

CLOSTRIDIUM DIFFICILE INQUIRY

STATEMENT FROM ALAN STEWART

DOMESTIC SERVICES MANAGER

ANTRIM HOSPITAL

6 OCTOBER 2010

**WITNESS STATEMENT TO THE PUBLIC INQUIRY INTO THE
OUTBREAK OF CLOSTRIDIUM DIFFICILE IN NORTHERN
TRUST HOSPITALS**

WITNESS NAME; ALAN STEWART

Organisation and Management

My name is Alan Stewart and I live at an address that is known to the Inquiry Team.

I was appointed Support Services Manager in August 2005. I had responsibility for Domestic Services, Portering Services and Accommodation in Antrim and Braid Valley Hospitals. I was the sole Manager for a department of 200 staff supported by 7 part time Supervisors. My priority was the cleanliness of the Hospitals and the smooth running of the portering services.

My responsibilities included:

- Hospital cleanliness throughout the Antrim and the main Braid Valley Site including wards, departments and offices.
- Service of food at ward level to patients in Antrim and Braid Valley.
- Management of Accommodation for Doctors and Nursing Staff.
- Portering services at Antrim and Braid Valley.
- Pest Control Officer for both sites.

I was accountable to an Assistant Director of Support Services who in turn reported to the Director of Support Services.

Communication

As a Manager I communicated daily with my Supervisors on operational issues, both verbally and through memos, meetings etc. I would have regular contact with Ward Managers through ward visits, conducting audits and meetings. I would conduct staff meetings on a quarterly basis but use notice boards for other information or by word of mouth through the Supervisor network. I would have frequent contact with Infection Control Nurses through ward meetings and the auditing process. I would meet patients through Inpatient Focus Groups and through comments on patient surveys on the quality of the service.

I would be present at “outbreak meetings” which were attended by Infection Control, Medical and Nursing staff and other staff as appropriate.

Support

I felt supported by Management at all levels. I had supplied the Trust with a number of reports advising that the staffing levels in Domestic Services were low, I was aware that the Trust was looking at this but was struggling with under funding in many areas.

The Domestic Services Department had implemented the “Cleanliness Matters Strategy” and had seen improvement in scores awarded in the independent KPMG Hygiene Audits in 2006 and 2007. The scoring indicated that despite less staff than similar hospitals we were in the 2nd quartile of good performance standards.

Knowing this to be the case it was therefore demoralising to myself and my staff when the media would imply that Clostridium Difficile was synonymous with poor standards of hygiene. This did not however detract me or my excellent team of Supervisors and staff from being totally committed to a clean hospital and patient safety.

Specific Areas

“Domestic staffing levels at Antrim Hospital before the outbreak, during the outbreak (i.e. June 2007 to August 2008) and since the outbreak with specific reference to Wards A1 and B2”.

Before the outbreak (i.e. before June 2007)

I was aware from my experience when coming into post that the staff levels were low. Domestic Assistants were also providing Catering Services at ward level in the evenings, at weekends and on bank holidays. In order to bring this to the attention of the Trust the following reports/memos were submitted:

- Review of Support Services Supervision cover by Doreen Reid (my predecessor) March 2005.
- Memo on Additional Funding Project for A1, A4, A&E, outbreak/deep clean team and additional supervision, December 2005.
- Memo on Public Areas - May 2006.
- Report on Ward Cleaning Hours (Doreen Reid, Quality and Training Manager) October/November 2006.

* Reports previously submitted to C.Diff Inquiry

During the outbreak (June 2007 to August 2008)

In June 2007 following further discussions with my Line Manager I put forward or was involved in producing proposals for:

- Enhancement of bank holiday kitchen cover - June 2006
- Additional weekend kitchen staff proposal – June 2006
- Additional relief staff proposal – June 2006
- Report on staffing for Provision of Terminal Cleans and an additional Programme of Cleaning Public Toilets – December 2007
- Proposal for the Establishment of Rapid Response Teams for Acute Hospitals within the Northern Trust – Feb 2008.
- Proposal for the Enhancement of Domestic Cleaning hours at Antrim Hospital – April 2008.
- Proposal for the Enhancement of Domestic Cleaning Hours and Segregation of Catering Duties at Antrim Hospital – August 2008.

* Reports previously submitted to C.Diff Inquiry.

Specific Reference to A1

The staffing levels for A1 increased in June 2007.

It was further increased when A1 became the Isolation Ward in January 2008.

Specific Reference to B2

B2 retained its normal domestic cover but was supplemented by staff carrying out terminal cleans where Clostridium Difficile patients were being cared for.

Additional Measures introduced during this period June 2007 – August 2008 and since the outbreak

- Introduction of Isolation Ward in A1 – January 2008.
- Introduction of Intensive Cleaning Programme – May 2008.
- Introduction of Rapid Response Team – May 2008.
- Introduction of Daily Observational Audits – May 2008.
- Infection Control Training for all staff from 2008.
- Introduction of Vapour Hydrogen Peroxide treatment (VHP Machine) in Clostridium Difficile areas.
- Enhanced frequency of cleaning public toilet areas.
- Enhanced awareness of the importance of the role of Domestic Services.

Specific Areas

“The effect of the increase in the number of beds from 4 – 6 in each bay of A1 during the outbreak”.

The increase in beds in A1 did not take place during the outbreak but began in August 2009.

Specific Areas

“The implementation of the Rapid Response Team and the associated training programme”.

The Rapid Response Team were formed to carry out terminal cleans within the hospital on a 24 hour basis, 7 days per week. The Team was mobilised over a short period from May 2008. The Team was trained by Infection Control who provided ongoing training and monitoring.

Specific Areas

“The advice given by the Infection Control Team between June 2007 and August 2008”.

I would meet with Dr Kearney, Chief Microbiologist and members of the Infection Control Team every 2 or three days during the outbreak. They were like everyone under pressure but I also felt I understood what I was required to do and communicated this to my team who carried it out.

Specific Areas

“What changes have been implemented by the Trust in your area of work as a result of the outbreak”?

- Introduction of Isolation Ward in A1 – January 2008.
- Introduction of Intensive Cleaning Programme – May 2008.
- Introduction of Rapid Response Team – May 2008.
- Introduction of Daily Observational Audits – May 2008.
- Infection Control Training for all staff from 2008.
- Introduction of Vapour Hydrogen Peroxide treatment (VHP Machine) in Clostridium Difficile areas.
- Enhanced frequency of cleaning public toilet areas.
- Enhanced awareness of the importance of the role of Domestic Services.

Specific Areas

“Any evidence you wish to give re cleanliness of Ward B2 in regard to extracts from statements”.

- Monthly audits were carried out jointly by the Domestic Supervisor and Ward Manager between the period June 2007 to August 2008 indicated an average score of 95.4% . This is based on the 49 elements of the Governments “Cleanliness Matters Strategy” – 85% being considered acceptable. The lowest score was August 2007 – 93% and the highest August 2008 – 99%.

- Daily Observational Audits during this period also indicated an acceptable standard.
- A Cleanliness Matters Managerial Audit in November 2007 indicated a score of 84%.

It should be borne in mind that a toilet area can be clean one minute and soiled the next. Where Clostridium Difficile is involved the ward often does smell awful with lingering odours. This does not imply that the area has not been cleaned.

Reduction of Staff

There was no reduction in the normal staff in B2. As a ward where Clostridium Difficile cases were taken it would have had the Terminal Clean Team providing the cleaning for Clostridium Difficile patients. The normal domestic staff did not clean around Clostridium Difficile patients in cohort bays or side rooms.

Alan Stewart
Domestic Services Manager

29 September 2010

**WITNESS STATEMENT TO THE CLOSTRIDIUM DIFFICILE PUBLIC
INQUIRY**

I Alan Stewart hereby confirm that the contents of the attached statement of evidence (dated both 6 October 2010 and 29 September 2010) which I supplied to the Clostridium Difficile Public Inquiry is true to the best of my knowledge and belief.

