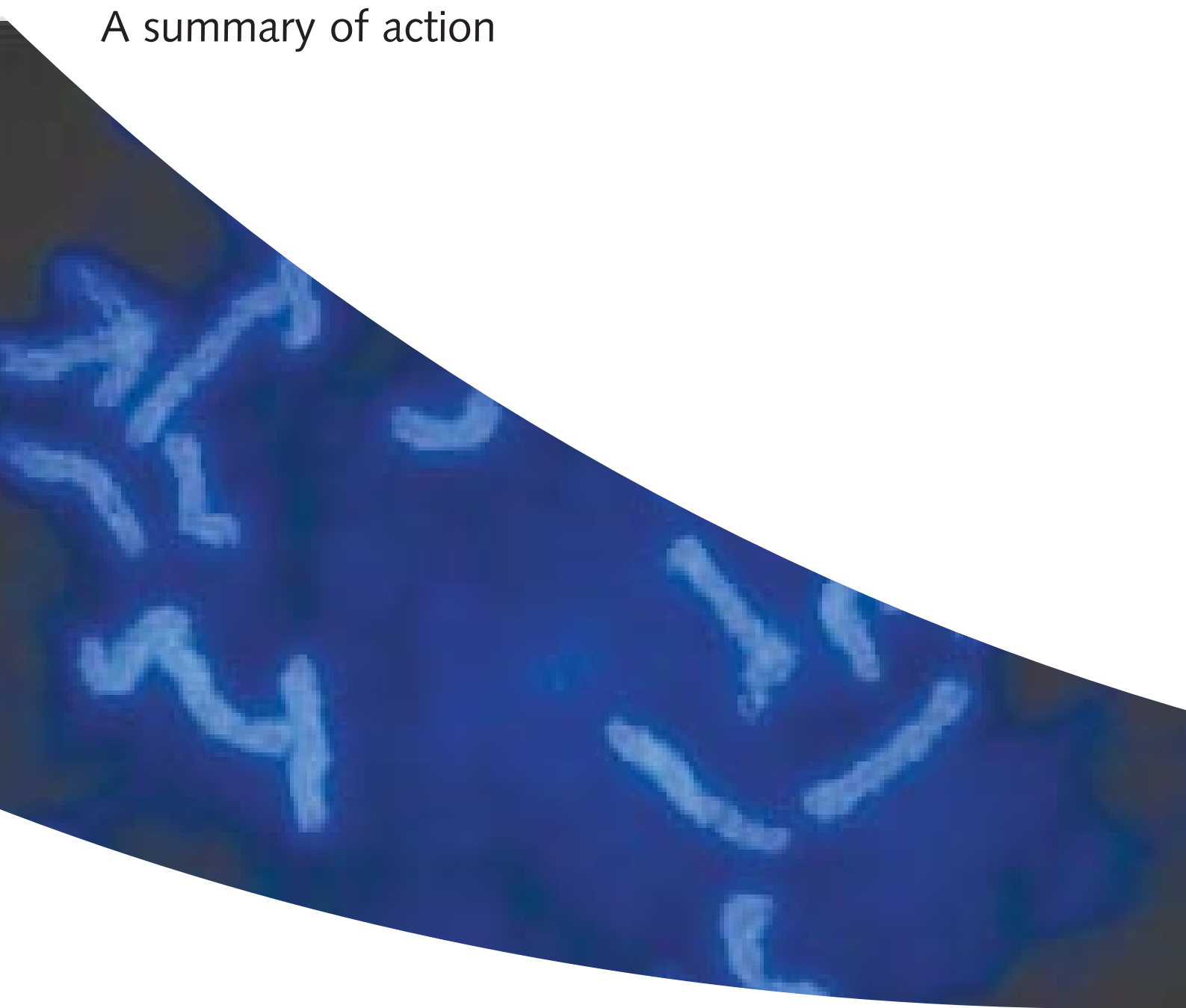


# Towards cleaner hospitals and lower rates of infection

A summary of action



## DH INFORMATION READER BOX

<b>Policy</b>	Estates
HR / Workforce	Performance
Management	IM & T
Planning	Finance
Clinical	Partnership Working

