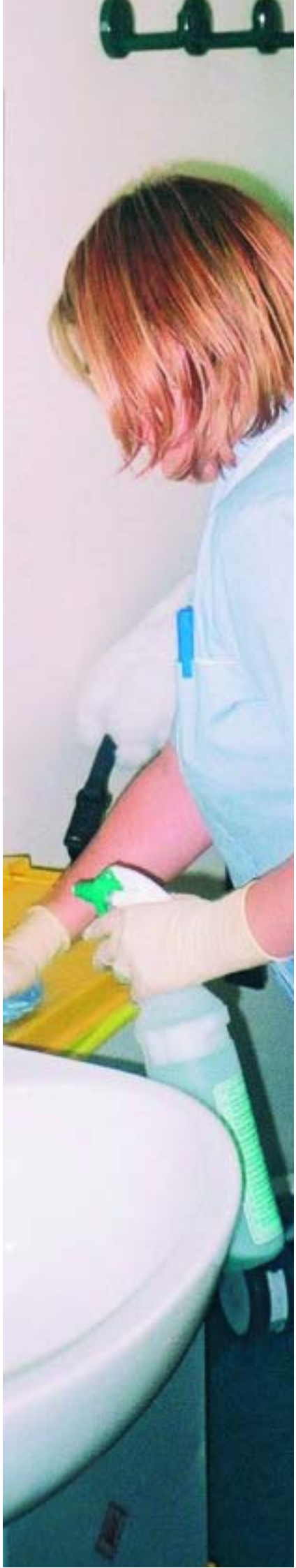

THE MANAGEMENT AND DELIVERY OF HOSPITAL CLEANING SERVICES

Report by Auditor General for Wales,

presented to the National Assembly on

23 May 2003

This report has been prepared for presentation to the National Assembly under the Government of Wales Act 1998.

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23 May 2003

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EXECUTIVE SUMMARY

"The lack of cleanliness in some of the hospitals in Wales gives considerable cause for concern to many patients"

Improving Health in Wales - A Plan for the NHS with its partners, 2001

1 A clean hospital environment is essential for the health and well being of patients, staff and visitors. Effective cleaning is vital to maintain a healthy and safe hospital environment, and contributes significantly to the quality of care for patients. A clean hospital not only limits the risk of infection but also helps to provide the socially acceptable environment which patients, staff and visitors all expect and deserve. In major acute hospitals the importance of effective cleaning cannot be overstated because the mixed nature of activity in these hospitals, and the large numbers of patients being treated, result in significant potential health risks.

2 We undertook this examination in the light of recent research and public concern suggesting that standards of cleanliness across the National Health Service in Wales could be improved. The Assembly's strategy, *Improving Health in Wales - A Plan for the NHS with its partners, 2001* set out the Assembly's policy agenda to "rebuild, renew and improve the National Health Service in Wales". The strategy recognised that a lack of cleanliness in some of the hospitals in Wales was a cause of considerable concern to many patients. Hygiene was therefore given a high priority and the strategy identified hospital cleaning as a main area requiring development.

3 This report assesses how effectively the cleaning services provided by the 17 major acute NHS hospitals in Wales are being managed. Hospitals develop their own minimum standards to manage hospital cleaning and there are systems in place to set specifications and monitor the results of cleaning activity. In summary, we found that:

- the Assembly's strategy 'Improving Health in Wales' contained specific measures to improve levels of cleanliness throughout the NHS. The cost of cleaning the 17 major acute hospitals in Wales is over £18 million annually. The recruitment and retention of cleaning staff has proved difficult, with a high staff turnover rate complicating the management of cleaning services (Part 1);

- NHS Trust staff do their best to ensure their hospitals are clean, but many hospitals recognise that they are failing to achieve as high a standard of cleaning as they would like. There are significant variations in the cleaning approaches adopted by individual trusts, and hospitals have some way to go before a real clean culture is created (Part 2); and

- most cleaning specifications have failed to keep pace with changes in hospital activity and there is a risk that they do not reflect current cleaning requirements. Seven of the 17 acute hospitals in Wales have not updated their cleaning specifications for over a decade and only two have re-written them within the last three years (Part 3).

The NHS in Wales is acting to improve hospital cleanliness

4 Cleaning our major acute hospitals is a significant task. During 2000-01, across the 17 major acute hospitals in Wales, over 2,000 staff were employed in cleaning some 800,000 square metres of hospital space, at a cost of over £18 million. To ensure that our hospitals are clean, hospital managers develop a set of minimum cleaning standards that their hospital or Trust cleaning staff must work towards, but there has been no systematic review of these standards or of hospital cleanliness in Wales. The Welsh Assembly Government recognise that there is room for improvement and is taking significant steps by introducing Hospital Patient Environment Teams to assess a range of issues including cleanliness, and in the forthcoming publication of national standards for cleaning in hospitals - as recommended by this report.

5 The relative cost of cleaning varies significantly across the 17 major acute hospitals in Wales, from £14.43 to £46.61 per square metre. This significant range in costs may, in part, reflect variations in the efficiency and economy of cleaning operations but there are a number of other factors that need to be taken into account, including the location and nature of the hospital and staff pay and conditions. The majority of hospital staff involved in providing a clean and safe environment for patients are domestic cleaners, although nurses also have a role in ensuring cleanliness. Eleven of the hospitals we visited reported that difficulty in recruiting and retaining cleaners was a major factor hindering them from cleaning their hospitals to a satisfactory standard.

NHS staff work hard to keep our hospitals clean, but problems remain

6 The NHS staff involved in cleaning do their best to ensure that their hospitals are clean, but many hospitals believe that they are failing to meet minimum standards and cleaning specifications and, in part, this is due to hospitals not yet having developed a 'clean culture'. Eight of the eleven acute hospitals visited by the National Audit Office Wales reported to us that they are failing to meet these standards as hospital activity continues to increase and develop. Cleaning does not appear to be a high priority for Trust Boards, and few hospitals have an executive board member with the responsibility for overseeing all aspects of hospital hygiene, as suggested by the Assembly strategy 'Improving Health In Wales'.

7 There are significant variations in the cleaning approaches adopted by individual trusts. Cleaning specifications are designed to inform cleaning staff about how they are to achieve the required level of cleanliness. We found that cleaning specifications are often poorly defined and may not be helping cleaning staff to achieve the desired outcome - a clean hospital. Monitoring the cleanliness of hospitals is also important, and our investigation suggests that the level of monitoring varies from Trust to Trust, is mainly subjective and is not guided by any national standard. Where hospital monitoring does highlight issues with cleanliness we found that these concerns are rarely reported to senior management within the Trust. Hospital cleaning is generally seen as the responsibility of the cleaning staff and not a Trust-wide responsibility.

Most cleaning specifications do not reflect current cleaning needs

8 Cleaning specifications affect the level of resources put into cleaning services and set out the exact cleaning requirement of each ward, department and public area. It is therefore essential that hospital cleaning specifications reflect the current requirements of the hospital. We found that seven of the 17 acute hospitals in Wales have not rewritten their cleaning specifications for over a decade and only two have re-written them within the last three years. If the cleaning needs of a hospital have altered, but the specifications have not been updated, there is a risk that the hospital may not be being sufficiently cleaned, and that patients may be at an increased risk of infection. The NHS in Wales has seen many developments over the past decade that might be expected to have affected hospital cleaning requirements. Hospitals have increased physically in size, patient numbers have risen, and the physical condition of many buildings has deteriorated, yet cleaning specifications in most hospitals are not being routinely updated.

The Big Picture

Keeping hospitals clean is essential for the health and well being of patients, staff and visitors. Cleaning acute hospitals in Wales costs £18 million each year, and over 2000 staff are doing their best to keep our hospitals clean, but problems remain. Many hospitals recognise that they are failing to achieve as high a standard of cleaning as they would like, and out of date approaches to the management and oversight of cleaning may be putting the health of patients at risk. The Assembly's strategy for the NHS in Wales recognised that a lack of cleanliness in hospitals in Wales was a cause of considerable concern to patients, and as a result the NHS is making changes aimed at improving levels of cleanliness.
A fundamental step will be the introduction of compulsory minimum cleaning standards across Wales, but the NHS still has some way to go to create a 'clean culture' in which everyone takes responsibility for cleanliness. The NHS is working hard to deliver the clean hospitals that patients deserve, but more remains to be done before real improvements will be achieved.

Recommendations

9 This report contains wide-ranging recommendations for the Assembly, the NHS Wales Department and the NHS trusts. In summary we recommend that the Assembly:

- in partnership with the All Wales Facilities Group, introduces a common set of compulsory minimum standards for hospital cleanliness in Wales.

WE RECOMMEND THAT THE NHS DEPARTMENT:

- works with NHS trusts to ensure that monitoring of cleaning in hospitals is consistent throughout the NHS;
- evaluates the pilot schemes in operation to overcome problems with recruitment, retention and sickness and promulgates schemes that are having a positive impact; and
- disseminates the experience of the use of IT by some trusts for planning and recording specifications.

WE RECOMMEND THAT THE NHS TRUSTS:

- involve Infection Control Teams in the development of cleaning standards and specifications;
- rewrite their cleaning specifications to detail the entire hospital area, room by room, specifying the frequency that the area needs to be cleaned, how that area should be cleaned and what the area should look like after it has been cleaned. Specifications should be input and output driven;
- effectively update hospital cleaning specifications on a timely basis to ensure they take account of significant changes in activity, thereby ensuring that cleaning standards are maintained throughout the hospital;
- ensure that their budgets are underpinned by up to date cleaning requirements to maintain minimum standards and that the cost of ongoing services are factored in to new procurements;

- improve their internal communications so that the implications of hospital developments for cleaning services and the cleaning budget are taken into account during decision making;
- ensure that communication between maintenance and cleaning departments is effectively facilitated, and, where necessary, consider allocating a member of the maintenance department to be present on regular cleanliness monitoring rounds;
- explore the possibilities of acquiring a suitable IT system for the purpose of specifying cleaning requirements and monitoring;
- ensure that cleaning is stressed as a vitally important part of patient care and that all hospital staff have an introduction to the importance of cleanliness during their induction;
- ensure that the cleaning of ward equipment is systematically carried out, monitored and reported on;
- encourage staff to pay particular attention to the cleaning of beds, bedding and the surrounding area, each time a patient is discharged;
- manage situations where domestic staff are multi-tasking, through time planning that ensures sufficient time is allocated to cleaning tasks, but that flexibility is allowed where necessary; and
- report the results of cleanliness monitoring on a monthly basis to the management of cleaning services and ensure that monitoring reports showing wards failing to achieve standards are discussed with the Trust Board and Infection Control Team.

PART 1 Hospital Cleaning in Wales - an overview

The importance of a clean hospital

1.1 A clean hospital environment is essential for the health and well being of patients, staff and visitors. Effective cleaning is vital in maintaining a healthy and safe hospital environment, and contributes significantly to the quality of patient care. However, following recent research there has been increasing concern that standards of cleanliness have been falling across the National Health Service in Wales (NHS Wales), especially in major acute hospitals where patients are at greater risk due to the mixed nature of activity and high volume of patients.