Signed 
Alan Stewart

Date: 15/10/10

A1

NHSCC – Domestic Services Department

Reports referred to in statement by Alan Stewart, Domestic Services Manager

- Before the outbreak i.e before June 2007

- Review of Support Services Supervision cover by Doreen Reid (my predecessor) March 2005. A1
- Memo on Additional Funding Project for A1, A4, A&E, outbreak/deep clean team and additional supervision, December 2005. A1
- Memo on Public Areas – May 2006. A1
- Report on Ward Cleaning Hours (Doreen Reid, Quality and Training Manager) October/November 2006.

NHSCC – Domestic Services Department

Reports referred to in statement by Alan Stewart, Domestic Services Manager

- During the outbreak – June 2007 – August 2008

- Enhancement of Bank Holiday kitchen cover – June 2006.
- Additional weekend kitchen staff proposal – June 2006.
- Additional relief staff proposal – June 2006.
- Report on staffing for Provision of Terminal Cleans and an additional Programme of Cleaning Public Toilets – December 2007.
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Specific Areas

“Domestic staffing levels at Antrim Hospital before the outbreak, during the outbreak (i.e. June 2007 to August 2008) and since the outbreak with specific reference to Wards A1 and B2”.

Before the outbreak (i.e. before June 2007)

I was aware from my experience when coming into post that the staff levels were low. Domestic Assistants were also providing Catering Services at ward level in the evenings, at weekends and on bank holidays. In order to bring this to the attention of the Trust the following reports/memos were submitted:

- Review of Support Services Supervision cover by Doreen Reid (my predecessor) March 2005. AC 1
- Memo on Additional Funding Project for A1, A4, A&E, outbreak/deep clean team and additional supervision, December 2005. AC 2
- Memo on Public Areas - May 2006. AC 3
- Report on Ward Cleaning Hours (Doreen Reid, Quality and Training Manager) October/November 2006.

* Reports previously submitted to C.Diff Inquiry

During the outbreak (June 2007 to August 2008)

In June 2007 following further discussions with my Line Manager I put forward or was involved in producing proposals for:

- Enhancement of bank holiday kitchen cover - June 2006 A54
- Additional weekend kitchen staff proposal – June 2006 A55
- Additional relief staff proposal – June 2006 A56
- Report on staffing for Provision of Terminal Cleans and an additional Programme of Cleaning Public Toilets – December 2007 A57
- Proposal for the Establishment of Rapid Response Teams for Acute Hospitals within the Northern Trust – Feb 2008. A58
- Proposal for the Enhancement of Domestic Cleaning hours at Antrim Hospital – April 2008. A59
- Proposal for the Enhancement of Domestic Cleaning Hours and Segregation of Catering Duties at Antrim Hospital – August 2008. A60

* Reports previously submitted to C.Diff Inquiry.

Specific Reference to A1

The staffing levels for A1 increased in June 2007.

It was further increased when A1 became the Isolation Ward in January 2008.

Specific Reference to B2

B2 retained its normal domestic cover but was supplemented by staff carrying out terminal cleans where Clostridium Difficile patients were being cared for.

AS 1
COPY ELAINE.
CC CHM. White
2/6/05

SENT
22/6/05

REVIEW OF SUPPORT SERVICES SUPERVISION

UNITED HOSPITALITY
Assistant Director Support Services
21 JUN 2005
RECEIVED

Doreen Reid
March 2005

OBJECTIVE

Carry out a review on Support Services Supervision, comparing with other Trusts

INTRODUCTION

Support Services Supervisors within United Hospitals Trust are first line managers to Domestic and Porter staff on all sites with the exception of Mid Ulster where Switchboard / Reception is included.

The Domestic Services Department has the largest group of staff therefore the majority of total Support Services Supervisory hours go towards managing this department.

REVIEW

The two Trusts willing to share information namely Causeway & Altnagelvin do not have combined Domestic & Porter Supervisory Structure. As a result of this and in order to compare 'like with like' I decided to concentrate solely on the time spent supervising the Domestic Services department.

PROCESS

Support Services Managers within United Hospitals Trust and Domestic Services Managers from Causeway and Altnagelvin Hospitals were asked to provide the following information:-

- Total square metres of hospital
- Number of Beds
- Grade
- Number of Domestic Hours per week

INFORMATION

HOSPITAL	Square Meterage	Number of Beds	Number of Weekly Supervisory hours	GRADE	Number of Weekly Domestic Hours
ANTRIM	42,663	376	143	A & C	2,692
MID ULSTER	14,366	160	59 69 10	A & C A & G	1,005
WHITEABBEY	20,285	170	71	A & C	1,440
BRAID VALLEY	11,069	76	28 33 5	A & C A & G	650
MOYLE	7,982	45	8	A & G	396
*ALTNAGELVIN	47,639	497	180	A & G	2,422
CAUSEWAY	21,244	257	91.75	A & G	1,525

5110
6990
7020
5800
4000
7440
6090

* Contracted Out

ANALYSIS

WEEKLY SUPERVISORY TIME PER:-

Hospital	Square Meterage	Bed	% of Domestic Hours
ANTRIM	12.06 seconds	22.81 minutes	5.31%
MID ULSTER	17.29 "	25.87 "	6.86%
WHITEABBEY	12.60 "	25.05 "	4.93%
BRAID VALLEY	10.73 "	26.05 "	5.07%
MOYLE	3.60 "	10.66 "	2.02%
CAUSEWAY	15.54 "	21.42 "	6.01%
ALTNAGELVIN	13.60 "	21.73 "	7.43%

The above analysis is calculated as follows:-

Square Meterage - Weekly supervisory hours divided by the total square meterage of hospital.

Bed - Weekly supervisory hours divided by the number of hospital beds.

Percentage of Domestic Hours - Weekly supervisory hours divided by the weekly total of Domestic Assistant hours and expressed as a percentage.

SUPERVISION RATING

Comparisons were made as to :-

The level of Supervision in each area of the seven hospitals and rated 1-7 (1 being the lowest and 7 the highest level of Supervision) and the total score for each hospital ranked accordingly.

<u>Hospital</u>	<u>Per Bed</u>	<u>Per Sq. Metre</u>	<u>% of Domestic Hours</u>	<u>Total Score</u>	<u>Supervision Rating</u>
Moyle	1	1	1	3	1
Whiteabbey	5	4	2	11	2
Antrim	4	3	4	11	2
Braid Valley	7	2	3	12	4
Causeway	2	6	5	13	5
Altnagelvin	3	5	7	15	6
Mid Ulster	6	7	6	19	7

SUMMARY

The rating per hospital revealed the following outcome:-

Mid Ulster has the highest level of Domestic Supervision with the two external hospitals next, followed by Braid Valley, then Antrim and Whiteabbey which are equal and lastly Moyle with the lowest level of Supervision.

Supervisors employed in Causeway and Altnagelvin Hospitals are on A & G rate of pay which is approximately £1 per hour less than the Supervisors (apart from those with limited duties) in United Hospitals Trust.

File
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MEMO

TO: Elaine Coulter, Acting Director of Support Services
Irene Simpson, Acting Assistant Director of Support Services

FROM: Alan Stewart, Support Services Manager

DATE: 19 December 2005 AS/fm

Subject: Additional Funding Project

Further to our discussion re the above I wish to put forward the following for consideration.

Introduction

1. Ward A1
2. Ward A4
3. Accident and Emergency Department
4. Outbreak Team/Deep clean Team
5. Additional Supervision Input

Conclusion

Alan Stewart
Support Services Manager

INTRODUCTION

The cleanliness of Hospitals is stated by the Government as a top priority for the NHS. Seldom does a week go by without some reference in the media to cleaning in Hospitals and a response from the Government emphasising the important they attach to this issue. The public believe there is a direct link between the cleanliness of Hospitals and the spread of MRSA.

The "Cleanliness Matters" Policy is a directive from Government to NHS Trusts to put in place measures to improve standards both to satisfy patient concerns and to help combat the spread of hospital acquired infections.