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<b>Document Purpose</b>	Policy
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<b>ROCR Ref:</b>	<b>Gateway Ref:</b>	3502
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<b>Title</b>	Towards cleaner hospitals and lower rates of infection
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<b>Author</b>	DH
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<b>Publication Date</b>	12 Jul 2004
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<b>Target Audience</b>	NHS Trusts CEs, SHA CEs, Medical Directors, Directors of Nursing, NHS Trust Board Chairs, Special HA CEs, Directors of HR, Directors of Finance, Allied Health Professionals, Communication Leads
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### Circulation List

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<b>Description</b>	An action plan for cleaner hospitals and lower rates of infection.
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<b>Cross Ref</b>	N/ A
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<b>Superseded Docs</b>	N/ A
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<b>Action Required</b>	N/ A
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<b>Timing</b>	N/ A
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<b>Contact Details</b>	Department of Health Room 423 Richmond House 79 Whitehall London SW1A 2NS
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### For Recipient's Use

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# Foreword by the Secretary of State

Hard work and massive extra investment have brought enormous improvements in the NHS. There are thousands more doctors and nurses. More patients are being treated than ever before and they are being treated faster. We have made big strides forward but there is more to do.

Cleanliness remains a major patient concern and MRSA is a growing problem. The NHS is open about this. A great deal of work is already underway and some progress is being made. But there is much further to go.

A clean environment provides the right setting for good patient care practice and good infection control. It is important for efficient and effective healthcare.

Patients rightly expect hospitals to be clean. Just like a clean hotel, a clean hospital gives a good first impression and can make a difference to how patients feel about the NHS and how they feel they have been treated. It is a physical manifestation of the health of the NHS. The message it gives spreads far beyond infection to say to patients, "You are in safe hands".

There are some excellent examples of good cleanliness and infection control in the NHS. We now need a new campaign – led by patients and nurses and involving all NHS staff to bring everywhere up to the level of the best.

Our new approach is to empower patients with more knowledge and encourage them to demand the highest standards of hygiene. It is to give matrons and nurses at ward level the practical advice and power to ensure high standards are maintained. It puts cleanliness and the control of infection at the heart of inspection regimes and it is to learn from the best at home and abroad to tackle the increasing problem of infection.

In doing this we need to address the problems of today and ensure that we have systems that deal with the challenges of tomorrow.



**JOHN REID**

**“Cleanliness is one of the five most important issues for patients”**

**Simon Williams,  
Director of Policy,  
Patients' Association**

# Towards cleaner hospitals and lower rates of infection

A campaign for action:

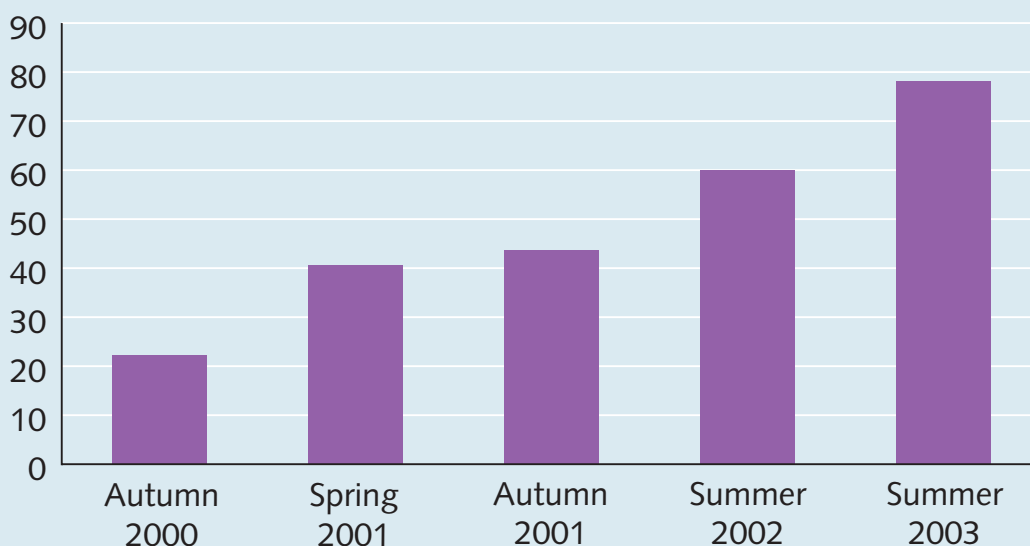
- **Being open with the public**
- **Giving power to patients**
- **A Matron's Charter**
- **Independent inspection to measure progress**
- **Learning from the very best**
- **Harnessing the latest research and technology**

# Background

The new campaign is based on the success of work already underway (see Appendix 1).

