

# **Communications and Implementation Strategy**

**NHS Scotland National Cleaning Services  
Specification (NCSS)**

**2016**

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## 1. Introduction

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This Communication and Implementation Strategy provides a suggested approach each NHS Board could use to successfully implement the revised NHS Scotland National Cleaning Services Specification (NCSS). This document has not been developed to tell NHS Boards what they must do, but what it does do is provide an approach that was adopted within the Pilot NHS Boards.

The approach identified within this document was measured, controlled and the NHS Pilot Boards were successful in running a 6 week trial within their areas.

The trials on the NCSS saw both positive and negative feedback; this information has been detailed within this document.

The NCSS Steering Group provides governance on the content development and approval of the Communication and Implementation Strategy.

The overarching objective of this Communication and Implementation Strategy is to ensure that all stakeholder representatives are informed and appropriately engaged in order to facilitate the implementation and sustainability of the NCSS within NHSScotland Health Boards.

## 2. Background

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The NCSS was first launched in 2006 and then revised in 2009. Both these editions of the NCSS have been a frequency based specification that defines the minimum standard of cleanliness to be expected within NHS sites.

The HAI Task Force agreed funding for further revisions of the NCSS document, through March 2013/14, with an aim to review and implement regular revisions to the NCSS as directed within the 2010 Independent Audit report. This review was identified as Phase 1.

An Expert Advisory Group was established to carry out this review and was made up of leads from the Domestic Services Expert Group (DSEG), Health Protection Scotland (HPS) and members from the Infection and Prevention Control Networks. The main objectives of the review were to look at the current guidance directly related to disposable cloths, micro-fibre cloths and colour coding.

During the initial review, the Expert Advisory Group noted a real need for further revisions to be carried out and a 'continuation for funding' paper had been submitted.

The further revision entailed a more extensive review of the NCSS to ensure it was consistent, robust and had measurable standards. The revision also ensured that the current NCSS document had been simplified and aimed more towards the outcomes 'the cleanliness standard of the environment'.

The current task definitions and specification codes were also reviewed.

Phase 2 of the NCSS review, which took place between 2014/15, focused on the structure of the document and developing the document into an output risk based specification which redesigned the current 5x5 risk matrix into a 3x3 risk matrix focussing on **infection risk vs. public perception risk**.

In order to fully audit how the revisions within the NCSS worked and were accepted within NHS Sites, it was agreed to pilot the NCSS within two NHS Boards: NHS Shetland and NHS Lothian.

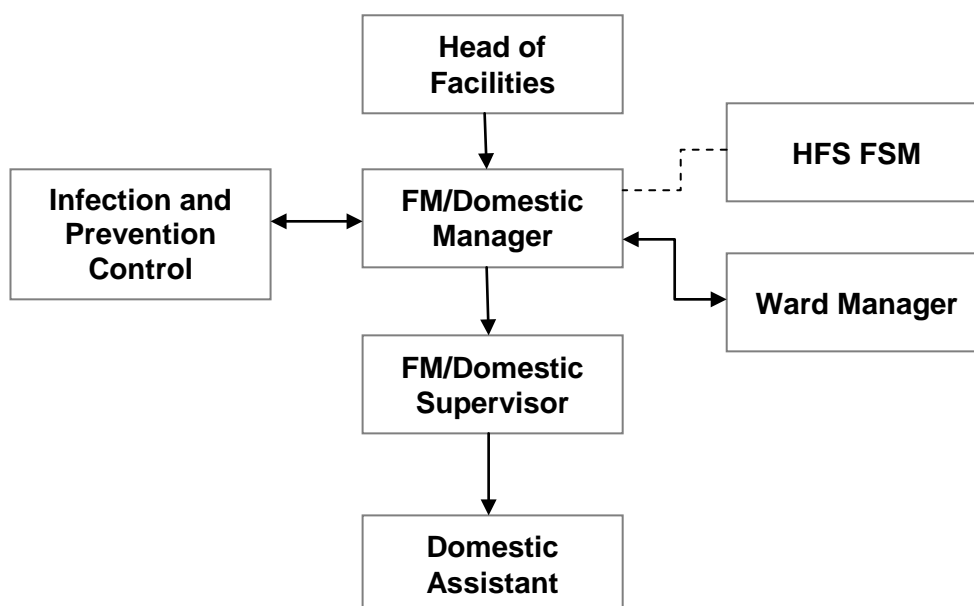
### 3. Communications Governance

This Implementation and Communication Strategy has been produced to give you a recommended approach to the Communication Governance when implementing the revised NCSS in your NHS Board.