As the new Support Services Manager in Antrim and Braid Valley Hospitals, I attend outbreak meetings, work closely with Infection Control and speak regularly to Ward Sisters and Doctors and am therefore acutely aware of the need to ensure my staff are doing everything possible to maintain the highest standards of hygiene. I am also very much aware of the financial constraints of our Trust and do not wish to spend one penny more than necessary.

I have therefore put forward this short report to propose a number of areas for consideration where I believe spending relatively small sums of money will protect the Trust by ensuring we adhere to Government guidelines, provide maximum safeguards to our patients through a clean hospital environment and lift the morale of my staff who feel that more and more is expected of them within the same resources which most people would agree are far from generous from the outset.

WARD A1

Why? As per my memo of 3 October 2005 the opening of Ward A1 highlighted very considerable differences between Ward A4 and the new A1 Ward. These briefly are --

	<u>A4</u>	<u>A1</u>
Beds	26	24
Toilets	4	12
Shower Rooms	1	12
Isolation Anti Rooms	0	8
Day Rooms	0	4
Glass	Limited	Extensive
Floor Area	500 sq metres	1050 sq metres

In addition to the above the new ward has 8 isolation side rooms, which require labour intensive cleaning e.g. wearing of aprons and gloves and in some cases masks before entering these areas for even such routine jobs as serving a cup of tea.

When this Ward opened we as a Department quickly realised that additional staff would be required over the previous A4 staff compliment. In the past 3 months we have trialed various staffing formats and have now settled with a structure which is slightly less than our first two options but which is, we believe, possible. In our Audit by Infection Control this week we achieved 90%. This is not perfect but is acceptable.

WARD A1

How?

A1 Ward additional hours over A4 Ward.

<u>Domestic</u>	<u>Hours</u>	<u>Hours Paid</u>
Monday – Friday 7.30 – 12.30	25	25
Saturday 7.30 – 12.30	5	7.5
Sunday 7.30 – 12.30	<u>5</u>	<u>10</u>
Total	35	42.5

Cost

42 ½ hours x 52.14 weeks @ £6.11 per hour plus 25% relief cover

Total Cost per year

£16,923

WARD A4

(Currently located in A3)

Why?

This is an extremely busy Medical Ward. Its patients are often very ill and difficult to nurse and clean around. It has 31 bed spaces.

This ward is now nominated as a Flagship Ward where best possible practise in all aspects of patient care including Domestic Services is to be monitored to demonstrate the benefit of best practise with a view to rolling out the best measures across the Hospital.

Irene Simpson and myself have met the Ward Manager who has openly told us that in her view “the volume of work required to maintain an acceptable level of environmental cleanliness could not be provided by one Domestic Assistant however good”.

How?

A4 Additional Domestic Hours

		<u>Hours</u>	<u>Hours Paid</u>
Monday – Friday	7.30 – 12.30	25	25
Saturday	7.30 – 12.30	5	7.5
Sunday	7.30 – 12.30	<u>5</u>	<u>10</u>
TOTAL		<u>35</u>	<u>42.5</u>

Cost

42 ½ hours per week x 52.14 weeks @ £6.11 per hour plus 25% relief cost

Total cost per year **£16,923**

ACCIDENT AND EMERGENCY DEPARTMENT

Why?

This is one of the most difficult areas of the hospital to keep clean.

It is open 24 hours per day.

It can be the first impression patients and visitors get of Antrim Hospital.

It is often overcrowded and its patients can be difficult.

The present staffing structure does not allow for any deep cleaning of floors, etc and provides no domestic cover at all after 8.00pm.

How?

Accident and Emergency Option 1 - Deep cleaning/buffing/polishing

	<u>Hours</u>	<u>Hours Paid</u>
Additional day shift 9.00 – 3.00pm on a Saturday only	6	9
<u>Cost per year</u>		£3,584

9 hours x 52.14 per year @ £6.11 plus 25% relief cost

Accident and Emergency Option 2 - Extending Domestic Cover

	<u>Hours</u>	<u>Hours Paid</u>
Evening Shift Extension		
Monday – Friday 8.00 – 9.00pm	5	5
Saturday 8.00 – 9.00pm	1	1.5
Sunday 8.00- 9.00pm	<u>1</u>	<u>2</u>
Total	7	8.5
<u>Cost per year</u>		<u>£3,384</u>

* I have not extended the cover beyond 9.00pm, as we have no Domestic Supervisor beyond this time and because of the difficulty of getting staff home late at night.

OUTBREAK/DEEP CLEAN TEAM

Why?

Infection Control is responsible for advising the Trust how to prevent, control and deal with outbreaks of infection. Their views cannot be ignored.

In the past 4 months I have been closely involved in a number of “outbreaks”. I see the very serious impact of outbreaks on patient health, the reputation of the hospital, the impact on staff morale and the extreme pressure such situations put on all ward staff including Domestic Services Staff.

When an outbreak of MRSA occurs the cleaning standard moves from an acceptable clean hospital to absolutely no tolerance of any dust or soiling.

The present domestic service structure is designed to provide an acceptable hospital standard only.

How?

I therefore propose we have a small team whose job it will be to go into areas where an outbreak has occurred to support the existing team to carry out immediate deep cleans in all areas.

This team when not involved in outbreak control measures would be carrying out a pre-planned, in-depth clean of all the following areas -

Sanitary Areas

Bathrooms

Shower Rooms

on a rolling basis from one end of the hospital to the other and thus have a preventive, proactive role.

Cost 37 ½ hours per week

37 ½ hours x 52.14 weeks at £6.11 per hour plus 25% relief cost

Total Cost

£14,932

ADDITIONAL SUPERVISION

Why?

The present supervisory structure for both domestic and portering services consists of -

1 Manager and 3 Supervisors on duty at any one time. This is for the management and supervision of 127 Domestic Staff and 46 Portering Staff , 7 days per week. When holidays and sickness are taken into account then only 2 Supervisors are on duty for 50% of the time if we are not to cover for holidays and sickness absence.

The present role of Supervisors is very much “fire fighting” where the majority of their time is taken up with –

- Filling gaps in rotas (highly time consuming)
- Filling in timesheets
- Dealing with sickness returns
- Administration of new employees/terminations/change in circumstances etc
- Dealing with poor performance
- Dealing with ad hoc operational situations i.e. ward changes etc

Very little time is left for key tasks such as

- Walking the job supervision
- Training to improve standards
- Health and Safety
- Auditing of Standards

Why?

The impact of the new compulsory weekly and monthly auditing of all areas of the Hospital will require more supervision to carry out and support the auditing process and to ensure that action plans for improvement will be implemented.

How?

The role of the Supervisor is made more difficult by the sheer scale of the Hospital. A big improvement in standards has been observed since Supervisors were (in the summer period) given their own area of the Hospital to manage and to be responsible for. The Hospital naturally breaks down into 4 supervisory areas --

Level A (Elizabeth)

Level B (Jenny)

Level C (Roberta)

Portering (Stephen)

Accommodation (Pat)

Each one of these areas (except Accommodation) involves high and medium risk areas and public areas, corridors etc and represents a substantial supervisory challenge.

However if in real terms we only have 2 supervisors on, one of who is a Portering Supervisor then the workload becomes overwhelming and morale will be affected.

(See current supervisory rota enclosed)

I therefore propose we should have a minimum of 3 Supervisors on at any one time –

2 for Domestic Services

1 for Portering Services

Cost

37 ½ hours x 52.14 weeks @ £7.50 plus 25% relief cost.

Total Cost

£18,330.46

Portering Coordinator

In the light of the resignation of the Portering Coordinator we now have the opportunity to review the entire Supervisory structure and I propose we set up a small group to look at this.

CONCLUSION

The principle purpose of this report is to highlight areas where I believe additional hours will enhance the service and ensure the Hospital is not exposed to unnecessary risk or criticism.

I fully appreciate the financial constraints of the Trust and the overspend position of the Domestic Services budget at present (although the overspend is accounted for, due to Agenda for Change and unfunded posts etc). However I would welcome the opportunity to discuss the proposals outlined and to see what self-financing options are available to us alongside the indication from Mr Mitchell of some additional funding.