Since the launch of the *NHS Plan* in 2000, there has been national investment of an extra £68 million in improving the cleanliness, tidiness and appearance of hospitals. Locally NHS Trusts have also invested additional resources. In 2001 the first ever National Cleaning Standards for the NHS were issued and we now have a system of assessment and monitoring in place. Patient Environment Action Teams (PEAT) – with patient representatives – have been assessing hospital cleanliness from a patient perspective since 2000 and have found consistent improvement.

Percentage of NHS Trusts achieving a good standard of cleanliness in PEAT reports



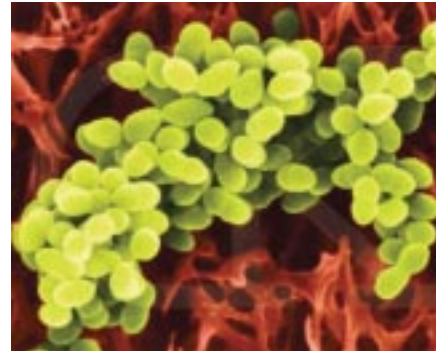
Cleanliness and infection control are closely linked in the public mind, but there are important distinctions to be made. Cleanliness contributes to infection control, but preventing infections requires more than simple cleanliness. Cleanliness produces a pleasant, tidy, safe environment that makes us feel better; however, the scientific evidence that the environment is an important contributor to infection rates is not always clear cut.

Healthcare associated infections (HCAI) are caused by a wide variety of micro-organisms, often bacteria from our own bodies. Some degree of HCAI is inevitable, particularly with more complex medical procedures and more older, frailer patients. In most developed countries, 6-10% of patients who go into hospital acquire an infection.

The bacterium *Staphylococcus aureus* has always been a common cause of HCAI causing wound infections and abscesses, blood stream infections and some chest infections. About a third of people will have *Staphylococcus aureus* in their nose or on their skin. Probably the most well known infection is methicillin resistant *Staphylococcus aureus* (MRSA).

MRSA in fit healthy people is not a particular problem. However MRSA has become more of a problem for a number of interrelated reasons. These include:

- Particular strains of the *Staphylococcus aureus* bacterium have, since the early 1990s, become resistant to methicillin (hence methicillin resistant *Staphylococcus aureus* – MRSA) and other antibiotics previously used to treat them. Now 40% of *Staphylococcus aureus* bloodstream infections in hospitals in England are caused by MRSA. The resistance can make these infections more difficult to treat.



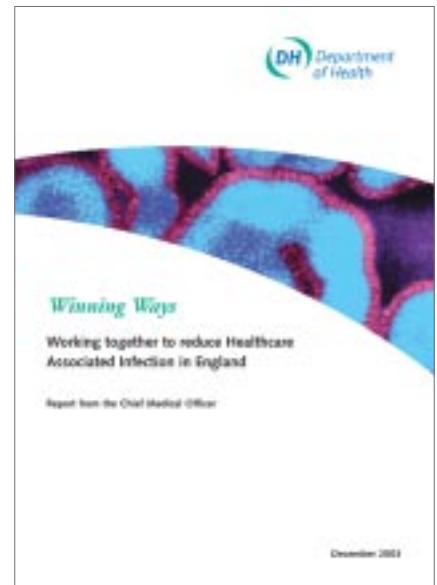
*Staphylococcus aureus* bacterium

- There are a number of strains of MRSA. Those responsible for most infections in the UK are well adapted to spreading between patients.
- A higher proportion of patients are now susceptible to these infections. Improved medical care prolongs life but can leave patients with weakened immune systems.