In order to implement any change within the organisation it is key that a team be established who have specific roles and responsibilities within the planned role out process.

Below is a suggested approach. This approach proved successful during the pilot projects within NHS Lothian and NHS Shetland.

#### Implementation Team Structure



#### Head of Facilities

The Head of Facilities role, in the implementation of the NCSS, is to have an overview and be kept informed on how the implementation is progressing. They should work collaboratively with the Implementation Team so that they can raise any related issues at strategic level.

#### FM Manager/Domestic Manager

The FM Manager/Domestic Manager will be the responsible person ensuring the governance and communication process during the implementation of the revised NCSS is followed.

They will be responsible for the implementation, ensuring a robust and structured approach is taken when reviewing the revised NCSS principles and embedding these into the NHS Boards environment.

## **Infection and Prevention Control Manager/Nurse(s)**

The role of the Infection and Prevention Control Manager/Nurse(s) is to provide support and guidance throughout the pilot on all infection control matters, which includes the development and sign off of the revised work schedules.

## **Ward Manager**

The main role of the Ward Manager is to ensure that detailed communication between all staff members, working in the pilot ward area, takes place.

## **Domestic Supervisor**

The role of the Domestic Supervisor during the implementation of the revised NCSS is key, potentially the key role throughout the process. He/she will be responsible, with support from the FM/Domestic Manager in reviewing current work schedules, reviewing the principles within the revised NCSS and embedding these principles into the current work schedules, or developing new bespoke templates.

He/She will also be responsible for Training Domestic Assistants on the new or revised work schedules ensuring Domestic Staff are fully trained on the changes and are comfortable with the new defined processes.

He/She will be responsible for carrying out increased walk rounds of the area, where the NCSS is being implemented; ensuring identified issues are dealt with quickly and efficiently.

## **Domestic Assistant**

The role of the Domestic Assistant, during the pilot period, is to work to the revised work schedules. It is important that Domestic Assistants follow these revised schedules and document what is being asked of them. Another key role of the Domestic Assistant is to keep a diary log of challenges and issues they have come across during each shift and report this back to be discussed at the stage review.

## 4. Communication Tools

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There are a variety of communications tools available. Listed below are the recommended tools that could be used throughout the implementation to distribute the messages to stakeholders and customers.

A more detailed schedule of how and when these methods will be used follows in the Communications Action Plan.

### **Email**

The most direct method of communication with stakeholders is via email. HFS have an Expert Advisory Group for facilities in order to disseminate information effectively.

### **Minutes**

Action notes from Expert Advisory Group meetings are held electronically and are available from the Administrator based in HFS.

### **Website**

Finalised implementation guidance will be published on the website. This website is available to members of the public, including NHS staff and non-NHS staff.

### **Presentations**

Throughout the duration of the project the FM Manager/Domestic Manager may be required to deliver presentations to a variety of stakeholder groups. Each of these presentations will be tailored to the specific audience.

## 5. Implementation Flow Diagram

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The purpose of the below Implementation Flow Diagram is to give you a clear defined process of how to successfully implement the revised NCSS within your NHS Board. The Flow Diagram has been developed taking the process and lessons learnt from the pilot projects of the NCSS within NHS Shetland and NHS Lothian.

The principles of the Flow Diagram are to provide you with a starting position, and signing each element off before moving to the next task within the flow diagram.