Alan Stewart
Support Services Manager

December 2005

MEMO

TO: Elaine Coulter, Acting Director of Support Services
Irene Simpson, Acting Assistant Director of Support Services

FROM: Alan Stewart, Support Services Manager, Antrim Hospital

DATE: 19 May 2006

AS/fm

Subject: Public Areas

Please see enclosed the actual staffing levels we have had this week for the public areas.

Monday 15 May 2006

Gordon Todd – Streets – All day

Gordon Glen – Day off

Roland Pollock – Annual leave (stairs)

Heather – Annual leave

Daytime staff – Annual leave 8

Daytime staff – Sick leave 7

Evening staff – Annual leave 3

Evening Staff – Sick leave 9

Tuesday 16 May 2006

Gordon Todd – Streets to 11.30am then van to Whiteabbey Hospital

Gordon Glenn – Day off

Roland Pollock – Annual leave (stairs)

Heather – Annual leave

Daytime staff – Annual leave 8

Daytime staff – Sick leave 7

Evening staff – Annual leave 2

Evening staff – Sick leave 9

Wednesday 17 May 2006

Gordon Todd – Streets plus 4 terminal cleans

Gordon Glenn – Streets to 11.30am then van for Whiteabbey Hospital

Roland Pollock – Annual leave (stairs)

Heather – Annual leave

Daytime staff – Annual leave 6

Evening staff – Annual leave 3

Daytime staff – Sick leave 7

Evening staff – Sick leave 7

Thursday 18 May 2006

Gordon Todd – Streets all day

Gordon Glenn – Streets until 11.30am then van for Whiteabbey Hospital

Roland Pollock – Annual leave (stairs)

Heather – Annual leave

Daytime staff – Annual leave 6

Evening staff – Annual leave 1

Daytime staff – Sick leave 6

Evening staff – Sick leave 6

Friday 19 May 2006

Gordon Todd – Streets all day (off day, in to cover Heather)

Gordon Glenn – Streets all day

Winnie Reid – lifts, stairs and van

Roland Pollock – off day

Heather – Annual leave

Daytime staff – Annual leave 4

Evening staff – Annual leave 3

Daytime staff – Sick leave 5

Evening staff – Sick leave 7

Saturday 20 May 2006

Gordon Glenn – day off

Gordon Todd – Streets all day

Winnie Reid – Required in wards (stairs)

Roland Pollock – day off

Heather – day off

Daytime staff – Annual leave 6

Evening staff – Annual leave 4

Daytime staff – Sick leave 4

Evening staff – Sick leave 1

Sunday 21 May 2006

Gordon Todd – Streets (coming in on day off)

Gordon Glenn – off day

Winnie Reid – Required in wards (stairs)

Roland Pollock – off day

Heather – off day

Daytime staff – Annual leave 3

Daytime staff – Sick leave 3

Evening staff – Annual leave 1

Sick leave - Nil

The above clearly indicates the problem we are having providing a consistent level of staffing for the public areas i.e. this week we have had **no one** on the stairs on Monday, Tuesday, Wednesday and Thursday and no one available for stairs on Saturday and Sunday this weekend. This situation is replicated most weeks.

Our priority is the clinical areas but as we could see last night this leaves public areas and many other areas in an **unacceptable** state.

At this moment in time we have only **one** relief domestic in the evening on an as and when required contract. Mr Mitchell authorised one evening and one-day time as and when required post on 9 February 2006 – the daytime post could not be filled by Personnel, no one would accept it from the waiting list.

Solution

The public image of the Hospital and the reputation of our Department are clearly suffering due to lack of relief cover. Supervisors are frustrated and annoyed having to juggle staff daily, from pillar to post to cover at least 10 vacant posts per day and in some cases e.g. Monday and Tuesday of this week 15 vacant posts. The good will of Supervisors is running in short supply; they also are taking on the new Auditing Procedures, the KSF Appraisal System, temperature probing and pressure from Irene Simpson and myself pushing to enhance standards through maximising staff performance.

As discuss with yourself last night there is no getting away from the fact that we need more relief staff. Family commitments, family credits and the benefits system force potential employees to seek set hours, not the uncertainty of as and when required, which means telling Social Services what hours you have worked each week and having your benefits in a permanent state of flux.

I believe we should therefore seek to appoint permanent domestics to be floaters for days and evening with set hours. This may sound expensive but it would be more cost effective for the following reasons:-

- Reduction of overtime.
- Likelihood of attracting a better and more reliable quality of staff.

- Improved standards in the Hospital.
- Reduction in stress and pressure to Supervisors (we cannot afford to lose our trained Supervisors).
- Improved staff morale in the Department.
- It is in line with the recommendations of Judith Orr re reduction of temporary posts etc.

I am only too well aware of the budget constraints and fully appreciate your position in terms of overspend but I consider this solution to be cost effective.

Thanking you in anticipation.

Alan Stewart
Support Services Manager

BANK HOLIDAY KITCHEN STAFF PROPOSAL**ANTRIM HOSPITAL**

Current Provision – No cover for Bank Holidays

Proposal: Pay 9 Bank Holidays excluding Christmas Day

Cover from 7.30am – 1.30pm

6 hours paid 12

12 hours x 7 wards x 9 Bank Holidays @ £7.59 per hour = £5,738 pa

No holiday or sickness cover included.

June 2007

A15

WEEKEND KITCHEN STAFF PROPOSAL

ANTRIM HOSPITAL

Current provision Monday – Friday 7.30am – 1.30pm ONLY

7 wards to receive kitchen staff at weekend

A1/A3/A4 B1/B2 B3/ACC C1/C2 C3/C4 C5/C6

Time: 7.30am to 1.30pm

Hours per day: 6

Saturday hours paid: 9

9 hours x 7 wards x 26 Saturdays @ £7.59 = £12,432

Sunday hours paid: 12

12 x 7 wards x 26 Sundays @ £7.59 = £16,576

£29,008 pa

Plus holiday and sickness cover at 25% £ 7,252

Total £36,260

June 2007

WEEKEND KITCHEN STAFF PROPOSAL

ANTRIM HOSPITAL

Current provision Monday – Friday 7.30am – 1.30pm ONLY

7 wards to receive kitchen staff at weekend

A1/A3/A4 B1/B2 B3/ACC C1/C2 C3/C4 C5/C6

Time: 7.30am to 1.30pm

Hours per day: 6

Saturday hours paid: 9

9 hours x 7 wards x 26 Saturdays @ £7.59 = £12,432

Sunday hours paid: 12

12 x 7 wards x 26 Sundays @ £7.59 = £16,576

£29,008 pa

Plus holiday and sickness cover at 25% £ 7,252

Total £36,260

June 2007

RELIEF STAFF PROPOSALANTRIM HOSPITAL DOMESTIC

Current Budget		99.89 WTE
Actual Numbers of Domestic Staff		
Day Staff	87	
Evening Staff	<u>58</u>	
TOTAL	<u>145</u>	
Relief Staff requirement based on 10%		9.9WTE
Present Relief Staff		3.3WTE
Additional Requirement		6.6WTE
Based on 60% Day Staff	3.96	
40% Evening Staff	<u>2.64</u>	
	6.60 WTE	
Additional cost based on £9.18 per hour (average rota rate provided by Adrian Scott).		
6.6 WTE x 37 ½ x 52.14 weeks x £9.18 per hour		£118,464 pa
No holiday or sickness cover included		
Total Cost		£118,464 pa

June 2007

NORTHERN HEALTH AND SOCIAL CARE TRUST

ELECTIVE AND ACUTE SERVICES

DOMESTIC SERVICES

ANTRIM HOSPITAL

**Report on Staffing for Provision of Terminal Cleans and an
Additional Programme of Cleaning of Public Toilets**

Presented to Mrs Elaine Coulter

Presented by Mr Alan Stewart

19 December 2007

Background

The present staffing structure within Domestic Services at Antrim Hospital for the provision of Terminal Cleans is completely inadequate to meet the needs of the service.