1.2 Research has shown that dirty hospitals increase the risk of spreading infection. The National Audit Office report *The Management and Control of Hospital Acquired Infection in Acute NHS trusts in England* published in February 2000 shows that poor basic hygiene can lead to prolonged patient stays in hospital due to acquiring infections, in particular, *Methicillin Resistant Staphylococcus aureus* (MRSA), and therefore cost the NHS in England as much as £1,000 million each year. The Seventh Report of the House of Lords Select Committee on Science and Technology, *Resistance to antibiotics and other antimicrobial agents* published 17th March 1998, states that basic hygiene should be at the heart of good hospital management and practice. The report also states that "poor hygiene has been definitely implicated in some outbreaks of hospital infection". The European Commission funded European Antimicrobial Resistance Surveillance System reported in March 2002 that the United Kingdom has alarmingly high proportions of MRSA, with the highest proportion in Europe. According to the Public Health Laboratory Service, in Wales, the number of reported new MRSA cases rose by 16 per cent between 1997 and 2000, although the overall level of incidence of MRSA rates in Wales remain lower than in England. Whilst there is no direct evidence linking this increase in MRSA cases with falling cleaning standards, the quoted reports have shown that there is a possible link.

1.3 As well as limiting the risk of infection, effective hospital cleaning helps to provide a socially acceptable environment that patients, staff and visitors expect. Stained, dusty and soiled surroundings produce an unattractive environment, whilst a clean environment is more likely to be treated with respect by those who use the hospital. Effective hospital cleaning will also preserve the life of fabric and furnishings that naturally become ingrained with dust and dirt. Neglect and excessive soiling will invariably cause the deterioration of walls, floors, carpets, beds, chairs, curtains and other surfaces. Regular cleaning using the correct methods and materials will help to prevent damage.

The NHS in Wales is developing approaches to assess the quality of the hospital environment, including cleanliness

1.4 In recent years, hospital cleanliness has become a major issue of public concern, which is not confined to Wales. In June 2000, the NHS in England set up a Clean Hospitals Programme to tackle low levels of cleanliness in English hospitals. Under this programme, each Trust is required to develop its own plan to identify priorities for action and areas for improvements. At each Trust a board member is nominated to ensure that the plan is being implemented. As part of the Clean Hospitals Programme, the NHS in England set up independent Patient Environment Action Teams (PEAT), comprising of volunteers from the health service. Each hospital in England has been visited by Patient Environment Action Teams to assess progress against each Trust's plan for improving hospital cleanliness. The PEAT teams ranked hospitals using a traffic light system which represented the team's view of the standards achieved against 19 criteria - including the appearance of entrances and main reception areas, hospital decorations, cleanliness of wards, common areas and toilets, the condition of furniture, the grounds and gardens as well as items like linen and clothing - and whether they met the needs and expectations of the patients.

1.5 The results of PEAT visits suggested that the hospital environment, including cleanliness, can improve as, although first visits showed that 253 of the 713 hospitals in England were considered to be "poor" or to "provide a poor quality environment for patients", the latest visit by the PEAT teams found no English hospitals in this category. The NHS in Wales is introducing Hospital Patient Environment Teams which will adopt good practice from PEAT teams in England and build on existing work undertaken by Community Health Councils in Wales. The teams' remit will be to assess a range of issues, including patient perceptions of cleanliness. To date however, there has been no systematic review to assess the standards of cleanliness of hospitals in Wales or the management of cleaning.

The Assembly's strategy, Improving Health in Wales, seeks to improve levels of cleanliness in the NHS in Wales

1.6 The NHS in Wales' strategy, *Improving Health in Wales - A Plan for the NHS with its partners* sets out the Assembly's policy agenda to "rebuild, renew and improve the National Health Service in Wales". The strategy recognises that a lack of cleanliness in some of the hospitals in Wales was of considerable concern to many patients and aims to improve levels of cleanliness. Hygiene was therefore given a high priority and the strategy looks at hospital cleaning as a main area of infrastructure in need of development. A key objective of the strategy is to introduce a clean culture throughout the whole hospital system and it is a key management responsibility to ensure hygiene and infection control issues, including cleanliness, become imbedded as a core item of the management agenda and in the accountability of managers at all levels. Infection control systems are designed to manage the surveillance, prevention and control of infection. The strategy aims to introduce a number of specific measures to improve levels of cleanliness throughout the NHS in Wales, including:

- trust boards are to ensure that sufficient resources are available to allow proper functioning of the infection control system;
- an executive board member to have responsibility for overseeing all aspects of hospital hygiene and for ensuring adequate profile in the management agenda;
- each Trust to conduct an infection control internal audit and produce an action plan to address deficiencies. This will initially concentrate on patient areas but will develop into a rolling programme of audit covering all departments;
- trusts are to review the management structure at ward level to ensure that ward sisters and charge nurses receive the necessary support and training for themselves and their staff in infection control/hygiene practices; are accountable for the cleanliness of their wards with non-clinical staff being fully integrated into ward teams and have accountability for ensuring that hygiene/infection control practices of all grades of staff comply with the Trust's policies and procedures;
- trusts are to have mechanisms in place to ensure formal infection control involvement in the procurement of new equipment and in the design process for new developments and/or refurbishment;
- trusts are to participate in national audits as they are developed; these will include, for example, standards for environmental cleanliness in hospitals, decontamination of medical devices, alert organism surveillance and surgical site surveillance.

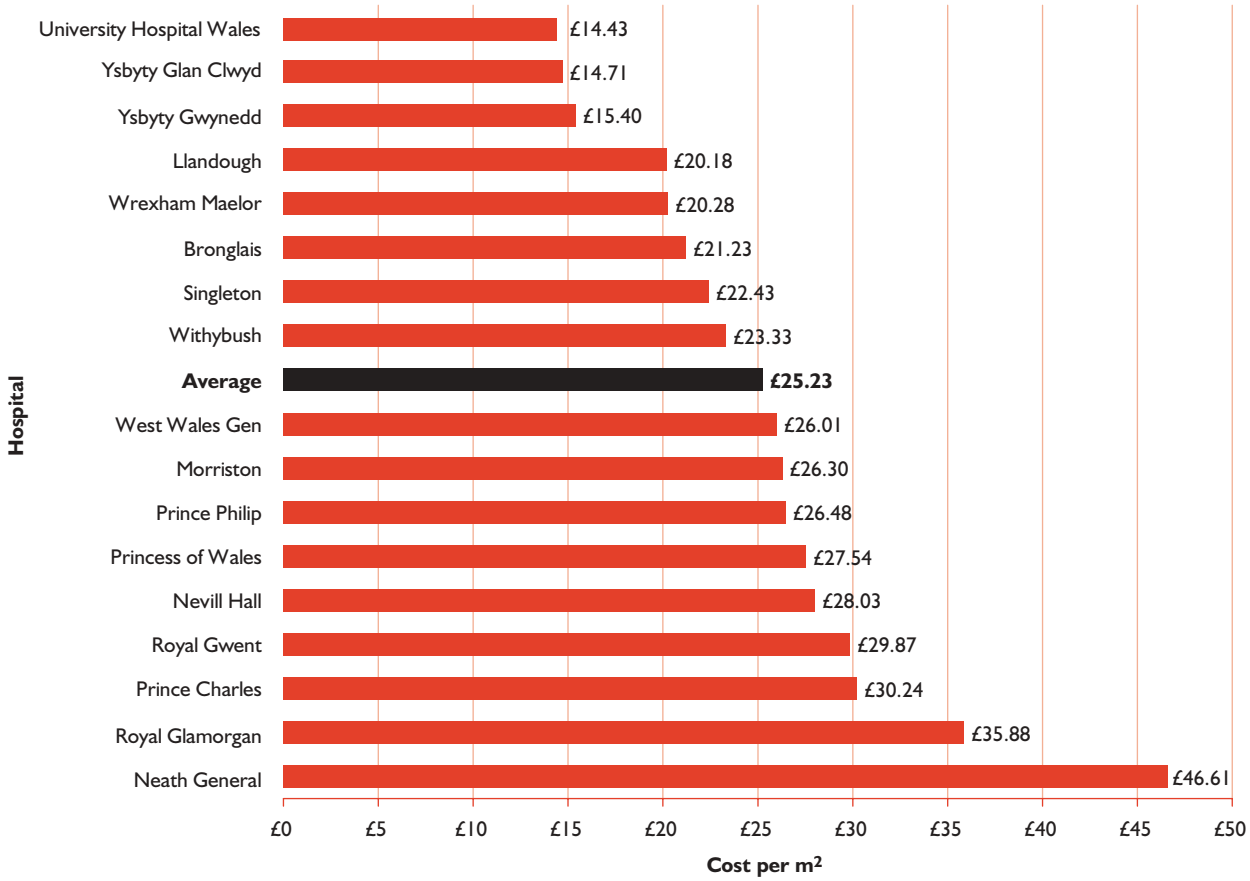
1.7 The undertakings for 'Clean hospitals' as set out in '*Improving Health in Wales - A Plan for the NHS with its Partners*' were addressed by the National Assembly for Wales' Finance and Assets Task and Finish Group and led to the establishment of an All Wales Facilities Group. The All Wales Facilities Group became operational in February 2002 as a consultative body to aid the implementation of the hospital cleanliness aspects of the NHS strategy. Task and Finish Groups have been set up to aid the implementation of all aspects of the NHS strategy in Wales. The All Wales Facilities Group's prime aim is to make progress against the undertakings for Clean Hospitals as set out in the strategy. Its objectives are to:

- establish definitions of environmental cleanliness and infection control for hospitals and community/primary care facilities;
- determine the interface between environmental cleanliness and Infection Control, and agree on working arrangements; and
- develop audit criteria and methodologies for National Standards of Environmental Cleanliness for the NHS in Wales, and to issue guidance on implementation.

The National Audit Office Wales attended the meetings of the All Wales Facilities Group as observers. For full details of membership of the group see Appendix C.

Figure 1

Cleaning costs per square metre by hospital



NOTE

The figure for Princess of Wales is an approximate cleaning cost using mid-point hourly rate.

Source: National Audit Office Wales Questionnaire results

Major acute hospitals in Wales spend over £18 million each year on cleaning

1.8 In 13 of the 17 major acute NHS hospitals in Wales, in-house cleaning teams carry out domestic cleaning services. The remaining four hospitals contract out these services to external cleaning companies. Two of the four external cleaning contracts also include catering services, portering and in one case, telecommunications. In this report, references to domestic cleaning teams include in-house and external provision of cleaning services.

1.9 In 2000-01 (the latest period for which figures are available), over 2,000 cleaning staff worked to clean some 800,000 square metres of hospital space in the 17 major acute NHS hospitals in Wales, at a cost of more than £18 million. Staff costs contribute 93 per cent of the cost of cleaning; the remaining seven per cent being for the purchase of cleaning equipment, materials and consumables. The cost per square metre of hospital cleaning varies significantly, from £14.43 to £46.61 per square metre with an average cost of £25.23 per square metre **(see Figure 1)**.

1.10 The significant variation in costs may reflect differences in the efficiency and economy of cleaning operations, but there are a number of other factors that also contribute to variations in relative costs. There may be differences in resources available, staff pay and conditions and the productivity of the domestic cleaning teams. Variations can also be explained by factors such as the location and nature of the hospital, the size of an Accident and Emergency Department and the number of operating theatres. The complexity of such factors mean that variations in the relative performance of cleaning services at each hospital or between in-house and contracted out cleaning teams cannot be attributed to any single factor.

Hospitals use minimum standards to determine their cleaning needs

1.11 Hospitals use minimum standards to determine their cleaning requirements. These standards detail the minimum level to which a hospital should be cleaned to ensure a clean and hygienic environment for patients, staff and visitors. Hospitals use these standards to develop instructions known as cleaning specifications for their cleaning teams. If met, the cleaning specifications ensure that hospitals are cleaned to the standard required.