Concern has been raised that the success in reducing waiting lists and a rise in bed occupancy rates have led to a higher rate of MRSA.

There is no doubt that treating more patients brings challenges and the average daily bed occupancy of general and acute beds has risen from 80.8% in 1996-97 to 86.5% in 2002-03.

MRSA is controlled by the same infection control measures as other HCAIs – as set out in *Winning Ways: working to reduce healthcare associated infections in England* (published in December 2003). It is clear that the risks of contracting MRSA can be reduced with simple and effective infection control measures. In 2003/4 Sheffield Teaching Hospitals NHS Trust, Harrogate Health Care NHS Trust and Taunton and Somerset NHS Trust achieved waiting list targets and maintained low rates for MRSA.



### **Simple but effective**

The housekeeping team for the children's ward at Kettering General Hospital introduced a simple measure to ensure that beds were always clean. They designed bright teddy bear signs to indicate that the bed unit was clean and ready for another child. The signs are attractive and fit with other signs on the ward. This simple cost-effective measure has improved communication between the ward teams – even at the busiest times.



# A new campaign for action

There are many excellent examples of good practice in our NHS hospitals; now we need to work together to bring everywhere in the NHS up to the level of the best. And we should not be afraid to learn lessons from abroad.

## Being open with the public

Our approach to this issue has been to be open about the problem, explain the complexity and not hide from the challenge. That is why we took the bold step of publishing information on MRSA for all to see.

### Publishing information on local MRSA rates

We are publishing annual MRSA rates for acute NHS Trusts on the Chief Medical Officer's website at [www.dh.gov.uk](http://www.dh.gov.uk). This year's figures will be published on the 15 July 2004.

Trusts are expected to display their rates and trends in public areas and to include them in their published annual reports.

### Publishing new information on other Hospital acquired infections

Information about other types of infection (including vancomycin-resistant enterococci, antibiotic associated diarrhoea due to *Clostridium difficile* toxin, and post-surgical infection in orthopaedics) will be published from 2005 onwards.

#### Barnet and Chase Farm Hospitals NHS Trust

The Trust has a challenging environment in which to achieve and enhance high standards of hygiene and cleanliness. It has two acute 450 bed sites, one brand new and one Victorian which require substantial effort to maintain. In response to patient concerns, patient groups, the local Patients' Forum and local MPs are now actively involved in highlighting issues that need to be addressed through regular inspection and monitoring progress.

## Giving power to patients

Patients will be given power in the following ways:

### Patient inspections

Patient Forums have a statutory function to monitor the NHS from the patient perspective. Forums will be invited to undertake cleanliness inspections and report their findings to the public four times a year.

Training will be provided to members of Forums to ensure inspections are effective and consistent. Where Patient Forums do not come forward to take up the training and undertake the inspection role, the Strategic Health Authority will ensure that alternative patient led arrangements are in place.

### Giving patients the power to challenge

The National Patient Safety Agency will launch its *cleanyourhands* campaign this summer. The campaign will empower patients and their carers to challenge NHS staff to ensure they have washed their hands. All NHS patients have a right to expect all NHS staff to have very high standards of hygiene. Since MRSA transfer often comes from human contact patients must not be inhibited in asking NHS staff if they have washed their hands.

This campaign will help NHS Acute Trusts implement the provision of alcohol hand gel at all staff-patient contact points. Backed up by educational and promotional posters, leaflets and badges the campaign will be rolled out over the next year.

### West of Cornwall Primary Care Trust

At the West of Cornwall PCT ward housekeepers have been introduced as a direct result of feedback from patients. The Trust now holds regular 'housekeeper forums' to monitor the hospital environment. Patient and visitor input is regularly encouraged. The housekeepers have installed Comments Books on each ward. Some wards incorporate a simple questionnaire. These are available at all times but are taken by the housekeeper to all patients and relatives a few days before discharge.

## A Matron's Charter

Success depends on nurses having the power and the means to keep wards clean.

### Role of the matron

Since 1999, over 3000 matrons have been appointed across the NHS with the power to withhold payment for poor cleaning services, either from the in-house service or the external contractor.