It is inadequate for the following reasons –

- MRSA Infection
- Clostridium Difficile
- Outbreaks of various types
- Increased patient activity levels
- Increased patient movement from ward to ward
- Pressure to achieve targets for patient admissions.
- Public perception of cleaning procedures.

The above have led to a huge increase in the volume of terminal cleans.

<u>2005</u>	<u>2006</u>	<u>2007</u>
5375	6991	10,000 (anticipated as at 18.12.2007)

This equates to an average of 27 terminal cleans per day, each day of the year.

A terminal clean takes at least 30 minutes to complete thoroughly excluding The time taken to move from ward to ward and to collect materials etc.

Allowing for the actual clean time and movement time plus lunch breaks etc would require the following complement per day.

27 terminal cleans x 40 minutes = 18 hours per day

The actual complement is 15.7 hours per day

Coping with the demand for terminal cleans

The above demonstrates the current shortfall on the basis that each terminal clean is required on a **consecutive basis**. However this is **never the case** as wards often require terminals not in ones or twos but as many as 6 or more at any time. During outbreaks we have up to 90 cleans per day.

The present staffing structure is not designed to cope with this demand. This creates the following difficulties:-

- Terminal clean requests join a long list in order of request time causing nursing staff frustrations.
- Patient Admissions from Accident and Emergency or B1 onwards are delayed causing breaches in targets.
- Domestic Services Supervisors and staff are put under extreme pressure by nursing and bed managers to move quickly.
- The potential then exists that terminal cleans will be less than thoroughly completed causing potential infection control concerns.
- Domestic Services are forced to withdraw staff from public areas. This inevitably means the Hospital public areas look And untidy creating a poor public perception of the Hospital.
- Overtime is frequently required to cover the Of terminal cleans.
- Domestic Staff involved in terminal cleaning feel hassled on a regular basis leading to poor absentessism and low morale.
- No current terminal cleans are provided after 9pm except in Accident and Emergency until midnight. These are currently the responsibility of nursing.

Programme of Cleaning of Public Toilets in Antrim Hospital

The present arrangements for the cleaning of the public toilets in –

- Main Reception
- Out Patients
- Staff Restaurant
- Staff Changing Rooms

Is for full cleaning once per day. This is totally inadequate in a hospital with hundreds of visitors per day and some two thousand staff.

This should be enhanced to:-

3 full cleans per day

Hourly check cleans

Additional Domestic Cover

Within my proposal for additional Domestic Staff for terminal cleans I have allowed for this programme of cleaning for public toilet areas.

I therefore propose funding be made available to enhance the current provision for terminal cleaning and public toilet areas.

Additional Domestic Service input required

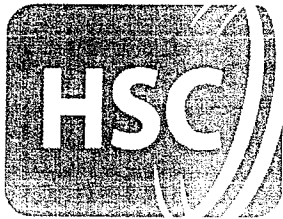
<u>Current Structure</u>	<u>Per Week</u>
1 x 7.30 – 3.00pm Monday – Friday	35
1 X 12.30 – 8.30pm Tuesday – Friday	30
1 x 2.00 – 8.00pm Monday – Friday	32 ½
1 x 7.30 – 1.30pm Saturday and Sunday	12
1 X 2.00 – 8.00pm Saturday and Sunday	<u>11</u>
	<u>120 ½</u>

Additional

1 x 6.00 – 12midnight Monday – Friday	30
1 x 10 – 4.00pm Saturday and Sunday	12
1 x 8.00 – 12midnight Saturday and Sunday	<u>8</u>
	<u>50</u>

Additional Costings

	<u>£</u>
30 hours @ £7.59 per hour x 52.14 weeks	11,872
6 hours @ £11.38 per hour Saturday x 52.14 weeks	3,560
6 hours @ £15.18 per hour Sunday x 52.14 weeks	4,748
4 hours @ £11.38 per hour Saturday x 52.14 weeks	2,373
4 hours @ £15.18 per hour Sunday x 52.14 weeks	<u>3,165</u>
	<u>25,718</u>
Holidays and Sickness cover @ 25%	<u>6,429</u>
	£32,147



Northern Health and Social Care Trust

Proposal for the establishment of Rapid
Response Teams for Acute Hospitals within
the Northern Trust

February 2008

Introduction

The cleaning of Hospitals both from a visual perspective and an Infection Control aspect has never been more in the public eye than at present. It is a high profile topic for the Government, the media and the General Public.

The rise in the number of Hospital Acquired Infections has increased awareness of the standards of cleaning in hospitals and the impact on patient recovery.

Within Acute Hospitals there have been:

- Increased outbreaks of various infections e.g. MRSA and Clostridium Difficile.
- Increased patient activity levels.
- Increased patient movement from ward to ward.
- Pressure to achieve PFA targets for patient admissions.
- Increased interest in, and observation of, cleaning methods by the General Public.
- Domestic Services in Causeway Hospital currently provide a discharge and terminal clean service.

The Domestic Services Department in Antrim, Mid Ulster and Whiteabbey Hospitals currently provide a terminal cleaning service to Nursing on a request basis by telephone.

The difference being at Causeway Domestic Staff clean every bed space after a patient is discharged. In the remainder of the Trust this is a nursing responsibility and the Domestic Staff provide:

- Level 2 terminal cleans – for details see Appendix 1
- Level 3 terminal cleans – for details see Appendix 2

The number of requests has risen dramatically throughout the Trust.

For example in Antrim Area Hospital the number of cleans has risen from 5,375 in 2005 to 10,309 in 2007 with no additional resources to complete these cleans.

With these issues in mind bids have been prepared for the provision of Rapid Response Teams for Antrim Area, Mid-Ulster, Whiteabbey and Causeway Hospitals.

The Causeway proposal is to extend the current service to a 24 hour service.

Benefits of Rapid Response Teams

1. The existing level 2 and level 3 terminal cleans would be extended to include washing of mattress, pillow and duvet. This would free up nursing staff who currently complete this part of the cleaning task.
2. Discharge cleans would be provided by the Rapid Response team. This would also free up nursing staff time as they currently provide this service.
3. Accountability for all aspects of the bed space cleaning would reside with the Rapid Response team therefore offering a seamless cleaning service to the ward.
4. A 24-hour service would be available at Antrim Area and Causeway Hospitals. The present terminal clean service operates from 7.30am – 9.00pm daily.

In Whiteabbey and Mid Ulster Hospitals the service would be provided from 9am to 12 midnight.
5. Terminal and Discharge cleans would be provided within acceptable time frames.
6. A Rapid Response Team would assist in the prevention of admission targets being breached.
7. The provision of a dedicated Rapid Response Team would ensure that Domestic staff were not withdrawn from public areas to perform terminal cleans.

Proposal for Antrim Area Hospital

In order to cope with the current demand for terminal cleans the following is proposed:-

- Replace the existing Antrim Area Hospital terminal cleaning team with a Rapid Response Team, providing the same service as that provided at the Causeway Hospital.
- Provide the service from:
 - Option 1 7.30am to 12 midnight, 7 days per week
 - Option 2 12 midnight to 7.30am, 7 days per week
- Provide adequate staffing levels to ensure acceptable response times.

Option 1: Rapid Response Team from 7.30am to 12 midnight over 7 days

Estimated Hours and Costs

Hours per week

To provide existing terminal clean service
170

Additional 10 minutes for mattress cleaning etc (28 cleans
Per day x 10 minutes x 7 days)
33

Discharge Cleans

45 cleans per day x 15 minutes x 7 days
78

Subtotal **281**

Additional supervision of service x 7 days
37.5

Provision for holidays and sickness cover
80

Total requirement **398.5**

This equates to
10.6 WTE

Less existing staff
3.2 WTE

Additional Requirement
7.4 WTE

Average cost of Domestic Assistant per WTE

6.4 @ £18,398
117,747

Average cost of Domestic Supervisor

1.0 @ £19,640
19,640

£137,387

NB: Please note the corresponding reduction in nursing input hours should be considered to offset a portion of these costs.

