

After reporting on how the high intensity cleaning programme at The Leeds Teaching Hospitals NHS Trust is contributing to reducing infection, improving the patient environment and reducing risk, *Hospital Bulletin* returned to check on the success of recent upgrades to the massive trust's cleanliness monitoring.

Andrew Matthews, deputy head of facilities, explained: "We now have a three phase process - visual, ATP and UV targeting. The ATP and UV are brilliant. They focus peoples' minds and show us where we can do better and where we are doing well."

"We were pioneers of Credits for Cleaning, the cleanliness monitoring tool from Pierce Management Systems. It's been one of our main performance management and monitoring tools for some time."

"Last autumn we introduced Hygiena International's ATP system to support practice development and our frequencies of cleaning, identifying trends where applicable. On top of that, we're half-way through a trial of Ecolab's EnCompass hygiene monitoring intelligence programme, which has shown very encouraging results. Both of



*The trust pioneered the Credits for Cleaning programme*

these are great training tools too."

The implementation of these systems is the responsibility of Martin Lowe, the trust's service development manager. "Cleaning is far more technical and involved than it has ever been," said Martin. With five sites to cover and two of those large city centre hospitals, the facilities service oversees 130 clinical wards and over 300 clinical areas on a daily basis, spanning 520,000m<sup>2</sup>.

"It takes a lot of effort. The trust is a big beast," said Martin, who was previously a facilities manager at the trust's huge Bexley Wing, which itself is bigger than many general hospitals.

"We have visual cleaning standards checks by independent monitoring officers. They go round monthly and check against the National Standards Framework, which links into C4C."

Martin explained: "The ATP we use to independently test

# It might look clean - Leeds knows if it is

## Cleanliness monitoring at the massive Leeds Teaching Hospitals NHS Trust



*Andrew Matthews, left, deputy head of facilities, and Gary Thirkell, infection prevention nurse - estates and facilities*

areas and to support the visual inspection that has been done. It shows whether a high frequency touch point that might look clean is microbiologically clean.

"We look to target in two prongs with ATP. We do random wards and test to see if cleaning is being done to the correct schedules and standards. Then we'll also use the ATP on areas we judge to be of concern, either due to poor cleaning scores or infection outbreaks."

"The information it's producing is used in conjunction with our in-house training department to enhance the knowledge we can give to the ward housekeeping staff. For instance, some of the items we found in the facilities area which are recording high readings were extremely high contact points such as fridge doors in kitchens, ward exit buttons, door and push plates, and the tap on the water boiler, and nursing areas such as call buttons and nursing notes easels."

"By using the ATP we've been able to raise the staffs' awareness that even if the areas were being adequately cleaned it was the frequency of use or re-soilage

rate which was the issue. So we've increased the frequency of cleaning even further for certain items."

"Any items we record as a FAIL are immediately cleaned and tested to ensure that they are in a safe condition microbiologically

and re-tested. This happens across the whole trust."

Martin said: "At each location we visit we do a random ten sample points as a minimum. These are chosen to reflect a balance of the items that facilities is responsible for cleaning and that nurses are responsible for cleaning"

"Using the evidence the ATP is generating we've been able to undertake a trail within two of the customer service units, where we've put additional cleaners in to take some of the responsibility for cleaning away from nursing to allow them to focus more on actual patient care."

Outlining the benefits of ATP, Martin said: "With this system being scientific, instant and a visual display it provides that reassurance that when an item has been stated as visually clean it is actually clean. It can remove the subjective nature of visual assessment."

"Cleaning teams have taken to it and it demonstrates that all the hard work they put in is effective. Nursing staff like it because they get that instant feedback and the assurance about their environment."



*ATP quickly scores the cleanliness of high touch points*

"Because we can use the ATP as a training tool to check the thoroughness of cleaning, we can also use it to check the effectiveness of staff hand hygiene technique generally. We started doing it with our training department for instruction and refresher training. We found people were getting stale with the UV light box, so it added an extra dimension and a reaffirmation of why you have to use the hand hygiene technique."

Martin added: "In the short time we've had Hygiena International's ATP it's already proving to be an immense benefit as a training tool for staff and as a more scientific assessment for the more scientific minded within the clinical teams, and ultimately as an assurance that we are cleaning effectively."

"ATP is almost that perfect blend between cleaning and microbiological controls which combine together to assist in achieving the trust's targets in reducing infection rates."

Describing the imminent installation of the ATP system's accompanying SureTrend data analysis software, Martin explained: "Because of the sheer size of the trust and the level of detail that you can programme the system with we are still in the process of setting up all the trust areas. This will allow us to extremely rapidly and extremely simply obtain detailed pictures on trends and patterns - by ward, by item, by time of day and by service area - instantly."

