IMPROVING CLEANLINESS AND INFECTION CONTROL

Dear Colleagues

As you are aware, the Prime Minister and Secretary of State recently announced a series of measures aimed at improving hospital cleanliness, including increasing the number of Matrons and giving more powers to nurses. This letter gives more detail.

Increasing the number of Matrons to 5000

We expect to have 5000 Matrons in acute services by May 2008. This will allow hospital Matrons to devote a substantial amount of time to the delivery of a safe and clean environment for patient care. To make sure the additional numbers of Matrons make a difference, Trusts should focus the role of the Matron on

- Providing a clean environment for care
- Ensuring best practice in infection control
- Improving clinical care standards
- Treating patients with dignity and respect


In setting up implementation plans, Trust Directors of Nursing will need to introduce any necessary changes to ensure that all Matrons have personal responsibility for these actions.

We will be collecting the number of Matrons in post through the ESR on a monthly basis, by SHA. We will provide information on current and indicative numbers for each SHA directly to SHA Directors of Nursing and Workforce.

The financial allocation for this development will be reflected in PCT allocations and in the tariff from 2008/9.

From the Chief Nursing Officer and Director General of NHS Finance, Performance and Operations

Professor Christine Beasley CBE RN

Mr David Flory

Richmond House
79 Whitehall
London
SW1A 2NS

PL/CNO/2007/6

For action

- Chief Executives of NHS Trusts and NHS Foundation Trusts
- Chief Executives of Strategic Health Authorities
- Directors of Nursing of NHS Trusts and NHS Foundation Trusts
- Directors of Estates and Facilities of NHS Trusts and NHS Foundation Trusts
- Strategic Health Authorities Directors of Workforce
- Strategic Health Authorities Directors of Performance Management

For information

- Strategic Health Authorities Directors of Nursing
- Strategic Health Authorities Estates and Facilities advisors

Authorised by the Department of Health
Gateway No. 8977
Reporting on cleanliness

Matrons and Clinical Directors are required to report quarterly to Trust Boards on cleanliness and infection control. These reports will focus on compliance with statutory obligations and will increase the ability of senior clinical staff to raise concerns over cleanliness and infection control with Trust Boards directly.

The Code of Practice for the Prevention and Control of Healthcare Associated Infections will be amended to reflect this new requirement. This will mean that the Healthcare Commission (and, in due course, the new regulator who will be able to impose fines, halt new admissions or cancel a provider’s registration entirely) can consider these issues when checking compliance with the standards.

If NHS staff have concerns about cleanliness and infection control, they can report these to the regulator. However, in the first instance they should raise their concerns within their organisation. Reporting to Boards and to the regulator should be seen as an escalation process, rather than as two independent initiatives.

Directors of Nursing should work with Directors of Estates and Facilities to prepare and publicise a local system of escalation for nursing staff.

Enhancing the nursing role in cleaning

At ward level, we expect Sisters and Charge Nurses to take overall responsibility for standards of cleanliness in their own clinical areas. We expect Matrons to be involved in setting initial service quality and standards and in the monitoring of contracts and service level agreements. Trusts will need to ensure staff are empowered to do this and have access to, and understand, the contract's provisions, and may have to agree changes to the contract. Trusts can already give Matrons the authority to withhold payments from cleaning contractors and, ultimately, the right to recommend termination of the contract.

The Healthcare Commission found that a higher frequency of meetings between nurses, cleaning staff and infection control staff was related to lower rates of both MRSA and C. difficile infection. To embed this more firmly in everyday practice, we will revise the Code of Practice so that the Healthcare Commission (and ultimately the new regulator) can monitor implementation.

Trust Directors of Nursing will need to work with Directors of Estates and Facilities to:

1. Instigate any necessary changes to ensure that all Matrons have personal responsibility and accountability for delivering a safe and clean care environment.
2. Make clear that the nurse in charge of any patient area is directly responsible for ensuring that cleanliness standards are maintained throughout that shift.
3. Involve Directors of Nursing, Matrons and Infection Control Nurses in all aspects of cleaning services, from contract negotiation and service planning, to delivery at ward level.
4. Require cleaning providers (if they have not already done so) to set out how nurses can request additional cleaning, both urgently (e.g. spills or discharge cleaning) and routinely (e.g. where standards are persistently below expectations).