Option 2: Rapid Response team from 12 midnight to 7.30am over 7 days

Hours

1 x Domestic Assistant 12 midnight to 7.30am
37.25

1 x Domestic Assistant 12 midnight to 7.30am – Saturday
11.25

1 x Domestic Assistant 12 midnight to 7.30am – Sunday
15.00

63.75

Holidays and Sickness Cover
16.00

Total Hours = 79.75

This equates to
2.12 WTE

Average cost of Domestic Assistant including unsocial hours
Allowance £22,700

2.12 WTE x £22,700

Total = £48,124

PROPOSAL FOR
MID ULSTER and WHITEABBEY
HOSPITALS

Proposal to provide a Rapid Response Team

In order to resolve the issues highlighted the following is proposed:

- To recruit Rapid Response Teams that will perform the Terminal, Discharge cleans and Precautionary cleans on a daily basis.
- Provide the service from: - 9.00am to 12.00 midnight, 7 days per week at each hospital.

Rapid Response Team from 9.00am to 12.00pm over 7 days

Core shift hours will be 9.00am - 4.30pm x 2 person = 14 hours.

hours

4.30pm - 12.00pm x 1 person = 7

Staff cost

AM - Annual Costs £60340.32 (inclusive of 25% relief)

PM - Annual Cost £31944.87 (inclusive of 25% relief)

Total Annual Cost £92285.19 for each Hospital.

NB: Please note the corresponding reduction in nursing input hours should be considered to offset a portion of these costs.

Proposal for
Causeway Hospital

Domestic Services in Causeway Hospital currently provide a discharge and terminal cleaning service to Nursing on a request basis by telephone.

The service came into existence on 15th January 2003, following a successful bid from DHSS&PS in relation to Environmental Cleanliness Standards in Hospitals and continued as a pilot until September 2006.

In October 2006 the scheme became fully operational following the Trust's decision to fund the scheme.

The service provides –

- Level 2 terminal cleans – for details see Appendix 1
- Level 3 terminal cleans – for details see Appendix 2

Since 2003 the number of requests has risen dramatically as follows:-

	<u>2003/04</u>	<u>2006/07</u>	<u>Percentage Increase</u>
Level 1	7,728	10,248	25%
Level 2 & 3	5,136	9,888	48%

The current staffing structure does not match the increased volume of terminal cleans and this creates the following difficulties:

At any one time several requests could be outstanding, and this causes:

- Delay's in completing terminal cleans which can contribute to targets for admissions being breached.

- Additional pressure on already overstretched Domestic Services Staff to try to cope with the demand.

The following proposal seeks to address these issues:

Proposal to develop the Rapid Response Team

In order to resolve the issues highlighted the following is proposed:

- Increase the existing Causeway Hospital Rapid Response Team to include 24 hour cover.

Option 1 7.30am to 9.30am and from 9.30pm to 7.30am
7 days per week

Option 2 Additional staffing resource during peak times to cope with current demand

- Provide adequate staffing levels to ensure acceptable response times.

Benefits of 24 hour Rapid Response Team at Causeway Hospital

6. A 24 hour service would be available. The present Rapid Response Teams operate from 9.00am – 9.30pm daily.
7. The existing level 1, 2 and level 3 terminal cleans would be extended to cover 24 hours. This would free up nursing staff who currently provide this service between 9.30pm and 9.00am.
8. Accountability for all aspects of the bed space cleaning would reside with the Rapid Response team therefore offering a seamless cleaning service to the ward.
9. Terminal and Discharge cleans would be provided within acceptable time frames.

**Option 1: Rapid Response Team from 7.30am to 9.30am
and from 9.30pm to 7.30am over 7 days**

<u>Hours</u>	<u>Hours paid per week</u>
1 x Domestic Assistant 7.30am to 9.30am	10.00
1 x Domestic Assistant 7.30am to 9.30am Saturday	3.00
1 x Domestic Assistant 7.30am to 9.30am Sunday	4.00
1 x Domestic Assistant 9.30pm to 12 midnight	12.50
1 x Domestic Assistant 9.30pm to 12 midnight Saturday	3.75
1 x Domestic Assistant 9.30pm to 12 midnight Sunday	5.00
1 x Domestic Assistant 12 midnight to 7.30am	37.50
1 x Domestic Assistant 12 midnight to 7.30am Saturday	11.25
1 x Domestic Assistant 12 midnight to 7.30am Sunday	<u>15.00</u>
	102.00
Provision for Annual Leave and Sickness Cover	<u>25.50</u>
Total Hours	127.50

Cost

This equates to 3.40 WTE

Average cost of Domestic Assistant including unsocial allowance
= £22,700

3.40 WTE x £22,700 = £77,180 per annum

Annual Cost = £77,180

Option 2: Additional staffing resource during peak periods

<u>Hours per week</u>	<u>Hours paid</u>
1 x Domestic Assistant 1.30pm to 5.30pm	20.00
1 x Domestic Assistant 6.00pm to 9.30pm – Saturday	5.25
1 x Domestic Assistant 6.00pm to 9.30pm – Sunday	<u>7.00</u>
	32.25
Provision for Annual Leave and Sickness Cover	<u>8.00</u>
Total Hours	40.25

Cost

This equates 1.07 WTE

Average cost of Domestic Assistant including unsocial allowance

= £22,700

1.07 WTE X £22,700 = £24,289 per annum

Annual Cost = £24,289

Terminal Clean Level 2 – Existing Procedures

1. All fixtures and fittings to be washed with high level disinfecting and sporicidal solution, ensuring that water is changed frequently, then permitted to air dry.
2. Electrical fittings should be disinfected using a hard surface alcohol wipe.
3. Spot clean walls as necessary using neutral detergent and water.
4. Sanitary fittings should be washed using a high level disinfecting and sporicidal solution.
5. Floors should be washed with hot water, neutral detergent and allowed to air dry.
6. Endurocide coated disposable screens should be checked for any stains, which should be wiped with endurocide wipes.
7. As soon as the room and equipment is dry the room may be reused.
8. Infection Control Precautions:-
 - Wear disposable gloves and apron (put on before entering infected area and remove before leaving area).
 - Follow hand-washing procedure.
 - Use disposable cloths for cleaning.
 - Follow procedure for laundering mops.
 - Clean and dry cleaning equipment on completion of task.

NORTHERN HEALTH AND SOCIAL CARE TRUST

ELECTIVE AND ACUTE SERVICES

FACILITIES SERVICES

ANTRIM AREA HOSPITAL

**Proposal for the enhancement of Domestic Cleaning hours
and segregation of Catering Duties at Antrim Area Hospital**

Prepared by

**E Coulter, General Manager, Support Services
A Stewart, Support Services Manager
V Davidson, Trust Catering Manager**

18 August 2008

Contents

- Introduction – The Current Position
- Proposal
- How this could be achieved?
- Funding Requirement

Introduction – The Current Position

At present Antrim Hospital Domestic Cleaning hours are substantially less than other similar hospitals in the National Health Service in Northern Ireland.

Hospital	Beds per Ward	Daily Cleaning Hours per ward	Weekly Cleaning Hours per bed
Antrim	27	7.14	1.66
City	30	9.42	2.20
Ulster	20	8.21	2.87
Causeway	27	8.35	2.16
Whiteabbey	25	10.17	2.85
Mid Ulster	24	8.00	2.33
Daisy Hill	34	8.50	1.75

* These figures were calculated as part of a bench marking exercise in 2006.

The current hours have virtually remained the same since the hospital opened in 1994. In 2005 an additional 30 minutes extra cleaning time per ward was added.

The present domestic hours are inadequate for the following reasons:-

- Domestic staff also carry out catering duties at ward level which include the regeneration and service of patient meals.
- Since the hospital opened bed numbers have increased and the bed occupancy has also increased from 72% in 1996/1997 to 98% in 2007/2008.
- Patient transfers from ward to ward are now much more frequent.
- A huge 91% increase in terminal cleans has occurred since 2005.
- The amount of Clostridium Difficile and MRSA infection, unheard of when the hospital opened has contributed to a greatly enhanced workload for domestic staff at ward level.
- There is also increased interest in, and observation of cleaning methods and practices of domestic staff by the general public.
- Ever-increasing numbers of visitors to the hospital mean it is more difficult for domestic staff to do their cleaning in the ward.