Hospital cleaning is carried out by a variety of staff

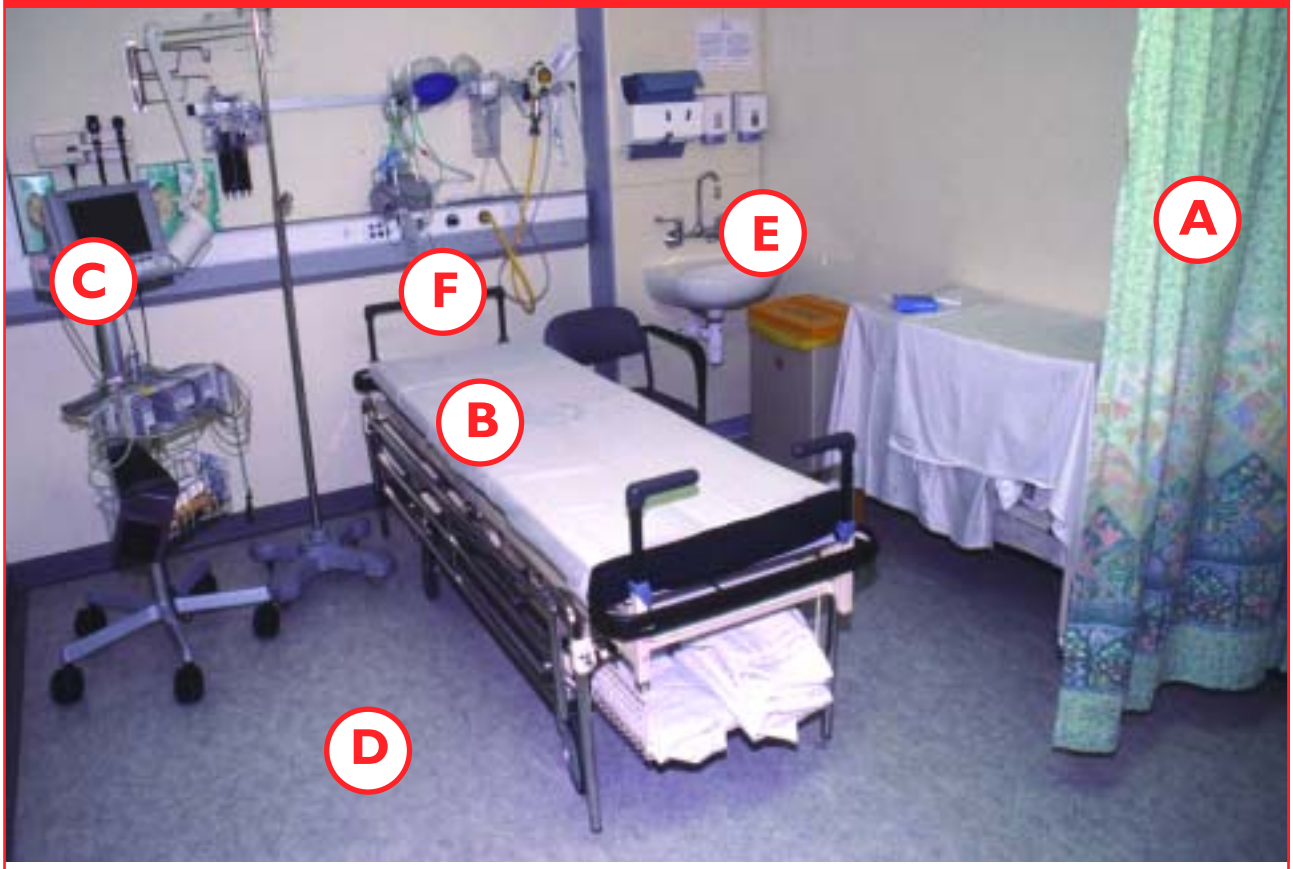
1.12 There are a variety of staff involved in hospital cleaning **(see Figure 2).** The majority of these staff are organised within domestic cleaning teams comprising of domestic cleaners, supervisors and management. The domestic cleaner will carry out the day-to-day cleaning duties of areas including ward floors, ward furniture, bed frames, bathrooms and toilets, corridors, operating theatres, offices, entrance lobbies and other public areas. In 14 of the 17 major acute NHS hospitals in Wales, domestic cleaners also carry out other duties, mainly serving food and beverages. The domestic cleaning supervisor has responsibility for training, personnel issues, quality control checks or monitoring, and supervision of staff. The management of hospital cleaning services is in most cases carried out by a Hotel Services or Support Services team usually headed by the Hotel Services Manager who will also have responsibility for other facilities such as catering, portering, linen and laundry. The Hotel Services Manager will have overall responsibility for cleaning services including the management of staff and resources.

Figure 2

Hospital staff involved in domestic cleaning

Role	Cleaning Responsibilities
Cleaning Management	Management of staff and resources
Domestic Supervisor	Monitoring of cleanliness, supervision of staff, training, personnel
Domestic Cleaners	Cleaning
Infection Control	Carry out infection control audits, training
Nurses	Cleaning clinical and treatment equipment
Porters	Cleaning curtains, ceiling fittings (lights, air vents)

Figure 3 - Who cleans what...



A	Curtain cleaned by a Porter	D	Floor cleaned by a Cleaner
B	Bed mattress cleaned by a Nurse	E	Sink cleaned by a Cleaner
C	Monitor cleaned by a Nurse	F	Bedframe cleaned by a Cleaner

1.13 The domestic cleaning teams have no responsibility for cleaning certain items in hospitals, such as clinical equipment, ward equipment, trolleys and wheelchairs **(see Figure 3).** Nurses are trained to clean any ward equipment that has mechanical parts such as hoists and are responsible for cleaning clinical and ward equipment such as drip stands, commodes, and mattresses. Wheelchairs are usually cleaned by the department to which they belong, and in some cases by the porters.

Recruitment and retention issues affect cleaning

1.14 Staff costs contribute 93 per cent of overall cleaning costs. As such, staffing is an important issue in considering the management and delivery of cleaning services. Of all staff issues raised by hospitals visited, recruitment and retention was the primary problem that they were faced with. From our survey of the 17 major acute NHS hospitals in Wales, eleven reported that staff recruitment and retention was a major factor that hindered cleaning services from cleaning their hospitals to a satisfactory standard. Recruitment and retention is recognised as a key issue throughout the National Health Service, and we found that several hospitals reported that they had insufficient domestic staff to complete the required cleaning hours.

1.15 All hospitals have to manage, to some extent, a high turnover of domestic cleaning staff and a high number of vacancies. One hospital had a turnover of 82 per cent in the nine months prior to the National Audit Office Wales visit. The majority of hospitals pay their domestic staff wages that do not greatly exceed the minimum wage of £4.10 per hour, and most hospitals told us that they experience some difficulty in attracting staff, especially long-term staff. Staff vacancies put added pressure on resources, with the result that parts of the

hospital or parts of the day may go uncovered and cleaning cannot be completed to set specifications. Of the 2,000 domestic cleaners in major acute NHS hospitals in Wales, almost one quarter have been in post for less than six months, with the result that experienced cleaners are few in number. This puts added pressure on the management teams and supervisors, who often have to carry out cleaning duties themselves.

1.16 Cleaning services in major acute NHS hospitals in Wales also experience a considerable level of sickness absence. Sickness absence is a problem throughout the NHS in Wales and is the subject of a separate study currently being carried out by the National Audit Office Wales. The study is examining the procedures in place for recording and monitoring sickness absence data in NHS Wales, the cost of such absence, and the steps being taken to manage high levels of absence.

1.17 All hospitals have recognised that steps need to be taken in order to minimise the impact of sickness, recruitment and retention problems in order to maintain cleaning standards, however, only a few have taken initiatives to address these issues. These include the introduction of team working at the University Hospital of Wales' "Trial for improving cleaning in wards" **(see Case Study A)**.

Scope and methodology of the National Audit Office Wales study

1.18 This report evaluates the cleaning services provided by the 17 major acute NHS hospitals in Wales by examining:

- the management of hospital cleaning using minimum standards, specifications and monitoring (Part 2);
- issues affecting the practicalities of cleaning and whether hospital cleaning specifications reflect current requirements (Part 3).

1.19 The National Audit Office Wales focused this examination on major acute hospitals because they have the highest numbers in terms of in-patients, out-patients and patient turnover. The nature of activity that is carried out in major acute hospitals places the patients, staff and visitors at a higher risk of acquiring infection if hospitals are not effectively cleaned. The NHS Wales Corporate Strategy defines the 17 major acute hospitals in Wales as

CASE STUDY A - University Hospital of Wales Teamwork and Spend to Save Scheme

Teamwork: Domestic Services at the University Hospital of Wales (UHW) have been working with limited resources for a number of years. Increasing levels of sickness absence added to the problem of staff shortages, and domestic cleaners began to complain of being able to perform only basic tasks as they were constantly covering the work of others. UHW looked to use innovative measures to improve the situation. Therefore in June 2001, they began to pilot a Teamwork scheme to meet their cleaning targets despite high levels of sickness absence, low staff morale and staff shortages.

Rather than have domestic cleaners work individually, domestic cleaning staff were organised into teams to work on one area at a time - a group of six would clean an area collectively and move on to the next once all members had completed their tasks. They also created a "Floater" position to be available for other responsibilities not assigned to a team.

Since the pilot scheme began, UHW have found several advantages to teamworking:

- Sickness cover is more manageable - a team of six can more easily and quickly cover the absence of one person.
- The time taken to clean departments is reduced - by the cleaning team working together there is less downtime as they move through the various departments.
- Team members have started to take more ownership over their areas of responsibility - interviews with cleaning staff and the operations manager also show that domestic cleaners found cleaning more enjoyable because they are not left on their own all day.
- Working in teams has led to higher levels of self motivation and peer to peer supervision.

Spend-to-Save: Operational Services were allocated £100,000 for new cleaning equipment. The Teamwork pilot meant that they no longer needed to buy equipment for each department but for each team, which reduced the number of items that had to be purchased. The extra funds enabled cleaning services to trial new, improved cleaning equipment rather than simply replace old equipment for newer models.

UHW have used the spend-to-save initiative to introduce a number of changes in cleaning methods in order to utilise their resources and time more efficiently and effectively. Initiatives include buying faster equipment such as burnishers instead of buffers, purchasing larger bins for the wards so that they have to be emptied less frequently, and purchasing steamers to steam bathrooms once a week which ensure bathrooms are much cleaner and require fewer cleaning hours on the day they are steamed. These saved hours have been directed into more frequent cleaning of toilets and public areas which has helped improve the public perception of UHW.

"hospitals which provide a wide range of acute in-patient and out-patient specialist services together with the necessary support systems, which allow emergency admissions and which usually has an Accident and Emergency department". The hospitals included in the study are listed at Appendix B.

KEY POINTS & RECOMMENDATIONS
on recruitment, retention and sickness

- Vacancies, staff turnover, and sickness are hindering hospitals' ability to maintain a clean hospital.
- There are a number of pilot schemes being introduced to attempt to overcome these problems.

WE RECOMMEND THAT:

- the Assembly evaluates the pilot schemes in operation and promulgates those schemes that are having a positive impact.

1.20 Our full methodology for this study is contained in Appendix A. In summary we:

- visited 11 major acute NHS hospitals in Wales, interviewed officials with responsibility for carrying out and managing hospital cleaning services and examined relevant hospital and trust documents. The 11 selected hospitals were chosen to reflect geographical distribution, the presence of external cleaning contracts and the selection of at least one major acute hospital in each Health Authority in Wales;
- visited three community hospitals to ensure that concentrating our review on major acute hospitals would tackle the major concerns about hospital cleaning in general and to extend our research into good practice; and
- conducted a questionnaire survey of all 17 major acute NHS hospitals in Wales to obtain information about the costs, specification, monitoring, staffing and management of hospital cleaning services.