## Stage 1

	Action	Suggested responsible person	Action Completed
<p><b>STAGE 1</b></p> <p><b>Complete Stage 1 actions prior to moving to Stage 2 actions</b></p>	1. Identify the Implementation Team who will be responsible for implementing the revised NCSS.	FM Manager/Domestic Manager	
	2. Identify single ward/department where the new revised NCSS will be implemented. Implementing within one identified area intially will allow a robust controlled approach.	Implementation Team	
	3. Hold first meeting with Implementation Team: this meeting should be held to review Implementation Strategy, defining each persons roles and responsibilites within the pilot project and during the trial.	FM Manager/Domestic Manager	
	4. Agree the timeline of the pilot for the NCSS, ie 6 week pilot, or longer, but this must be agreed witin the Implementation Team.	Implementation Team	
	5. Agree the governance and reporting structure throughout the pilot. For example stage reviews, will these happen, if they do what will the frequency be.	FM Manager/Domestic Manager	
	6. Carry out a visual walk of the pilot area: the idea is to identify what room types are within the area, ie single rooms, multi-rooms. The introduction of a risk based approach should be thought about during this visual walk round, how staff could be deployed following the risk based approach thinking of the room types. Is frequency of cleaning single rooms vs multi-rooms going to change.	FM Manager/Domestic Manager Domestic Supervisor	
	7. It is suggested that an action plan be developed for each stage of the pilot. See <b>Appendix 1</b> which is a draft action plan which gives a starting point for Stage 1. This template can be further developed and used if needed.	Implementation Team	
	8. Carry out stage review and record information	FM Manager/Domestic Manager	

## Stage 2

	Action	Suggested responsible person	Action Completed
<p><b>STAGE 2</b></p> <p><b>Complete Stage 2 actions prior to moving to Stage 3 actions</b></p>	<p>1. Reviewing the current work schedules. Decision must be taken as to the current work schedules and if these will be used as the template or if a new template will be used.</p>	<p>FM Manager/Domestic Manager</p> <p>Domestic Supervisor</p>	
	<p>2. Review risk assessments and risk matrix within the revised NCSS to better understand the RAG ratings for tasks within pilot area.</p>	<p>Implementation Team</p>	
	<p>3. Review each alphanumerical specification code assigned to each area/room type, ie, A1 bed area etc. RAG Statuses are different for tasks depending on the area/room type.</p>	<p>Implementation Team</p>	
	<p>4. Tasks within the NCSS identified as <b>RED</b> must be listed as Daily clean within the work schedule as these are high risk touch elements. Categorise and list all <b>RED</b> tasks within area/room.</p>		
	<p>5. Tasks within the NCSS identified as <b>AMBER</b> and <b>GREEN</b> should be listed as Daily check cleans within work schedule. Categorise and list all <b>AMBER</b> and <b>GREEN</b> tasks within area/room.</p>		
	<p><i>Guidance</i></p> <p><i>During check cleaning, Domestic Assistants must carry out a check of the element, ie high level dusting, if an action is required this element must be cleaned and documented, or document to say they have checked the element and no further action was required.</i></p> <p><i>Documentation is key, it will allow a robust evaluation of cleans carried out including the amount of check cleaning carried out with or without subsequent actions taken.</i></p> <p><i>This approach allows the use of staff members hours to be best utilized across the service allowing for more check cleans to be carried out including re-check cleans of areas such as sanitray areas.</i></p>		

**Stage 2 continued**

	<b>Action</b>	<b>Suggested responsible person</b>	<b>Action Completed</b>
	6. Write up work schedule.	Domestic Supervisor	
	7. Develop contingency work schedule following principles of NCSS.	FM Manager/Domestic Manager Domestic Supervisor	
	<p><b>Guidance</b></p> <p><i>Domestic Manager/Domestic Supervisor responsible for the development of contingency work schedules, by using the revised NCSS develop a work schedule for unforeseen circumstances when the ward is short staffed, ie sickness, annual leave. RED rag risk statuses should be what is focussed on. The contingency schedule has been piloted and gave the NHS Board the ability to provide a robust and safe service during staff shortage while focusing on RED high risk areas. An example of this work schedule can be seen in <b>Appendix 2</b></i></p>		
	8. Carry out Stage review and record information.	Implementation Team	