- Weekend ward patient numbers are now equal to weekday patient numbers. The current domestic staffing structure is less at weekends, which does not allow a consistent daily cleaning service.
- At present the majority of the cleaning is undertaken by one Domestic Assistant per ward working from 7.30am – 4.00pm Monday – Friday. This allows for no flexibility within the ward to deal with ad hoc cleaning requests, additional cleaning required for infected cleans, outbreaks etc.
- The evening Domestic working from 5.00pm – 9.00pm Monday – Friday is primarily involved in food and beverage service – not ward cleaning.
- On Saturdays and Sundays and bank holidays staffing levels are reduced, the ward Domestic working 7.30am – 4.00pm and 5pm – 9pm is primarily involved in food and beverage service and not ward cleaning.
- Most wards are segregated into 4 bays and 3 single rooms. Each bay is only full cleaned once per week. This is totally inadequate to provide the standard of environmental cleanliness required by Infection Control.
- At present bathrooms and toilets in wards are full cleaned twice per day and check cleaned twice. This is an unacceptable situation from an infection control perspective.

PROPOSAL

- To provide a full clean of all bays and side rooms 7 days per week (once only at present).
- To provide full cleans of bathrooms 3 times per day and check clean twice per day between 7.30am and 4.00pm (The present is 2 full cleans and 2 check cleans).
- To provide a consistent level of ward cleanliness 7 days per week.
- To provide additional support to provide ad hoc cleaning requests and cover additional cleaning precautions necessary for outbreak situations.
- To provide Antrim Domestic Services with commensurate staffing levels to other hospitals to ensure that high standards of environmental cleanliness are provided in order that "Cleanliness Matters" targets are maintained and the spread of infection is prevented.
- Increased accountability for catering services as the Catering Department would be responsible for the entire catering service.

How could this be achieved?

Domestic Services must be focused on environmental cleaning to maintain and improve standards.

The present Domestic Services budget also provides for catering duties at ward level. This catering element should be reallocated to increase the number of cleaning hours in each ward area.

The current funding does not extend to the weekend and bank holidays but in order to provide a consistent daily cleaning standard it would be required to do so.

It is proposed therefore that the responsibility for catering at ward level be moved to the Catering Department.

This would have the following benefits:-

Benefits: Domestic Services

- Domestic Services can focus on environmental cleaning.
- Catering related issues which currently impact on the delivery of the cleaning service would be removed e.g. patients taking longer over meals thus delaying the domestic carrying out the cleaning schedule.
- The public perception of domestic staff serving food and carrying out cleaning duties has always been viewed by the public as being undesirable.

Benefits: Catering Services

- Accountability for all aspects of the catering service from procurement to the service of meals to the patient.
- Provides an opportunity to develop and enhance the catering service in respect of food presentation and responsiveness to individual patient needs.
- Improved control of wastage under the management of the catering department with potential for savings.
- Full control of all legislative aspects of the catering service.
- Improved communication links between the patient, nursing and catering team.

- Will provide the vehicle for innovation, flair and a bespoke service to each ward to meet individual patient needs.

Funding Requirement

All current day domestic hours to be utilised for cleaning.

The current kitchen based domestic hours per template (2 wards) will transfer into 1 ward.
An additional 5 hours per day will be required for each of the remaining 8 wards.

Also 5 hours will be required Saturday and Sunday for every ward.

APPENDIX 1

Domestic Assistant

	<u>Paid Hours</u>
Monday – Friday 5 hours per day x 8 wards	40 hours
Plus 25% holiday and sickness cover	10 hours
Total	50 hours (1.33 wte)
(50 x £7.78 x 52.14 weeks per year)	£20, 282.46

Supervisory Support

Monday – Friday 7.30 – 1.30	30 hours
Plus 25% holiday and sickness cover	7.5 hours
Total	37.5 hours
(37.5 x £9.98 x 52.14 weeks per year)	£19,513.37

COST

£39,795.85

Additional funding for domestic services to provide enhanced weekend cleaning.

Domestic Assistant

	<u>Paid Hours</u>
Saturday 5 hours per day x 15 wards	112.5
Sunday 5 hours per day x 15 wards	150
Total	262.50
Plus 25% holiday and sickness cover	65.62
Total	<u>328.12</u> hours (8.75 wte)
(328.12 x £7.78 x 52.14 weeks per year)	£133,101.61

Appendix 1 Continued

Supervisory Support

Saturday 7.30 – 1.30	9
Sunday 7.30 – 1.30	12
Total	21
Plus 25% holiday and sickness cover	5.25
Total	26.25 (0.7 wte)
(26.25 x £9.98 x 52.14 weeks per year)	£13,659
<u>Total Additional Domestic Cost</u>	<u>£186,556.44</u>

Appendix 2

Additional Funding For Catering Department to Provide Patient Catering at ward level

<u>Pantry Assistant AM</u>		<u>Paid hours</u>
7.30 – 4.00pm	8 hours per template (2 wards)	
Monday – Thursday		32 hours
Fri, Sat & Sun		36 hours
Monday – Thursday	32 hours x 10 ward areas	320 hours
Monday – Friday	30 hours x Laurel House	30 hours
Fri, Sat & Sun	36 hours x 10 ward areas	<u>360</u> hours
		710 hours
	25% Relief Cover	<u>177.5</u> hours
		887.50 hours = WTE 23.66

(887.50 x 7.78 x 52.14)

COST PER PANTRY ASSISTANT AM **£360,013.66**

<u>Pantry Assistant PM</u>		<u>Paid Hours</u>
5pm - 9 pm	4 hours per template (2 wards)	
Monday – Thursday		16 hours
Fri, Sat & Sun		18 hours
Monday – Thursday	16 hours x 10 wards	160 hours
Fri, Sat & Sun	18 hours x 10 wards	<u>180</u> hours
		340 hours =
	25% Relief Cover	85 hours
	Total	425

(425 x 7.78 x 52.14)

COST PER PANTRY ASSISTANT PM **£172,400.91**

Total Cost **£532,414.57**

Appendix 2 Continued

Catering Supervisory Hours

7.30am – 4.00pm	8 hours
Monday – Thursday	32 hours
Fri, Sat & Sun	<u>36</u> hours
	76 hours
25% Sick Leave and Annual Leave	<u>19</u> hours
Total	95 = 2.53 WTE <u>x 52.14</u> weeks per year
(95 x 9.53 x 52.14)	£47,205 Band 2
COST OF SUPERVISION AM	£47,205
5-9 pm	4 hours
Mon – Thursday	16 hours
Fri, Sat, Sun	<u>18</u> hours
	34 hours
25% Sick leave/ Annual leave	<u>8.5</u> 42.5
(42.5 x 9.53 x 52.14)	21,118.00
Total Cost of Catering Supervision Plus Band 5 Catering Manager	£68,323.00 £24 K per annum

Summary

Total additional Domestic and Supervisory Cost	£186,556.44
Total Pantry Assistant Cost	£532,414.57
Total Catering Supervision	£92,323.00
Total	£811,293.57

NORTHERN HEALTH AND SOCIAL CARE TRUST

ELECTIVE AND ACUTE SERVICES

DOMESTIC SERVICES

ANTRIM HOSPITAL

**Proposal for the enhancement of Domestic Cleaning hours at
Antrim Hospital**

Prepared by

**Mr Alan Stewart
Support Services Manager**

7 April 2008

Contents

- Introduction – The Current Position
- Benefits of Enhanced Domestic Cleaning Hours
- How this could be achieved?
- Funding Requirement

Introduction – The Current Position

At present Antrim Hospital Domestic Cleaning hours are substantially less than other similar hospitals in the National Health Service in Northern Ireland.

Hospital	Beds per Ward	Daily Cleaning Hours per ward	Weekly Cleaning Hours per bed
Antrim	27	7.14	1.66
City	30	9.42	2.20
Ulster	20	8.21	2.87
Causeway	27	8.35	2.16
Whiteabbey	25	10.17	2.85
Mid Ulster	24	8.00	2.33
Daisy Hill	34	8.50	1.75

* These figures were calculated as part of a bench marking exercise in 2006.