PART 2 Domestic Cleaning: Standards, Specifications and Monitoring

What is clean?

2.1 NHS staff, patients, and visitors expect hospitals to maintain a high standard of cleanliness that ensures an aesthetically pleasing environment and also reduces the risk of infection. This section of the report examines:

- the minimum standards that major acute hospitals in Wales have adopted, to ensure the hospital is clean;
- the way in which these acute hospitals translate these standards into cleaning specifications that outline a domestic cleaner's daily and weekly tasks **(see Figure 4)**; and
- how well hospitals are monitoring whether cleaning standards are being met and progressing towards the creation of a 'clean culture'.

Major acute hospitals in Wales use different minimum cleaning standards

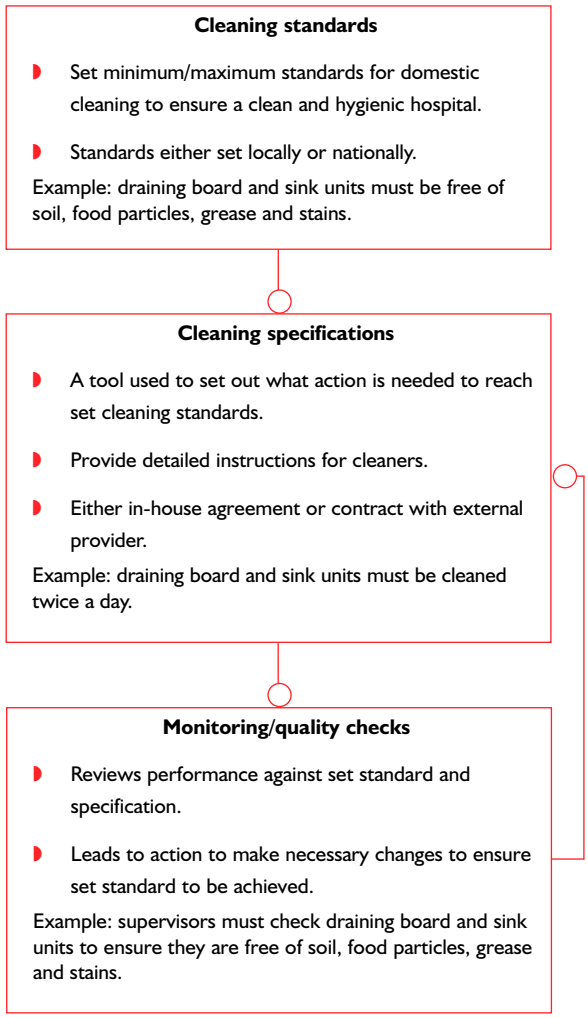
2.2 In Wales, NHS trusts or their hospitals establish their own cleaning standards. Although there are no compulsory Welsh national minimum standards of hospital cleanliness, there are various guidelines on cleaning standards available to trusts and hospitals. The NHS acute hospitals in Wales have selected those standards that they consider best meet their needs **(see Figure 5)**. The last set of national minimum standards was issued in 1979 by the Department of Health and Social Security.

2.3 The Assembly's All Wales Facilities Group (see paragraph 1.7 and Appendix C) was set up to review the provision of facilities services with the aim of establishing a set of compulsory national standards for hospital cleanliness. In particular the group has given detailed consideration to the rationalisation of the current standards, maintaining the national set of standards once published and to the monitoring and auditing of those standards. The results of this review are due to be published in Summer 2003.

2.4 In the absence of any compulsory national minimum standards of cleanliness in Wales, we found that the cleaning standards chosen varied greatly between trusts and often within trusts themselves, in particular:

Figure 4

Cleaning standards, specification and monitoring arrangements



- some in-house cleaning teams are not using the most recently issued guidelines on minimum levels of cleanliness and there is therefore a risk that they may not be achieving acceptable levels of cleanliness;
- few hospitals benchmark their cleaning services with those in other hospitals to provide information on whether they are being appropriately cleaned;
- a number of trusts have carried out internal benchmarking exercises on the input hours needed to clean a hospital and the cost of cleaning. Results have shown large disparities between the hospitals within a Trust and funds

Figure 5

Current cleaning standards being used for NHS acute hospitals in Wales:

- *The 1999 Standards for Environmental Cleanliness in Hospitals,* issued to trusts by the National Assembly for Wales in 2001 as non-compulsory guidance. The standards were jointly published by the Infection Control Nurses' Association (ICNA) and the Association of Domestic Management (ADM).
- *Cleaning Services: Basic Requirements and Recommendations for Quality Measuring Systems, 2001*, British Standards Institute (BSI).
- *Raising Standards, 1993*, British Institute for Cleaning Science.
- *National Standards of Cleanliness for the NHS, 2001*, the NHS Estates England.

have been re-allocated accordingly. At Gwent Healthcare (NHS) Trust total input levels for Nevill Hall averaged 58.64 hours per ward, per week below the Royal Gwent. This has now been rectified by harmonising the cleaning hours available across the Trust; and

- our questionnaire shows that only three hospitals devised their cleaning standards in consultation with their Infection Control Team. Infection Control Teams, comprising of a doctor and nurse(s), report to the Trust chief executive on all aspects of the prevention and control of infection. In those hospitals where cleaning teams did not consult the Infection Control Team, there is a risk that standards may not cover the minimum cleaning requirements aimed at reducing the risk of infection.

2.5 Unless all hospitals in Wales work to the same standards, there is clearly a risk of differing qualities of cleanliness. A set of compulsory minimum cleaning standards on an all-Wales basis would ensure that patients could expect the same standard of cleanliness across all major acute hospitals. A national set of minimum standards would also give hospital managers more control over the levels of cleanliness in their hospitals and would ensure consistency across their Trust. It would also allow hospitals to benchmark their performance against other hospitals and trusts. In line with the recommendations of this report, the NHS in Wales expects to publish such national standards for cleaning in hospitals this summer, incorporating the technical standards required together with internal and external audit processes.

KEY POINTS on cleaning standards

- There are currently no all-Wales compulsory minimum cleaning standards. Trusts or their respective hospitals set their own standards. Minimum standards vary from Trust to Trust and from hospital to hospital.
- It is difficult to assess standards across the NHS in Wales, as cleaning standards are not benchmarked.
- The Assembly's All Wales Facilities Group is reviewing cleaning standards with a view to introducing a set of compulsory all-Wales standards.

WE RECOMMEND THAT:

- the National Assembly for Wales, in partnership with the All Wales Facilities Group, introduces a common set of compulsory minimum standards for hospital cleanliness in Wales. It is important that all hospitals strive to meet the same criteria.
- NHS trusts should involve Infection Control Teams in the development of cleaning standards and specifications. Infection Control Teams could also be consulted over the letting of cleaning contracts, as appropriate.

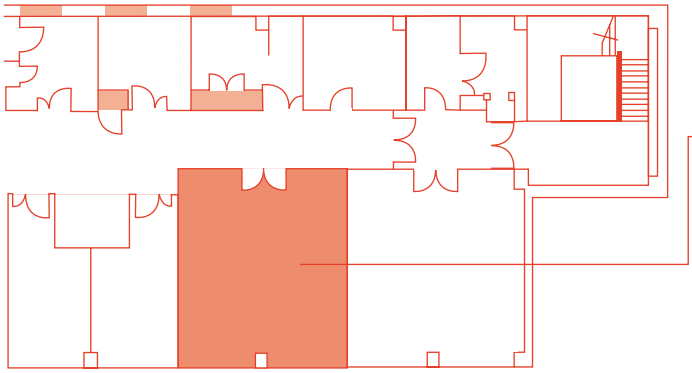
Figure 6

Definitions of cleaning specifications

	Explanation	Example
Input	Sets frequencies - the number of times in a given period something must be cleaned. It is assumed that this will reach the desired standard	Clean carpet twice daily
Output	Illustrates desired outcome - what an area must look like to be considered adequately "clean"	Carpet must be free of dust and impacted dirt
Process	Lists steps taken to acquire desired outcome and details how areas must be physically cleaned	Use a suction cleaner to pick up dust and dirt from floor. When emptying bag, take care not to spread dust, particularly around patient areas

Figure 7

Cleaning costs per square metre by hospital



Room Description	4 Bed Ward
Basins, sinks, WC etc	1
Baths Showers	-
Beds	4
Sink units	-
Cupboards	-

1	Damp dust (furniture etc)	1xDay
2	Dust bed areas	1xDay
3	Polish/buff furniture	1xWeek
4	Dust perimeter	1xWeek
5	High dust	1xWeek
6	Empty bins	1xDay
7	Dry mop	5xWeek
8	Damp mop	1xDay
9	Suction clean floor	2xWeek
10	Buff floor	1xWeek
11	Shampoo carpet	-
12	Check clean WC	-
13	Clean baths	-

Description	Process	Outcome
1 - Damp Dust	Take duster, soak in detergent, ring out duster, repeatedly clean surface.	Surface will be free from dust, soil and stains.

Some hospitals' cleaning specifications are poorly defined

2.6 Cleaning specifications are detailed instructions for cleaners. The specifications document the cleaning requirements of a hospital to ensure the environment is conducive to the safety and well being of patients, staff and visitors. Specifications are devised by the hospital or Trust and are based on their local cleaning standards. Domestic cleaners are required to clean to the specifications, which outline the minimum requirements needed to ensure that all areas of a hospital are "clean".

2.7 There are a number of ways of detailing cleaning specifications, as illustrated in **Figure 6**. During our hospital visits we found examples of hospitals using input, process and output based specifications **(see Figure 7)**.

2.8 We found that 12 of the 17 major acute hospitals have specifications that are only input driven and do not, therefore, outline how a ward should be cleaned or what standards it should meet. In these hospitals there is a risk that domestic cleaners may fulfil their cleaning requirements by meeting the set frequencies yet fail to clean to an adequate standard because the specification does not outline what that standard is. Domestic cleaners have no benchmark other than their personal judgement when considering if an area is clean or not. This is also true for monitoring carried out by the supervisors. The use of output specifications enable domestic cleaning teams to concentrate on the standard required, rather than the method by which it is achieved. Patient Environment Action Teams in England (see paragraph 1.4) have found that focusing on improving outcome has helped raise the levels of cleanliness in most hospitals throughout the country. In the remaining five hospitals in Wales, the cleaning specification did use a combination of input, output and process driven specifications.

Some trusts are improving their cleaning specifications

2.9 Most trusts in Wales continue to use paper-based specifications that are difficult to update when new developments take place or when new standards are

CASE STUDY B: Improvements in specifications at Swansea NHS Trust

Following the merger of Morriston, Swansea and Glan-y-Mor NHS trusts in 2000, the newly formed Swansea NHS Trust concluded a complete review of the cleaning specifications of Singleton and Morriston hospitals. This review involved re-assessing the cleaning requirements of the hospital using *Wizdom*, a computer system. The dimensions and inventory of each room is input onto the system, which calculates the cleaning frequencies for each item, such as beds, sinks, floors and cupboards.

If the hospital is modified in any way then the new details are added to the system and it re-calculates the cleaning hours required. This enables the hospital to cost any new development completely, including increases to service costs.