**Stage 3**

	<b>Action</b>	<b>Suggested responsible person</b>	<b>Action Completed</b>
<p align="center"><b>STAGE 3</b></p> <p align="center"><b>Complete Stage 3 actions prior to moving to Stage 4 actions</b></p>	<p>1. Communicate changes made to the work schedules with the Implementation Team. Full agreement is required.</p>	<p>FM Manager/Domestic Manager</p>	
	<p>2. Commence staff training on the revised work schedules. It is key that staff members are fully trained on the schedules including how to document when specific tasks are carried out.</p>	<p>Domestic Supervisor</p>	
	<p>3. Domestic Manager and Domestic Supervisor to agree in principle the frequency of the increased walk rounds of the pilot area.</p>		
	<p>4. Agree with the Implementation Team the frequency of increased auditing of the ward/department area throughout the pilot timeline, this is suggested to take place on a weekly basis using the Facilities Monitoring Tool.</p>		
	<p>5. Review Facilities Monitoring Tool (FMT) and establish 6 months of domestic audit results prior to commencement of pilot. This is key to establish what effect the revised work schedules has on the environment.</p>	<p>FM Manager/Domestic Manager</p>	
	<p>6. Implement revised work schedules within agreed ward/department area.</p>	<p>Domestic Supervisor</p>	
	<p>7. Carry out Stage Review and record information.</p>	<p>Implementation Team</p>	

## Stage 4

	<b>Action</b>	<b>Suggested responsible person</b>	<b>Action Completed</b>
<p><b>STAGE 4</b></p> <p><b>Complete Stage 4 actions fully to establish meaningful data for the end stage report</b></p>	1. Evaluation of the impact of implementing the revised NCSS over a 6 week period.	Implementation Team	
	2. Organise meeting with full Implementation Team and review each stage review identifying lessons learned.	FM Manager/Domestic Manager	
	3. Gather data from increased auditing.	FM Manager/Domestic Manager	
	4. Gather information from Domestic Staff perception, consider sending out a survey. Important to identify how staff using the revised work schedules felt.	Domestic Supervisor	
	5. Consider send survey around ward staff and patients, how did our customers and patients see the environment from a cleanliness perspective.	Implementation Team	
	6. Develop a report based on the information gathered, include data from each stage review.	Implementation Team	
	7. Review and agree next ward/department area for implementing the NCSS.	Implementation Team	

## 6. Feedback from Pilot Trials

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Below are a few comments from the Pilot Boards.

If you require more qualitative and quantitative data, please contact the Facilities Support Team at: [nss.facilitiesupportteam@nhs.net](mailto:nss.facilitiesupportteam@nhs.net)

***“An opportunity to spend some time with others working to create a new working schedule was a great experience. Using the NCSS guidelines was much easier with detailing every task that domestics support has to do during their working time.”***

***“Sanitary areas are much cleaner and there is time to go back and check your own work.”***

***“Give time for my staff to assimilate themselves with the change that will occur in the nearest future. Use staff hours in pilot ward more effectively.”***

***“By having a group meeting and explaining what was being changed and why along with a printed copy of the revised NCSS made it easier to integrate.”***

***“Feedback gathered from staff after one week was positive, the aspects they were happy about were detailed list of duties they had to do on each day. It also was found to be much easier for any member of staff that recently was appointed to the post. It also prioritized tasks for them.”***

***“It makes me more aware of what and where patient’s risks are and making it a safer environment. It brings staff together to discuss good and bad making them more aware to why it is being done.”***

## 7. Conclusion

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To conclude this Communication and Implementation Strategy, it has been developed and agreed with the NCSS Working Group. The strategy is to provide you with support and guidance based on information from two NHS Scotland Boards that piloted the revised NCSS as part of the original deliverables of the project.

## 8. Appendix 1 – Example Communications Action Plan

### Stage 1: Goal – Action Plan

- Identify the team that will be responsible for implementing the revised NCSS;
- Identify single ward/area where the new revised NCSS will be implemented;
- Initiate first meeting with the Implementation Team and agree next steps.

Activity	Stakeholders	Channel	When	Resources	Responsible
Area Domestic Services Lead to identify Pilot Implementation Team	Head of FM Domestic Supervisor Domestic Assistant Infection and Prevention Control Nurse/Manager Area Domestic Services Lead Health Facilities Scotland	Meetings Emails Presentations	Establishing the team should be done four weeks prior to implementation date.  Work back from the planned implementation date and then define the 'when' the team must be established by.	Local administrative support	Area Domestic Services Lead  HFS Representative will provide support as and when required by the responsible person.
Review of Stage 1, lessons learned, what worked well during the identification of team and area for the NCSS Pilot.	Area Domestic Services Lead Domestic Supervisor Domestic Assistant Infection and Prevention Control Nurse/Manager	Meetings Emails Feedback sessions	Stage 1 review should be carried out immediately after Stage 1 complete,	Progress Report Questionnaire	HFS Facilities Manager Implementation Team