The current hours have virtually remained the same since the hospital opened in 1994. In 2005 an additional 30 minutes extra cleaning time per ward was added.

The present domestic hours are inadequate for the following reasons:-

- Since the hospital opened bed numbers have increased and the bed occupancy has also increased from 72% in 1996/1997 to 98% in 2007/2008.
- Patient transfers from ward to ward are now much more frequent.
- A huge 91% increase in terminal cleans has occurred since 2005.
- The amount of Clostridium Difficile and MRSA infection, unheard of when the hospital opened has contributed to a greatly enhanced workload for domestic staff at ward level.
- There is also increased interest in, and observation of cleaning methods and practices of domestic staff by the general public.
- Ever-increasing numbers of visitors to the hospital mean it is more difficult for domestic staff to do their cleaning in the ward.

- Weekend ward patient numbers are now equal to weekday patient numbers. The current domestic staffing structure is less at weekends, which does not allow a consistent daily cleaning service.
- At present the majority of the cleaning is undertaken by one Domestic Assistant per ward working from 7.30am – 4.00pm Monday – Friday. This allows for no flexibility within the ward to deal with ad hoc cleaning requests, additional cleaning required for infected cleans, outbreaks etc.
- The evening Domestic working from 5.00pm – 9.00pm Monday – Friday is primarily involved in food and beverage service – not ward cleaning.
- On Saturdays and Sundays and bank holidays staffing levels are reduced, the ward Domestic working 7.30am – 4.00pm and 5pm – 9pm is primarily involved in food and beverage service and not ward cleaning.
- Most wards are segregated into 4 bays and 3 single rooms. Each bay is only deep cleaned once per week. This is totally inadequate to provide the standard of environmental cleanliness required by Infection Control.
- At present bathrooms and toilets in wards are deep cleaned twice per day and check cleaned twice. This is an unacceptable situation from an infection control perspective.

Benefits of Enhanced Cleaning Hours **At Antrim Hospital**

- To provide a full clean of all bays and side rooms 3 times per week (once only at present).
- To provide full cleans of bathrooms 3 times per day and check clean twice per day between 7.30am and 4.00pm (The present is 2 full cleans and 2 check cleans).
- To provide a consistent level of ward cleanliness 7 days per week.
- To provide additional support to provide ad hoc cleaning requests and cover additional cleaning precautions necessary for outbreak situations.
- To provide Antrim Domestic Services with commensurate staffing levels to other hospitals to ensure that high standards of environmental cleanliness are provided in order that "Cleanliness Matters" targets are maintained and the spread of infection is prevented.

How could this be achieved?

Domestic Services must be focused on environmental cleaning to maintain and improve standards of environmental cleanliness.

Currently Domestic Services provide both cleaning and catering duties at ward level.

The current cleaning hours are inadequate to provide this as outlined previously.

The following solution is proposed:-

1. Retain the current level of Domestic hours for cleaning and transfer responsibility for catering duties at ward level to the Catering Department.
2. Provide the same staffing level per ward 7 days per week to allow a consistent daily cleaning standard i.e. not reduced levels at weekends.

Funding Requirement

Option 1

- To enhance the current limited cleaning hours at ward level by increasing each ward by 3 hours per day, Monday to Friday.

WTE 12.1

Cost £196,727 per annum

Option 2

- To provide the Monday – Friday level of domestic hours per ward at weekends.

WTE 8.4

Cost £241,789 per annum

Option 1

Option 1

To enhance the current limited cleaning hours at ward level by increasing each ward by 3 hours per day Monday – Friday.

	<u>Hrs</u>
Domestic Assistant	
Monday – Friday 3 hours per day x 5 days x 20 wards	300
Plus 25% holiday and sickness cover	75
Total	<u>375</u>
375 hours x 52.14 weeks per year x £7.78 per hour	10 WTE
Cost	£152,118
 <u>Supervisor</u>	
Monday – Friday 7.30 – 2.00pm x 2	65
Plus 25% holiday and sickness cover	16.25
Total	<u>81.25</u>
81.25 x 52.14 weeks per year x £10.53 per hour	2.1 WTE
Cost	£ 44,609
 TOTAL COST	 £196,727

Option 2

Option 2

To enhance the current limited cleaning hours at weekends to provide a consistent staffing level 7 days per week.

<u>Domestic Assistant</u>	<u>Hours</u>	<u>Paid Hours</u>
Saturday 6 hours per day x 20 wards	120	180
Sunday 6 hours per day x 20 wards	120	240
Total	240	420
Plus 25% Holiday and Sickness Cover	60	105
Total	300	525
WTE	8	
525 x 52.14 weeks x £7.78 per hour	Total	£212,965
<u>Supervisory Support</u>	<u>Hours</u>	<u>Paid Hours</u>
Saturday 2 x 7.30 – 1.30	6	18
Sunday 2 x 7.30 – 1.30	6	24
Total	12	42
Plus 25% Holiday and Sickness Cover	3	10.5
Total	15	52.5
52.5 x 52.14 weeks x £10.53 per hour	WTE	0.4
Total		£28,824
Total Cost Option 2		£241,789

Actual Weekly Cleaning Time Allocated to a Typical In-Patient Area

HOSPITAL	No of Beds	Daily Cleaning Hrs Per Ward	Weekly Cleaning Hours Per Bed	Weekly Cleaning Time Per Square Metre
ANTRIM	26	7.14 hrs	1.66 hrs	4.89 mins
MID ULSTER	24	8.00 hrs	2.33 hrs	7.77 mins
WHITEABBEY	25	10.17 hrs	2.85 hrs	4.75 mins
DAISY HILL	34	8.50 hrs	1.75 hrs	4.11 mins
CITY	30	9.42 hrs	2.20 hrs	3.40 mins (estimate)
ULSTER	20	8.21 hrs	2.87 hrs	6.57 mins
CAUSEWAY	27	8.35 hrs	2.16 hrs	6.31 mins

The above analysis is calculated as follows:

Per Square Metre – Weekly Cleaning Hours divided by the size of the area

Per Bed – Weekly Cleaning Hours divided by the number of beds

Research suggests the daily cleaning time for an average ward area to be approximately 7.5 hrs.

The above table shows that all the hospitals with the exception of Antrim are in excess of the daily time estimated to clean a typical ward area.

The cleaning time specified for each hospital, with the exception of Causeway, includes carrying out 'infected cleans' on request.

The City and Ulster input a few additional hours on an Ad hoc basis to assist with the Infected Cleans.

Causeway Hospital has Cleaning Teams in place to carry out all Level 1, 2 and 3 cleaning (includes making beds) following patient discharge.

The Teams, comprising of 166hrs per week, provide a service Monday – Sunday between 9.00am and 9.30pm.

Actual Weekly Cleaning Time Allocated to a Typical In-Patient Area

HOSPITAL	Per Bed	Per Square Metre
ANTRIM	1.66 hrs	4.89 mins
MID ULSTER	2.33 hrs	7.77 mins
WHITEABBEY	2.85 hrs	4.75 mins
DAISY HILL	1.75 hrs	4.11 mins
CITY	2.20 hrs	3.40 mins (estimate)
ULSTER	2.87 hrs	6.57 mins
CAUSEWAY	2.16 hrs	6.31 mins

The above analysis is calculated as follows:

Per Square Metre – Weekly Cleaning Hours divided by the size of the area

Per Bed – Weekly Cleaning Hours divided by the number of beds

The cleaning time specified for each hospital, with the exception of Causeway, includes carrying out routine cleaning as well as ‘infected cleans’ on request.

The City and Ulster input a few additional hours on an Ad hoc basis to assist with the Infected Cleans.

Causeway Hospital have Cleaning Teams in place to carry out all Level 1, 2 and 3 cleaning (includes making beds) following patient discharge.

The Teams, comprising of 166hrs per week, provide a service Monday – Sunday between 9.00am and 9.30pm.