Once the hospitals were re-specified and the new system was introduced, it gave the Trust more control over hospital cleaning and resulted in annual savings of almost £220,000 in Morriston Hospital. The savings were primarily due to efficiencies and economy of scale, as the specifications were higher than previously. All savings were reinvested into other Trust Support Services for quality improvement.

issued as is being planned by the All Wales Facilities Group. Some trusts have begun to take the first step in making improvements to their cleaning services by reviewing and rewriting their specifications **(see Case Study B)**. In order to make these changes these trusts have provided financial investment in terms of IT and equipment and the time commitment of managers. Carmarthenshire NHS Trust, Cardiff and Vale NHS Trust, Gwent NHS Trust, Pembrokeshire & Derwen NHS Trust and Swansea NHS Trust have purchased new IT systems that enable the specifications to be easily amended (as illustrated in Case Study B). The trusts are in varying stages of implementing this system.

Some cleaning requirements are not part of the specifications

2.10 Not all the cleaning requirements for a hospital are documented in the cleaning specifications. For example, at ward level some cleaning activities are not carried out by the domestic cleaning team but by nursing staff. These activities are primarily the cleaning of equipment such as drip stands, hoists and commodes. However, there are no formal standards, specifications or monitoring arrangements for the cleaning of this equipment.

KEY POINTS on cleaning specifications

- Cleaning specifications are the documented instructions that detail the cleaning requirements of a hospital. They are based on the local minimum standards set by the Trust or hospital.
- Cleaning specifications can be input, output and/or process driven. 12 of the 17 major acute hospitals have specifications that are input driven. In these hospitals there is a risk that domestic cleaners may meet cleaning frequencies, yet fail to clean to an adequate standard. The Patient Environment Action Teams in England have found through their audits that focusing on improving outputs has helped raise the levels of cleanliness in most hospitals throughout the country.

WE RECOMMEND THAT:

- hospitals rewrite their cleaning specifications to detail the entire hospital area, room by room, specifying the frequency that the area needs to be cleaned, how that area should be cleaned and what the area should look like after it has been cleaned - they should be input and output driven;
- hospitals explore the possibilities of acquiring an IT system for the purpose of specifying cleaning requirements, to allow for flexibility when there are changes to cleaning requirements of the hospitals; and
- NHS Wales Department promulgate experiences of those trusts that have acquired new IT systems for this purpose.

Some nursing staff have told us that due to time and resource pressures, this equipment is not always cleaned or monitored on a regular specified basis because staff may be carrying out other patient care activities which have higher priority.

2.11 Although ward managers are responsible for all activities in their wards, they are not formally required to monitor the cleanliness of ward equipment. On many of our visits, we noted that, for example, bathrooms were clean but contained equipment such as hoists and commodes that were unclean. In a number of the hospitals visited, domestic supervisors felt they should monitor the equipment cleaned by nursing staff but there is concern that it could cause conflict between different types of staff. Historically, responsibility for monitoring the cleaning of this equipment lies with ward managers, and there is some evidence that nursing staff do not want to be monitored by staff in another department. Some cleaning managers and supervisors felt that the remit of

cleaners should be extended to cover the cleaning of equipment so that nursing staff could focus entirely on patient care.

2.12 As the equipment cleaned by nurses is often transferred from ward to ward it is vital to ensure that nurses carry out their cleaning responsibilities. The failure to clean this equipment can result in the risk of spreading infection. Of all the hospitals visited, Wrexham Maelor was the only hospital that had a set specification for cleaning clinical and ward equipment. The specification sets out by shift, daily, weekly and monthly tasks for cleaning/checking clinical and ward equipment.

Some cleaning is unplanned

2.13 The ability of staff to meet hospital cleaning specifications is further stretched when unplanned cleaning has to be carried out. A major concern in hospitals was that unforeseen spillages are often being left unattended due to staff shortages and out of date specifications. A number of hospitals have introduced Rapid Response Teams to deal with these problems. However, high domestic cleaning staff vacancies and absence make it difficult for rapid response teams to operate effectively. Many Rapid Response Teams are used primarily to cover for sickness and holidays with the result that when unforeseen spillages occur, there is no Rapid Response Team available. One hospital that has introduced a successful method to overcome this is the University Hospital of Wales **(see Case Study C)**.

Trusts have different ways of monitoring hospital cleanliness

2.14 There are three key elements to hospital monitoring of cleanliness: day to day ongoing supervision; regular formal monitoring; and infection control audits. The level of each type of monitoring varied across the trusts visited.

- **Daily supervision** - All hospitals employ cleaning supervisors to monitor on a daily basis the levels of cleanliness in wards, departments and public areas. The supervisor's role is to oversee the work of domestic cleaners to ensure that hospitals are meeting the required standard of cleanliness. These checks are usually informal and supervisors are free to monitor at their discretion. The definition of a clean ward is at the discretion of the supervisor and it is the personal criteria of the supervisors that determine whether wards pass or fail an inspection. In response to our questionnaire, hospitals stated that in ward areas, supervisors also monitor cleanliness either daily or each shift.

- **Routine monitoring** - All hospitals have formal monitoring routines, conducting formal checks that are generally carried out monthly. The monthly monitoring checks can involve ward managers, hospital managers and estates personnel in addition to the cleaning supervisors. In some hospitals the results of these checks are recorded, agreed with the staff on the audit, analysed and action taken where needed **(see Case Study D)**. Levels of monitoring are decided upon by the individual hospital and vary greatly from hospital to hospital.

  Those trusts that use IT systems to control their specifications have the ability to select the areas to be monitored on a computer driven random basis, which reduces the risk of personal bias. The IT system arbitrarily selects the location within the hospital to be monitored. The frequency of monitoring is based on the risk of infection in the various areas of hospitals **(see Case Study E)**.

- **Infection control audits** - As part of the management of risk within the NHS Wales, the majority of Infection Control Teams conduct yearly audits that report on the overall cleanliness of the area being audited **(see Case Study F)**. The teams also identify risks for infection including the standard of surfaces, fixtures (curtain rails, lights etc) and fittings (lockers, curtains etc). The infection control report is then reviewed by the hospital's Risk Management Committee and presented to the board. There is currently no separate risk management standard that covers domestic cleaning. If annual inspections are not carried out there is a risk that infection control standards are not being met.

CASE STUDY C
Cleaning Action Teams in University Hospital of Wales

In July 2002 a pilot scheme commenced with a Cleaning Action Team (CAT) introduced on seven wards. This team has been set up to carry out the thorough cleaning of wards. They steam clean walls, doors, and corners. edges, bathrooms, bed frames, lockers etc. They also carry out scrubbing and burnishing of floors and tasks that often get overlooked on a busy ward.

This ensures that the hospital has two sets of cleaners. As well as a dedicated ward Housekeeper who can maintain standards on the ward day to day - dealing with spillages, cleaning isolation rooms and areas after a patient is discharged - the Cleaning Action Team ensure that a thorough clean is carried out on a regular basis.

CASE STUDY D
Monitoring System at Morriston and Singleton Hospitals

In Morriston and Singleton hospitals, the domestic supervisors, ward sister/manager, and the cleaning contractor undertake monthly monitoring checks. The results of these monitoring checks are circulated to the hospital General Manager, ward manager, infection control staff, maintenance staff and senior management who will discuss them together with the cleaning contractor. Where there is a serious concern, appropriate action is taken. This ensures that all key parties are aware of any major issues affecting the cleanliness of the hospitals.

CASE STUDY E
Using IT to aid monitoring of cleaning

The computer systems used by some trusts can generate a randomly selected sample of the hospital area, which is then used by cleaning monitors to carry out checks. The frequency an area of the hospital is selected is linked to the risks associated with that area. This takes much of the judgmental element out of monitoring. The system produces reports on the proportion of unsatisfactory work for each selected work area, tasks that failed, and whether or not the area had been checked on a previous occasion. These reports can then form part of a trusts' formal monitoring system.

CASE STUDY F
Infection Control Audits

In some cases, such as in the Royal Gwent hospital, infection control audits are carried out so that each ward is audited four times a year. In contrast, Llandough Hospital has not carried out an infection control audit for five years. The Infection Control Team informed us that they stopped undertaking audits because no action was taken after results of the last audit. The Infection Control Team takes the view that although further audits are vital to making improvements, their efforts would be time consuming with little return.

KEY POINTS on unspecified cleaning

- Nursing staff are historically responsible for cleaning equipment such as hoists, drip stands and bed mattresses. Due to time and resource pressures, this equipment may go uncleaned.
- The cleanliness of ward equipment is not regularly monitored.
- Where rapid response teams have been introduced they are often unable to operate because staff are used to cover sickness and absence.

WE RECOMMEND THAT:

- cleaning is stressed as a vitally important part of patient care; and
- the accountability for, and the carrying out of, the cleaning of ward equipment should be defined with regular checks and reports carried out.

Some hospitals do not give a high priority to acting on the results of cleanliness monitoring

2.15 Many hospitals do have rigorous monitoring procedures in place and record where wards have failed to meet the standards and specifications. Although monitoring of domestic cleaning is carried out regularly throughout the acute hospitals in Wales, we found that failures to achieve cleaning standards or to meet cleaning specifications in most hospitals are not reported to senior management nor are they discussed at board level (although there were exceptions to this, as set out in Case Study D). Consequently there is a risk that those with the authority to make changes within the Trust are unaware of existing problems and little is done to rectify areas that are of concern.

Trusts could do more to promote a clean culture

2.16 Many hospitals believe that they are failing to meet minimum standards and cleaning specifications and that, in part, this is due to hospitals not having a clean culture. It is essential that trusts adopt a clean culture throughout the whole hospital system as set out in the Assembly's strategy, 'Improving Health in Wales' (see paragraph 1.6). If trusts can establish a clean culture for all staff this will reduce the burden on the cleaning services teams. Everybody involved in the hospital environment needs to be aware of the importance of cleanliness.

2.17 Integrating a clean culture into the whole hospital system would solve many of the problems encountered in striving to keep major acute NHS hospitals in Wales clean. Senior managers in hospitals admit that they need to raise the profile of cleaning as publicity around the issue increases. Cleaning staff and management in all the hospitals we visited felt that there was a general attitude of apathy within the Trust towards trying to maintain a high standard of cleanliness. A major problem is that hospital staff, patients and visitors view hospital cleaning services as the responsibility of the domestic cleaning staff only. There is the need for all staff, patients and visitors to understand why hospital cleanliness and hygiene is important and how everyone in the hospital system can have a part to play in attempting to keep the hospital clean.

CASE STUDY G: Communication Issues

Isolation rooms are areas that require more frequent cleaning to ensure they are sterile. Staff managing the cleaning specification are aware that outbreaks will occur. However, in many cases reported to us, cleaning staff and management are not given enough prior warning to plan cleaning of isolation areas when patients are to vacate it. The problem has been highlighted by staff in Bronglais General Hospital who stated that "good communication between ward and domestic staff is essential. Domestic staff need to be aware of any isolation areas with a view to planning the cleaning of the ward areas, especially with the final clean on vacation. All too often the request to clean an isolation room is received during the evening shift. This then entails taking a cleaner away from a department area to carry out this task - leaving the department short of the given cleaning hours".

Swansea NHS Trust have taken the agreed specifications and created a ward manual for both Singleton and Morriston Hospitals. This manual highlights all relevant information on what staff can expect from their cleaning services, including what will be cleaned, how it will be cleaned, what it will look like after it has been cleaned, and a list of all key contact numbers in case of emergencies or complaints. This system coupled with the random monitoring generated by the IT system ensures that everybody knows how clean the wards should be and they are able to achieve a consistent 95 per cent pass rate against British Institute for Cleaning Science minimum standards.