### Matron's charter

Nurses know what works on the wards. So matrons, infection control nurses and facilities managers are developing a *Matron's Charter*.

The Royal College of Nursing (RCN), the Royal College of Midwives (RCM), the Infection Control Nurses Association (ICNA), the Association of Domestic Managers (ADM), the Hospital Infection Society (HIS) and the Healthcare Facilities Management Association (HeFMA) are developing a Charter which will include recommendations on:

- creating stronger cleaning teams
- making roles and responsibilities clear
- how patients' views can be heard
- setting up a direct line for patients to contact domestic services.

### Helping patients to give feedback

Over 61,000 patients now have access to a bedside TV and telephone under the Government's bedside TV initiative. Patients and visitors will get fast access cleaners if they feel something needs cleaning. This could result in a speed-dial "housekeeping" button (similar to that found in hotels) or a single, nationally recognised number that patients or visitors could ring to be put through to their hospital's housekeeping service.

## Ensuring cleanliness is at the forefront of everyone's mind

Linked to this will be a series of activities aimed at ensuring that cleanliness is at the forefront of everyone's mind.

These will include:

- A **new checklist for nurses** developed by the Infection Control Nurses Association which will enable nurses to assess compliance with policies on hand hygiene, decontamination of patient equipment, linen and waste handling, clinical practice, the environment and ward kitchens. The checklist will identify areas of good practice and also areas that require improvement. It will also be adapted for use by Patient Forums.
- **Think Clean Day** when Trusts will be encouraged to carry out nurse-led reviews identifying problems and putting them right on the same day whenever possible.
- **Think Clean Roadshows** to highlight good cleaning practices. These will be offered to all Trusts and professional groups at their premises at a time to suit them.
- **Think Clean video/DVD** showing real life good practice in a light-hearted but informative way.
- **How Clean Was it For You?** celebration conference with presentations of long-term actions brought about as a result of "Think Clean" programme
- **Cleanyourhands** campaign backed up by educational and promotional posters, leaflets and badges to promote patient and staff ownership of the campaign.

### Giving Power to Nurses

At Bristol Royal Infirmary, Matron Sandra Eason has been given responsibility for cleaning. She worked with facilities staff to develop a more cohesive team, improve cleaning specifications and introduce better monitoring. As a result, there have been significant improvements. Sandra continues to meet regularly with managers of the cleaning services, ward sisters and charge nurses, to support them in improving services further for patients.



## Independent inspection to measure progress

### Cleanliness will contribute to star ratings

Cleanliness levels contribute to the Healthcare Commission's annual star ratings. Failure to improve in this area will undermine success in other areas for individual NHS Trusts.

Strategic Health Authorities will work with the NHS Trusts which have the poorest record on cleanliness as measured in the next star ratings. Within three weeks of the publication of the star ratings the worst performing Trusts will produce an action plan for improvement. There will also be a re-inspection by the Patient Environment Action Team of these Trusts within six weeks with an expectation that they will have significantly improved their scores to the equivalent of a "pass" within the performance ratings.

### Cleanliness will be incorporated in the new national healthcare standards

National Healthcare standards (to be published soon) will include standards for cleanliness. Performance against these standards will be rated in the Healthcare Commission's annual assessments of NHS bodies in England.

### **A Healthcare Commission review**

The Healthcare Commission will undertake a review of hospital cleanliness and infection control shortly. This study and its recommendations will provide an independent reference point for hospitals to ensure improvements are made.

### **A new target for the NHS**

The mandatory surveillance for healthcare associated infection (HCAI) began in April 2001 with the collection of data on methicillin resistant *Staphylococcus aureus* (MRSA).

From April 2005 NHS Acute Trusts will be set the target of reducing MRSA bacteraemia (blood stream infection) rates year on year.

Primary Care Trusts (who control most of the NHS budget) will ensure that cleanliness and the prevention of infection are priority areas for action.

## Learning from the very best

We need to learn from the best and the brightest in this country and also from abroad.

### Bring the best expertise from abroad to tackle the worst problems at home

This autumn leading healthcare professionals from low-incidence MRSA hospitals in other countries will be invited to work with the NHS to apply their knowledge to tackle infections here.