Deep cleaning the NHS

Funding has been identified at SHA level to deliver a major deep clean of all NHS hospital services. This will be commissioned locally and Trust Directors of Nursing will need to work with Directors of Estates and Facilities to agree jointly what is needed and how it will be evaluated. Trust plans should be costed fully and include timescales to ensure delivery before year-end.
Attached at Annex A is broad guidance on what might be included within a deep clean. Deep cleaning is not meant to, nor should replace, the regular and on-going cleaning that Trusts have in place.

As part of this process Directors of Estates and Facilities should assure the Board that cleaning staff are appropriately trained.

Performance monitoring

Performance management of all four action points will be incorporated into the existing reporting mechanisms, through a mixture of self-declaration and audit. Further details will be advised. SHA Directors of Performance Management will need to consider this with their contacts in the Recovery and Support Unit.

For further information, please contact:

Increasing the number of Matrons
Lyn Simpson (performance)
lyn.simpson@dh.gsi.gov.uk

Debbie Mellor (workforce)
Debbie.Mellor@dh.gsi.gov.uk

Giving nurses control over cleaning
Liz Jones
elizabeth.jones@dh.gsi.gov.uk

Reporting hygiene concerns to the Board and the regulator
Kevin Guinness
kevin.guinness@dh.gsi.gov.uk

Deep cleaning the NHS
Liz Jones
elizabeth.jones@dh.gsi.gov.uk

Professor Christine Beasley
Chief Nursing Officer

David Flory
Director General of Finance, Performance and Operations
Annex A

Deep cleaning

The details of the deep clean will be finalised locally. **SHA estates and facilities advisors** can help PCTs and SHAs to commission deep cleans that meet the needs of the site and deliver tangible outcomes by year-end.

The following list shows some of the ways in which we expect the deep cleaning to be carried out:

<table>
<thead>
<tr>
<th>Dismantling/cleaning beds/bedrails</th>
<th>Curtain changing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cleaning equipment e.g. commodes</td>
<td>Window washing</td>
</tr>
<tr>
<td>Cleaning ductwork</td>
<td>Cleaning soft furnishings</td>
</tr>
<tr>
<td>Steam cleaning</td>
<td>De-cluttering</td>
</tr>
<tr>
<td>Ultrasonic cleaning</td>
<td>Cleaning cupboards/storage space</td>
</tr>
<tr>
<td>Hydrogen peroxide fogging</td>
<td>Cleaning kitchens/food prep areas</td>
</tr>
<tr>
<td>Restoration of surfaces</td>
<td>Cleaning trolleys/trolley wheels</td>
</tr>
<tr>
<td>Wall-washing</td>
<td>Cleaning entrances/common areas</td>
</tr>
<tr>
<td>High cleaning</td>
<td>Doors and door furniture</td>
</tr>
<tr>
<td>Cleaning behind radiators, fitments</td>
<td>Light fittings</td>
</tr>
<tr>
<td>Floor scrubbing</td>
<td>Telephones/IT equipment</td>
</tr>
</tbody>
</table>

In some instances it may be more appropriate to replace items that cannot be satisfactorily cleaned, or to replace damaged finishes to make subsequent cleaning easier. Some Trusts may wish to use the fund to invest in equipment in this context, in addition to the cleaning of existing equipment where it need not be replaced.

The money can be spent in any hospital setting but priority should be given to areas where an impact on healthcare associated infections or on patient and public confidence can be clearly demonstrated. This is revenue funding which, under normal finance rules, can include non-capitalised equipment purchases.

Deep cleaning is disruptive and time consuming and it would be advisable for public confidence for Trusts to explain that a deep clean is in progress through appropriate signage.

Accessing funding

Proposals will be commissioned locally. They must be signed off by **Trust Directors of Nursing** and include confirmation that this will be truly additional expenditure and will lead to clear improvements in cleanliness and/or infection control.