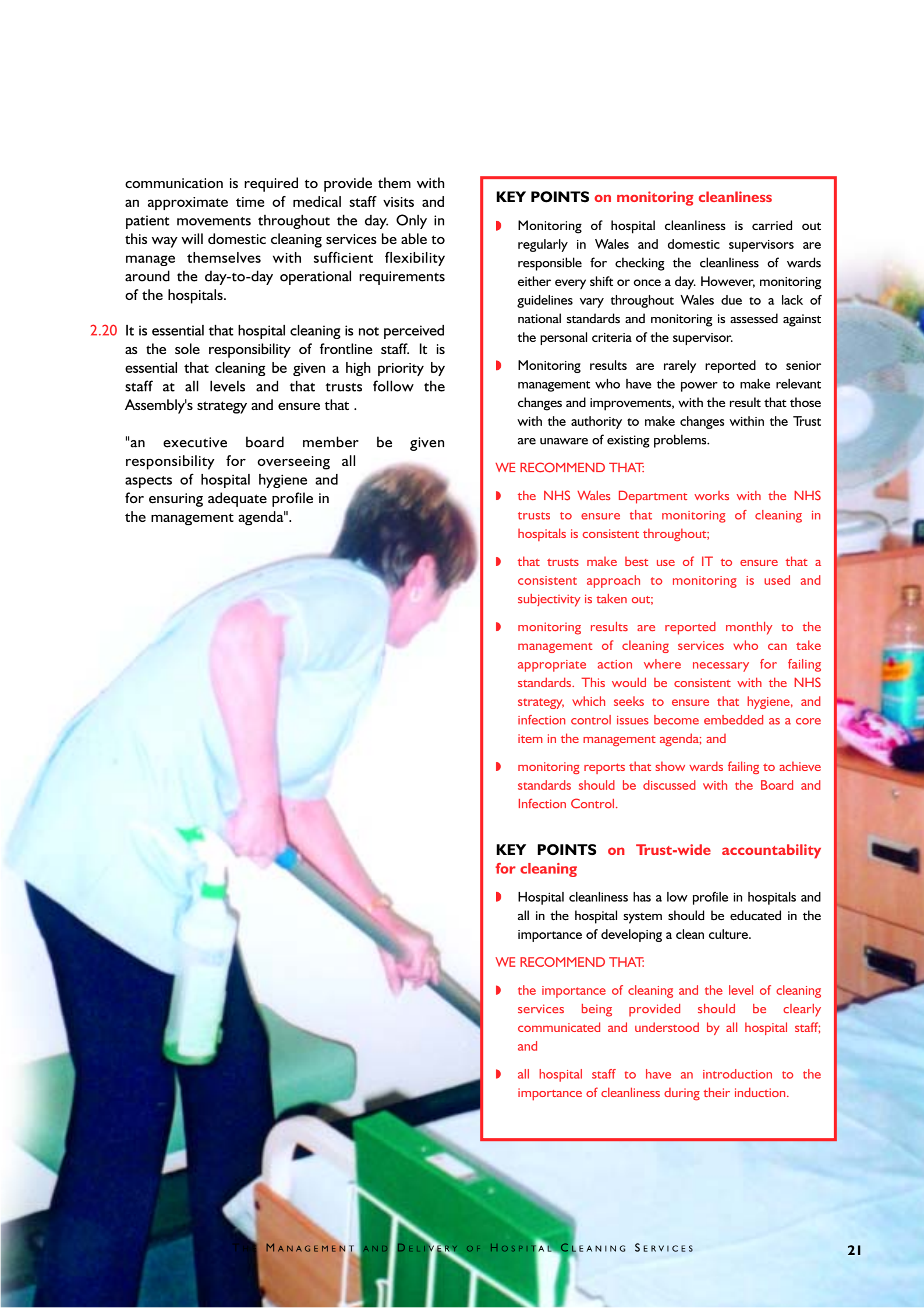
2.18 Good lines of communication are essential to encourage the whole hospital system to embrace a clean culture, but currently communication varies greatly **(see Case Study G)**. Hospital staff should know what needs to be cleaned when, by whom and to what standard. The activities and availability of domestic cleaning staff are, in most cases, not advertised and ward staff have no knowledge of when domestic cleaners are available, what tasks they are required to carry out and to what standard. When cleaning staff are unavailable, other staff need to take responsibility for maintaining a clean environment.

2.19 Domestic cleaning teams inevitably encounter disruption of their routine due to scheduling problems, patient admissions, and ward rounds. Domestic cleaning teams believe that more communication on these matters would help them to improve the flexibility of their cleaning schedules. For example, they believe that more

communication is required to provide them with an approximate time of medical staff visits and patient movements throughout the day. Only in this way will domestic cleaning services be able to manage themselves with sufficient flexibility around the day-to-day operational requirements of the hospitals.

2.20 It is essential that hospital cleaning is not perceived as the sole responsibility of frontline staff. It is essential that cleaning be given a high priority by staff at all levels and that trusts follow the Assembly's strategy and ensure that .

"an executive board member be given responsibility for overseeing all aspects of hospital hygiene and for ensuring adequate profile in the management agenda".



KEY POINTS on monitoring cleanliness

- Monitoring of hospital cleanliness is carried out regularly in Wales and domestic supervisors are responsible for checking the cleanliness of wards either every shift or once a day. However, monitoring guidelines vary throughout Wales due to a lack of national standards and monitoring is assessed against the personal criteria of the supervisor.
- Monitoring results are rarely reported to senior management who have the power to make relevant changes and improvements, with the result that those with the authority to make changes within the Trust are unaware of existing problems.

WE RECOMMEND THAT:

- the NHS Wales Department works with the NHS trusts to ensure that monitoring of cleaning in hospitals is consistent throughout;
- that trusts make best use of IT to ensure that a consistent approach to monitoring is used and subjectivity is taken out;
- monitoring results are reported monthly to the management of cleaning services who can take appropriate action where necessary for failing standards. This would be consistent with the NHS strategy, which seeks to ensure that hygiene, and infection control issues become embedded as a core item in the management agenda; and
- monitoring reports that show wards failing to achieve standards should be discussed with the Board and Infection Control.

KEY POINTS on Trust-wide accountability for cleaning

- Hospital cleanliness has a low profile in hospitals and all in the hospital system should be educated in the importance of developing a clean culture.

WE RECOMMEND THAT:

- the importance of cleaning and the level of cleaning services being provided should be clearly communicated and understood by all hospital staff; and
- all hospital staff to have an introduction to the importance of cleanliness during their induction.

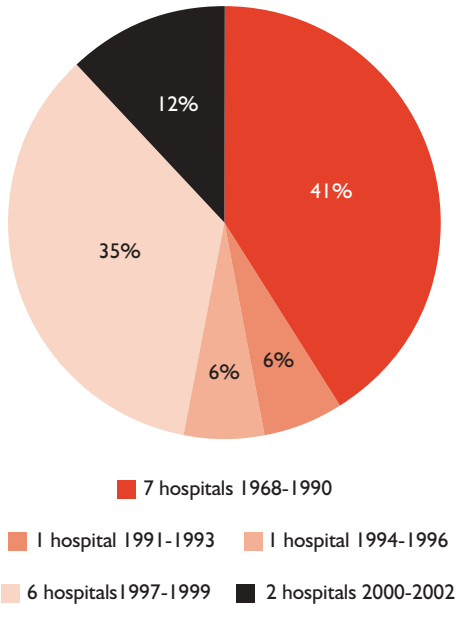
PART 3 Most cleaning specifications do not reflect current requirements

3.1 This section of the report will examine the key reasons why cleaning specifications fail to reflect the current cleaning requirements of the NHS in Wales and the problems this causes. It is important for hospital cleaning specifications to reflect the current requirements of the hospital. The cleaning specification drives the level of resources put into cleaning services and sets out the exact cleaning requirement of each ward, department and public area. The key risk of using out-of-date specifications is that they may not match current requirements and, as a consequence, hospitals may be inappropriately or inadequately cleaned, thereby putting patients at risk of infection. This part covers:

- cleaning budgets;
- changes in hospital activity;
- physical condition of hospitals;
- procurement of furnishings and fabrics; and
- combining domestic cleaning tasks with other duties.

Figure 8

Periods when hospitals cleaning specifications were last re-written



Source: National Audit Office survey of the 17 major acute hospitals in Wales

Few current cleaning specifications have been re-written recently

3.2 This report has shown that hospital cleaning is managed and monitored through the use of cleaning standards and specifications. However, eight of the eleven acute hospitals visited by the National Audit Office Wales reported to us that they are continually failing to meet these standards as hospital activity continues to increase and develop. This section of the report examines the extent to which cleaning specifications reflect the current requirements of major acute hospitals.

3.3 As highlighted in Part 2, cleaning specifications are the basis from which cleaning duties are carried out and, if hospitals are to have accurate information about the cleaning requirements of their hospital, these specifications need to be routinely updated in a timely and effective manner, as changes occur. Up to date specifications reduce the risk that cleaning activities may be inappropriate or poorly targeted, although all specifications need to be effectively developed to ensure that they are a true reflection of a hospital's cleaning needs. Seven of the 17 acute hospitals in Wales have not rewritten their cleaning specifications for over a decade since hospital cleaning services went out to Compulsory Competitive Tendering, which is no longer a requirement, in the late 1980s and only two have re-written them within the last three years **(see Figure 8)**. All 13 of the 17 major acute hospitals in Wales that retained in-house cleaning services have continued to do so, and all but one of the hospitals that chose external contractors have remained with the same service provider.

Hospital cleaning budgets are mainly based on out of date specifications

3.4 We reviewed the budget setting process in each of the major acute hospitals in Wales and found that 11 of the 17 hospitals calculated their cleaning service budgets from out of date cleaning specifications. The next sections of the report illustrate that there have been a number of developments in hospitals that have rendered the specifications outdated. As a consequence, although cleaning budgets have increased broadly in line with inflation, we found examples where hospitals have reassessed their cleaning requirements and have found significant shortfalls in the required cleaning budget **(see Case Study H)**. It is important that hospitals are aware of current cleaning requirements

CASE STUDY H: Princess of Wales Hospital

After an extensive review in December 2001 of ward cleaning services, Princess of Wales Hospital reviewed the cleaning requirements of the entire hospital. They estimated that in order to clean the hospital to its minimum standards the domestic services budget would need to be £1.2m; this being a net increase of £650,000 over previous funding levels, but additional funding was not available.

KEY POINTS on out of date specifications

- Out of date specifications result in budgets that are calculated on historic data as opposed to current needs, and may be insufficient to ensure a clean hospital.
- There is low investment in new methods and equipment.

WE RECOMMEND THAT:

- budgets should be informed by up to date cleaning requirements to maintain minimum standards; and
- trusts improve communication in order that the implications on cleaning services be taken into account for any hospital developments that will impact cleaning budgets. Additional costs could be avoided with closer communication. It would be beneficial for the domestic services team to be involved in all discussions on changes to the hospital that will affect cleaning services.

in setting budgets in order to be able to set a realistic budget for cleaning services. This process would involve setting budgets that take into account current estimates of the actual hours needed to clean a hospital rather than rely on historic data.