We will bring together the best in the world and those from the cleanest hospitals in the NHS to review our Standards of Cleanliness, giving every hospital the opportunity to access the best knowledge and techniques available.

### Learning from the best at home

Directors of Infection Prevention and Control are meeting for a conference in October to share good practice and develop their roles and responsibilities.

We want to ensure that cleaning contracts are driven by quality, rather than price; no matter who provides the service. Therefore we will work with NHS Estates to develop a model cleaning contract for hospitals by the autumn.

Checking levels of cleanliness is not always straightforward. Work will be undertaken into the benefits of special scientific testing to prove that cleaning has occurred. Once the appropriate research into this has been completed the Infection Control Nurses Association (ICNA) and the Royal College of Nursing will be consulted on how best to use this special testing.



## Harnessing the latest research and technology

### Research – a science summit

We will make infection control a priority area for research.

The Department of Health has already invested £3 million for new research programmes on healthcare associated infections. To build on this investment we will, in the autumn, convene a summit of leading international scientists on infection control. They will provide advice on potential new approaches to improving infection control – making sure we are up to date with the very latest research.

We are discussing with the NHSU a proposal to establish a chair in infection control in association with a university department. The NHSU are committed to widening participation in learning in health and have also agreed to consider making infection control a priority in awarding NHSU Fellowships over the next few years.

### Hospital design

Single rooms are needed for a range of reasons other than infection control, such as to protect patients' privacy and dignity, and to increase patient choice. Research is underway to establish how many single rooms are needed, taking these issues on board.



Photograph by David Whyte.  
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New hospitals currently being built have more single rooms for isolation than ever before. In the latest round of hospitals coming forward for approval, eight out of 12 plan to have at least 50% single rooms. The remainder are being asked to review their plans. This direction is being strongly supported, as it reflects best practice in other countries that have managed to keep their MRSA rates very low.

In delivering more single rooms, we will work with architects and the construction industry to rethink design and modernise construction techniques. This will reflect the fact that the control of infection needs to be “designed into” hospitals to deal with new diseases and support new medical techniques. Our work will mirror best practice elsewhere, including other European countries.

### Latest practices

Work will be undertaken to look at the possible benefits of different ways of cleaning (for example the use of steam cleaning and micro-fibre cloths) and the NHS cleaning manual will be updated accordingly.

# Working together for cleaner hospitals and lower rates of infection

The NHS is improving fast. More patients are being treated than ever before. Waiting times are being shortened, speeding up access to the treatment that people need. Services are getting better. Hospital cleanliness and infection control has improved but we need to make faster progress if we are going to ensure that everyone meets the standards of the best and maintain public confidence. This will require everyone to work together; housekeeper alongside scientist, matron alongside microbiologist, patient alongside hospital manager, if we are to achieve the very best standards that people rightly expect and deserve.



# Appendix 1 – Progress so far

The NHS has already made improvements in hospital cleanliness and infection control over the past few years.

## Progress so far

- national investment of £68 million in improving cleanliness and hospital appearance since 2000
- annual Patient Environment Action Team (PEAT) visits since 2000
- NHS Trusts designate a Director to oversee cleanliness
- Department of Health reports on hospital cleanliness since 2001
- National Cleaning Standards for Hospitals 2001
- National Healthcare Cleaning Manual for the NHS April 2004
- over 3000 Matrons appointed since 1999
- over £14 million invested in Ward Housekeepers
- publication of *Winning Ways – working together to reduce healthcare associated infections*
  - NHS Trusts designate a Director for Infection Prevention and Control
  - £3 million for a new research programme on healthcare associated infections
  - Mandatory surveillance for health care associated infections from 2001



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Produced by the Department of Health

40312 1P 0.5k Jul 04 (CWP)

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First published July 2004

Department of Health Publications

PO Box 777

London SE1 6XH

Tel: 08701 555 455

Fax: 01623 724 524

Email: [doh@prolog.uk.com](mailto:doh@prolog.uk.com)

40312/Towards cleaner hospitals and lower rates of infection can also be made available on request in braille, audio cassette, disk, large print, and in other languages.

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