Hospital activity has increased since most specifications were written

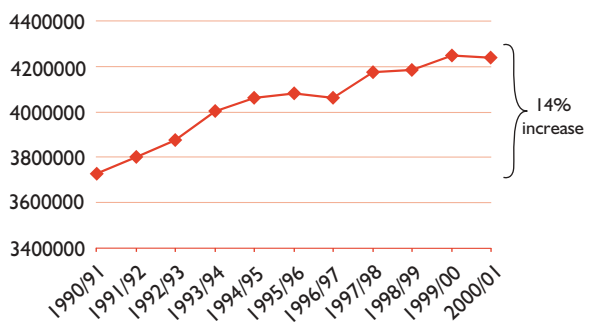
3.5 In hospitals that have not recently updated their specifications, cleaning schedules will be based on hospital activity levels at the time the specifications were written, and will not have taken account of the significant changes that the NHS Wales has seen in recent years. The last ten years have seen a 14 per cent increase in patient numbers **(Figure 9)**, accompanied by increased patient turnover and an increase in visiting hours. Hospitals now have more evening and weekend clinics, increasing the patient numbers and the amount of dirt and dust being generated. Hospitals have also experienced an extension of visiting hours, which again has contributed to increased throughflow of people, generating more dirt and dust, while reducing the actual access that cleaners have to the wards to clean. Many hospitals have limited or no domestic service staff after 4pm, although clinic hours are being extended. Hospitals can experience difficulties in 24-hour Accident and Emergency departments where cleaning services cannot always be met in the evening due to a shortage of domestic staff.

3.6 In addition to increased activity, the movement of patients is also an issue for cleaning services. Hospital managers told us that patients are moved more frequently as the length of hospital stay has shortened and treatment methods have changed. A bed and the surrounding area require cleaning every time a patient is moved and as the frequency of bed movement increases so does the hours required to clean that ward. This may require more cleaning than is outlined in the specification for any given area. We found that:

- it takes personnel from three different disciplines to ensure that a bed and the surrounding area is sufficiently clean - a nurse is required to clean the mattress, a domestic cleaner to clean the bed frame and a porter to clean the curtains. It is difficult for all three individuals to complete their tasks in the time available before a new patient needs to be moved into the bed;
- domestic staff are not always available at the time that patients are discharged, particularly in the evening. In some instances, beds and

Figure 9

Increase in patient numbers



Source: Health Statistics and Analysis Unit, National Assembly for Wales 2002

surrounding areas can remain unclean overnight or a patient can occupy a bed, with part of it or the surrounding area not being cleaned since the previous occupant;

- when beds are moved from one ward to another, there is uncertainty at ward level as to whether the discharging ward has cleaned the bed or whether the bed requires cleaning when it is delivered to the receiving ward; and that

- some hospitals are investigating the possibility of introducing a bed discharge manager to ensure that all aspects of every bed and the surrounding area are adequately cleaned.

There is a risk that the more frequently patients are moved throughout the hospital, the more likelihood there is of them coming into contact with an unclean area and spreading infection.

KEY POINTS on changes in hospital activity

- Many hospitals have not updated their cleaning specifications to ensure that they reflect current requirements to meet cleaning standards - only two of the 17 major acute hospitals in Wales had re-written their cleaning specifications within the last three years.
- The problem of out of date cleaning specifications is compounded by the increase and change in hospital activity.

WE RECOMMEND THAT:

- hospitals should update hospital cleaning specifications in a timely and effective manner to ensure they take account of significant changes in activity, and that thereby cleaning standards are maintained throughout the hospital; and
- hospitals pay particular attention to the cleaning of beds, bedding and the surrounding area, each time a patient is moved or discharged, for example by the introduction of a bed discharge co-ordinator.

The physical condition of many hospitals hinders effective cleaning

3.7 Most hospitals have seen a number of physical changes since specifications were developed and these changes impact on their cleaning requirements. Changes in the layout of the buildings include dayrooms being converted into bedded wards, non-clinical areas have become clinical areas and the number of teaching areas and barrier or isolation rooms used to prevent the spread of infection between patients has increased. We found that hospitals have expanded to meet healthcare needs, but with no corresponding change in the cleaning specifications and no consideration of the impact of these changes upon the cleaning requirements of the hospital. Seven of the hospitals visited stated that their cleaning services are not keeping pace with these changes and nine of the 17 major acute hospitals responded to an open question in our survey stating that cleaning services were not taken into account when physical developments took place in the hospital. Only two hospitals visited had a system in place for routinely updating cleaning specifications when such changes took place. Eleven of the hospitals surveyed cited the increase in hospital activity as a major factor that hindered cleaning services.

3.8 Eleven of the 17 major acute hospitals also told us that the poor fabric of the hospital building and backlog maintenance are two of the main factors that hinder domestic cleaners from effectively cleaning the hospital. The cleaning specifications were written assuming that the surfaces to be cleaned were in a good state of repair. Damaged walls, floors and surfaces attract more dust and dirt and they are difficult to clean **(see photographs 1 & 2)**. Consequently more time is spent trying to keep these areas clean than is allowed for in the specifications. For example, in several hospitals, cracked floor tiles were not replaced but simply left as they were or temporarily taped-up. This has obvious implications for creating a clean environment - not only does a taped floor look untidy, it is very difficult to clean. In most hospitals the backlog of maintenance is high, although it is not possible to estimate the extent to which this backlog directly affects cleanliness. Welsh Health Estates data in 2000-2001 estimated that the total maintenance backlog costs for the 17 major acute hospitals in Wales was £243,868,000.

Photographs 1 & 2: Poor condition of building fabric hinders effective cleaning

3.9 We found that there was very little consultation between cleaning departments and maintenance departments. As a result, the latter may be unaware of which maintenance problems need to be rectified quickly if hospital cleaning standards are to be met. This makes the challenge of keeping the hospital clean and hygienic more problematic. Some hospitals have introduced schemes to address this problem **(see Case Study 1)**.

CASE STUDY 1: University Hospital Wales

Like the majority of major acute hospitals in Wales, the University Hospital of Wales suffers from a backlog of maintenance. To tackle this problem, they ensure that when the cleaning monitoring staff are carrying out their monthly cleaning quality checks, they record all maintenance issues and report them to the maintenance team. A member of maintenance staff can then examine these areas of concern while on ward visits. This routine recording and reporting of maintenance problems has led to improved relationships between the departments and a swifter response time to rectifying problems. In some cases, problems are reported and rectified straight away. One of the key problems before this process was set in place was that the majority of minor problems were never reported and the maintenance department did not know they existed.

3.10 We also found that hospitals suffer from a lack of storage space **(see photograph 3)**. On our visits to eleven of the 17 major acute hospitals in Wales, we observed storage problems in all hospitals. We found that equipment and machinery was left in wards and corridors, bathrooms, sluice rooms or any available space and it is difficult to clean areas that are cluttered, as some equipment, such as x-ray machinery, cannot be removed. However, the cleaning specifications are written on the basis that the area will be free of clutter and easy to clean. Many hospitals, including newer ones, have failed to consider sufficient storage space when planning new builds. Royal Glamorgan hospital, built only three years ago, is already experiencing storage problems due to pressure for clinical and medical areas.

Photograph 3: Trolleys stored in a corridor

KEY POINTS on the physical condition of hospitals

- Few hospitals automatically update cleaning specifications to reflect hospital development or changes in the physical condition of existing buildings.
- There is little consultation between cleaning departments and maintenance departments.
- The backlog of maintenance in hospitals impacts on the efficiency of cleaning hospitals. This backlog is experienced by the majority of major acute hospitals in Wales.

WE RECOMMEND THAT:

- hospitals ensure that communication between the maintenance and cleaning departments is effective, and that, where necessary, a member of the maintenance department is present on regular monitoring rounds in order to develop a better understanding of the issues affecting cleaning; and
- ensure that the cost of ongoing services are factored into any new procurements, taking into account the whole lifetime cost.

Inappropriate furnishings and fabrics are difficult to clean

3.11 The type of furnishings and fabrics in hospitals affect the level of cleaning required. For instance, furnishings and fabrics may deteriorate quickly or the fabric may need specialist-cleaning equipment. We found examples on all our hospital visits of individual departments within hospitals failing to consult hotel services or infection control teams on the suitability of furnishings and fabrics before purchasing them **(see Case Study J)**. In many cases, furnishings and fabrics have worn naturally over time. However, in other cases, unsuitable items are purchased that cannot easily be cleaned or maintained. For example at Wrexham Maelor Hospital, chairs and lockers were purchased that are too heavy for domestic staff to move. Porters are required to be available when these areas are cleaned and as highlighted in paragraph 3.6, it can be very difficult to co-ordinate the efforts of these disciplines. We found that many hospitals appeared visually unclean because of the choice of furnishings and fabrics and the lack of appropriate equipment available to clean them.

CASE STUDY J: Llandough Hospital

The main entrance to Llandough hospital contains a heavy, impervious-backed carpet made with man-made fibres (see photograph 4). The carpet was laid in December 2000 to replace an existing carpet that had deteriorated through years of wear and tear. The hospital is designed in such a way that all patients and visitors and 90 per cent of staff can only enter by using the main entrance.

The Trust fitted the carpet without consulting cleaning services on the suitability of their existing equipment to clean it, or the effect that any extra cleaning required may have on cleaning frequencies and standards throughout the whole hospital.

The man-made fibres cause static that picks up large amounts of dust and fluff. Furthermore, as the carpet is new, any dirt or markings show up more easily. The previous carpet required one full clean and four check-cleans per week. However, the new carpet requires at least three full cleans per day, seven days a week, and staff have commented that even this is not enough to keep the carpet respectably clean.

It cost the hospital £30,000 to refurbish the main entrance, including the design, decorating and the cost of the carpet. New cleaning equipment was purchased to adequately clean the carpet including one powered head upright cleaner costing £350 and hard and soft floor cleaners, used once every two months costing £1500.

Photograph 4: Carpet at Llandough Hospital, Cardiff

3.12 Some furnishings and fabrics can only be cleaned using expensive cleaning equipment and materials but much cleaning equipment in hospitals is often old and unsuitable to work on new fabrics. On our hospital visits we were told that when new items are bought, such as chairs and sofas or kitchen worktops, many hospitals could not afford to buy the appropriate equipment needed to clean them to an acceptable standard.

3.13 Effective cleaning preserves the life of fabrics and furnishings. Being unable to clean items properly causes neglect and excessive soiling of the fabrics and leads to the deterioration of surface areas, resulting in the need for replacement sooner than expected. Dust and dirt become ingrained into items unless they are removed and regularly cleaned. Often departments purchase only one set of items, such as ward curtains or blinds. With no replacement sets there is little opportunity to clean sets that are soiled. Poorly maintained fabrics and furnishings may also appear dirty even if they have been cleaned.

3.14 From interviews with cleaning managers, a common problem has been the constraints on development budgets which have resulted in little or no investment in new and more efficient cleaning methods and equipment - equipment in some hospitals is now over twenty years old. Although hospital cleaning departments have identified new and more efficient methods of cleaning, such as using disinfectant wipes to clean equipment, they reported to us that the cleaning budget for equipment often remains under significant pressure. Cleaning departments may therefore revert to older cleaning methods that take longer and cost more in staff time. This problem is exacerbated when new hospital developments take place. When wards are expanded or new services developed the additional cleaning equipment and hours are rarely taken into account. This again puts additional pressure on already over-stretched equipment budgets.

KEY POINTS on the procurement of furnishings and fabrics

- Furnishings and fabrics are often purchased without consulting cleaning managers. Inappropriate items are bought that are difficult and time consuming to clean.

WE RECOMMEND THAT HOSPITALS:

- ensure that cleaning services are consulted whenever furnishings and fabrics are procured.

Domestic staff now combine cleaning with other duties

3.15 Many domestic staff are attracted by opportunities to develop their careers and broaden their experience in the health service. Although hospitals recognise that career progression is positive, they also need to ensure that they have enough staff to cover cleaning requirements. A consistent management challenge across all the 17 major acute hospitals in Wales is dealing with the loss of cleaning staff to the nursing and portering services. As domestic staff become more involved with patients and receive training, many take up posts as Nursing Auxiliaries or Assistants. Only one hospital visited included domestic cleaning as part of a graded structure and career path within the NHS in Wales. Staff on this career path spend at least one year carrying out domestic duties before progressing to the grade of Nursing Auxiliary.

3.16 Cleaning specifications rely on the staff being fully available for the allocated hours written into the specification. In 14 of the 17 major acute hospitals in Wales, domestic staff are multi-tasking cleaning duties with other duties such as serving food and beverages, changing water in vases and feeding patients. This reduces the available hours for cleaning **(see Figure 10)**. Hospital staffs' views on the merits of multi-tasking varied greatly, reflecting the need to balance the benefits of developing staff and improving morale with associated difficulties arising from multi-tasking. Many hospitals considered that domestic cleaning staff enjoy the areas of work that involve patient contact and as a result spend more time delivering beverages and other patient contact activities than cleaning. However, an associated problem is that the domestic staff often have to stop cleaning, put away their equipment, wash their hands and then serve food and beverages. Then they have to retrieve their equipment and begin cleaning again. This intermittent work is not efficient and reduces the time available for cleaning.

Figure 10

Non-Cleaning ward duties for acute hospitals at Gwent Healthcare (NHS) Trust

The following are the non-cleaning ward tasks undertaken by cleaning staff at Gwent Healthcare (NHS) Trust:

- A trayed meal service to patients
- A hostess style service to patients, asking what food they require
- To make and serve beverages to patients
- Cleaning of the ward kitchens
- Maintenance of adequate stocks of crockery for the ward
- Responsibility for requisitioning ward items from the catering department
- Monitoring and recording of refrigerator temperature
- Replenishing patient water jugs
- Liasing with the catering department regarding quality issues such as quality and size of meals
- Replenishing paper towels and soap
- Reporting faulty equipment, dangerous occurrences, infestations or any health hazards
- Collecting all meal trolleys from the main kitchen
- Temperature testing meals at ward level
- Cleaning office and lift areas
- Ward level dishwashing

KEY POINTS on multi-tasking

- In 14 of the 17 acute hospitals in Wales, domestic staff are multi-tasking cleaning duties with other duties such as serving food. These other duties can interrupt cleaning activity and may reduce the time available for cleaning.

WE RECOMMEND THAT:

- where domestic staff are multi-tasking, time planning needs to ensure sufficient time is allocated to cleaning tasks, but that flexibility is allowed where necessary.

APPENDIX A

Methodology used by the National Audit Office Wales

Work stages

The work for this study was carried out in the following stages:

- background research into the issues surrounding hospital cleaning in Wales and the United Kingdom;
- a survey of the 17 major acute NHS hospitals in Wales;
- visits to 11 of the 17 major acute NHS hospitals in Wales (see Appendix B);
- visits to three NHS Community hospitals in Wales to obtain their perspectives on major cleaning issues; and
- participation in the All Wales Facilities Group - Clean Hospitals (see Appendix C).

Hospital visits

At the 11 major acute NHS Hospitals in Wales visited, we carried out the following tasks:

- **interviews** - We interviewed the following staff with responsibility for hospital cleanliness:

Position (or equivalent)	Topics for Discussion
Hospital General Manager	General overview of hospital cleaning services
Hotel Services Management Team	Discussion of questionnaire
	Cleaning management - specifications and minimum standards
	Staff recruitment and retention
	Cleaning costs and budgets
	Other issues - good practice and day-to-day problems
Cleaning Supervisors	Staff training
	Cleaning duties, multitasking
	Monitoring - responsibilities, frequencies, methods
	Staff recruitment and retention
	Day-to-day issues
Infection Control Nurses	Infection control audits
	Links with domestic cleaning staff

- **documentation** - we examined the following:
  - cleaning contracts/service level agreements;
  - cleaning specifications;
  - cleaning standards;
  - organisation charts;
  - cleaning budgets; and
  - training manuals/records.
- **tour of hospitals** - we toured the hospitals to visualise how hospitals are cleaned and the problems that cleaning staff are faced with on a daily basis.

Survey

We surveyed the 17 major acute NHS hospitals in Wales. The survey asked for detailed information on the following:

- general information - size of hospital, area cleaned;
- cleaning budgets and costs;
- cleaning arrangements - internal and external agreements;
- cleaning specification - minimum standards, input, process and output specifications;
- monitoring - responsibility, frequency and reporting; and
- staffing issues - recruitment and retention and training.

APPENDIX B

Hospitals included in the study

Hospital	Trust	Location	Survey	Visit
Brecon War Memorial Hospital	Powys Health Care Trust	Brecon		✓
Bronglais General	Ceredigion and Mid Wales NHS Trust	Aberystwyth	✓	✓
Denbigh Infirmary	Conwy and Denbighshire NHS Trust	Denbigh		✓
Llandough	Cardiff and Vale NHS Trust	Cardiff	✓	✓
Morriston	Swansea NHS Trust	Swansea	✓	✓
Neath General	Bro Morgannwg NHS Trust	Neath	✓	
Nevill Hall	Gwent Healthcare NHS Trust	Abergavenny	✓	✓
Prince Charles Hospital	North Glamorgan NHS Trust	Merthyr Tydfil	✓	✓
Prince Phillip Hospital	Pembrokeshire and Derwen NHS Trust	Llanelli	✓	
Princess of Wales Hospital	Bro Morgannwg NHS Trust	Bridgend	✓	
Royal Glamorgan	Pontypridd and Rhondda NHS Trust	Llantrisant	✓	✓
Royal Gwent	Gwent Healthcare NHS Trust	Newport	✓	✓
Singleton	Swansea NHS Trust	Swansea	✓	✓
University Hospital of Wales	Cardiff and Vale NHS Trust	Cardiff	✓	✓
War Memorial Hospital	Powys Health Care NHS Trust	Llandrindod Wells		✓
West Wales General	Carmarthenshire NHS Trust	Carmarthen	✓	
Withybush	Pembrokeshire and Derwen NHS Trust	Haverfordwest	✓	✓
Wrexham Maelor	North East Wales NHS Trust	Wrexham	✓	✓
Ysbyty Glan Clwyd	Conwy and Denbighshire NHS Trust	Rhyl	✓	
Ysbyty Gwynedd	North West Wales NHS Trust	Bangor	✓	

APPENDIX C

All Wales Facilities Group - Terms of reference

Status:

The All Wales Facilities Group is the consultative body formed under the auspices of the Health Facilities sub-group of the Welsh Assembly Government Finance and Assets Task and Finish Group, established to progress the undertakings for Clean Hospitals set out in the NHS Plan for Wales.

Aims:

To work in association with the Welsh Assembly Government in:

- achieving the objectives set out for Clean Hospitals in the Health Facilities Sub-group Work Plan, July 2001. In particular to develop Domestic Service Standards and an All Wales Environmental Cleanliness Audit for all NHS premises;
- anticipating the costs associated with achieving the standards and to make recommendations; and
- engaging all stakeholders in the pursuit of appropriate standards and in the accountabilities associated with their implementation.

Constitution:

The group shall initially be set up for one year and review the need for an on-going group. There will be two sub-groups:

- a 'standards' sub-group to develop environmental cleanliness and audit; and
- an 'accountabilities' sub-group to develop guidance on accountabilities, roles and responsibilities, as set out in the NHS Plan for Wales under Clean Hospitals.

Membership:

Membership of the group shall comprise of representatives from the Welsh Assembly Government and a representative from the following organisations as core members with others being co-opted when required to provide additional expertise:

Ms Pauline Richards	Association of Domestic Management
Ms Cathy O'Sullivan	Association of Welsh Community Health Councils
Mr Gary Rix	Chief Executives of NHS Trusts
Ms Jayne Cutter	Communicable Disease Committee - Healthcare Associated Infection
Dr Mac Walapu	Consultants in Communicable Diseases Committee
Mr Keith Jones	Directors of Finance NHS Trusts
Ms Sheelagh Lloyd	Directors of Personnel /Human Resources NHS trusts
David Hawes	Information Managers NHS Trusts
Ms Maggie Parker	Welsh Assembly Government
Ms Tracey Gauci	Welsh Assembly Government
Dr Mike Simmons	Welsh Assembly Government
Mr Peter Leonard	Nurse Executives Wales
Dr Nicholas Looker	Public Health Laboratory Service
Mr Brian Owen	Society of Hospital Linen Service and Laundry Managers
Mr Glyn Jones	Unison
Ms Lorna Tinsley	Welsh Board Royal College of Midwives
Mr Colin Pike	Welsh Board Royal College of Nursing
Ms Claire Birchall	Welsh Board Royal College of Nursing
Mr Sid Johnson	Welsh Health Estates
Ms Bethan Jenkins	Welsh Health Supplies
Ms Delyth Davies	Welsh Region Infection Control Nurses Association
Mr John Bowles	Welsh Risk Pool

Scope:

To make recommendations to the Welsh Assembly Government's Finance and Assets Group on achieving the objectives set out for Clean Hospitals in their Health Facilities Sub-group's Work Plan, July 2001, and take account of all NHS facilities, in the community as well as in hospitals.

Where appropriate, reference will be made to the work of the Welsh Assembly and/or other groups, and take into consideration the following:

- Environmental Cleanliness and related Infection Control issues;
- a range of standards for All Wales implementation, and a range of levels of compliance including what is mandatory or for local interpretation;
- recommendations for the audit of standards;
- accountabilities of all staff, with particular reference to nursing and other managers, together with the associated roles and responsibilities at all levels;
- issues for implementation, including culture;
- resource issues, including training and extra responsibilities;
- Welsh Risk Management Standards and their application;
- the impact of the physical environment on cleanliness;
- perceptions and expectations of stakeholders;
- specific issues e.g. inappropriate storage in patient lockers; and
- examples of good practice.

Objectives:

- To establish the definitions of environmental cleanliness and infection control for hospitals and community/primary care facilities;
- To determine the interface between Environmental Cleanliness and Infection Control, and agree on working arrangements;
- To develop National Standards of Environmental Cleanliness for the NHS in Wales;
- To develop audit criteria and methodologies National Standards of Environmental Cleanliness for the NHS in Wales, and to issue guidance for implementation;
- To consider the accountabilities/responsibilities involved and develop a framework for achieving the agreed National Standards of Environmental Cleanliness for the NHS in Wales;
- To make recommendations on key performance indicators for the National Standards of Environmental Cleanliness for the NHS in Wales;
- To identify key issues and make recommendations on any anticipated demand for resources;
- To make recommendations on future work to the Health Facilities Sub-group of the Welsh Assembly Government's Finance and Assets Task and Finish Group.

Facilitation:

Welsh Health Estates to provide support services at Bevan House, Cardiff, and maintain its links with other NHS and outside organisations as required.

Review:

The Terms of Reference for the group to be reviewed at meetings as required throughout the agreed Task and Finish period.

Work to Date:

Along with the drafting of the National Standards of Environmental Cleanliness for the NHS in Wales, the Group have also given detailed consideration to:

- Monitoring and Auditing of the Standards: During the course of its work the group have been mindful of the general proliferation of standards and the subsequent auditing requirements for trusts, whether internal or external, and that rationalisation of the auditing requirement should be made wherever possible. To this end the requirements of the Performance Management Framework, the Estates and Facilities Performance Management System, and Welsh Risk Management Standards have all been taken into consideration.

- Maintenance of the Standards: It is envisaged that the All Wales Facilities Group (Clean Hospitals) will be dissolved in due course, and consideration will be given by the Assembly to setting up a body that calls upon appropriate expertise to review all Facilities Management related National Standards on an on-going basis, and if necessary in conjunction with the Welsh Risk Pool Standards Review Committee.