"It will be available to all the operational managers who currently have access to C4C. This covers everyone from supervisor upwards, including some of our key clinical colleagues and infection control practitioners. C4C and Hygiena's ATP system are compatible, so it's a good way to compare and contrast. Indeed, the compatibility is one of the reasons for us wishing to enable it fully."

"It's been good where we've had outbreak problems and the chief medical officer has asked for ATP being carried out in part of the outbreak control measures," added Martin "ATP's working. We love it."

Pam Holroyd, IPC specialist supervisor - facilities, said: "The ATP's a simple device, easy to use, instant. It's indisputable proof of the cleaning process for both PASS and FAIL. It's been a big benefit. Nurses like it and patients show a lot of interest."

Ecolab's EnCompass hygiene monitoring intelligence program helps infection prevention, facilities and auditing monitoring teams to measure and improve

cleaning standards across the clinical environment. Simple, yet effective and benefitting from the latest iPod-based app technology, EnCompass is a systematic approach to environmental hygiene. It uses fluorescent targeting to make the invisible visible, to consistently confirm whether near-patient surfaces have been cleaned in accordance with existing protocols.

Outlining the trust's ongoing trial of EnCompass, Martin said: "We started a six-month trial in January. We're using it as the third string to our bow - the other two being visual and ATP.

"The system works by using a gel, which glows under a UV light. So we dab high touch objects with the gel and then after cleaning, by shining the UV torch on the area, check that the gel has been completely removed



Martin Lowe, service development manager

without the cleaner knowing where the sample points are placed.

"As a tool I think it's got enormous potential - definitely within training but also with assurance. In the way that we have been using the system on

part of the trial we've been able to demonstrate week-on-week improvements in the results obtained.

"The areas of the trial have been very high risk wards, such as ICU and theatres, but we've also been trialling it with the

bed discharge areas in both the infection and non-infection rooms. The key focus is on high touch objects such as tap handles, cot rails, monitor buttons and toilet flush handles.

"The system itself is very easy to use and the information is fed into a central IT database, accessed via an iPad. It's a standalone software package. We feed the information into EnCompass which then generates the reports. The information can be broken down by area, by item, and by operator.

"One of the key benefits for us is in the training aspects in addition to the formal audit. For example, we could dab the gel with the staff's knowledge and allow them to carry out the cleaning and then show them how effective they have actually been by shining the UV torch. So it has active and proactive uses."

Martin explained: "The ATP and UV systems together are showing very similar trends and patterns. In combination they form a very effective arsenal to improve the cleaning standards and maintain a safe and infection free environment. They also help to give the staff the confidence that they know how to do the job to a high standard.

"With ATP you've got the scientific proof because it's an enzymatic reaction with a scale. With EnCompass you have further visual proof and you're taking the subjectivity away from it.

"Although it's early days with EnCompass I feel that it's already showing great benefits in being able to improve staff competency and assurance of the competency to the clinical areas. EnCompass is another simple visual tool to use. It's opposite to ATP. It will help to educate the cleaners to ensure that touch points are cleaned correctly."

Using the system, Kelly Wood, a facilities team leader, said: "It's beneficial for us, very easy to use. It's good for training staff and assurance. Nursing teams appreciate the benefits too."

Gary Thirkell, infection

prevention nurse - estates and facilities, said: "Visual monitoring has been going for a while. But what you see is often not what you get. It might look clean, but it may not be. The supporting evidence could suggest that too. So part of what we wanted to do was provide additional assurance.

"We looked at the ATP systems available and chose Hygiene International's SystemSURE



The systems generate comprehensive reports

Plus. On frequent touch points we use it in what were historically high-risk areas. It highlighted areas where there was a potential issue over who cleaned it - such as bed rails. So we introduced additional cleaning of these elements. Along with clinical colleagues it's introduced a multi-disciplinary way of cleaning. It's also supported giving additional assurance on cleaning."

Describing the UV system, Gary explained: "We were aware, through American literature, of the work done by Dr Philip Carling in the US using Ecolab's EnCompass system with its ultraviolet gel. So we've been able to review that but also the way we could introduce it as a quality improvement tool in facilities.

"Results from America showed that particularly on discharge people were missing part of the cleaning process. So we've been able to show which bit they've missed. The designated managers use the ultraviolet light and if the area needs it it's re-cleaned. It's assisted us with the targeting of the training.

"Three months into the trial it's highlighting that it's a good quality improvement tool."

Gary added: "In today's NHS it's important that the users and commercial company's work collaboratively together. With Leeds Teaching Hospitals NHS Trust cleaning remains a key component in controlling infection and the use of emerging technologies is assisting in this."

For further information, e-mail [andrew.matthews@leedsth.nhs.uk](mailto:andrew.matthews@leedsth.nhs.uk) or [martin.lowe@leedsth.nhs.uk](mailto:martin.lowe@leedsth.nhs.uk) or [gary.thirkell@leedsth.nhs.uk](mailto:gary.thirkell@leedsth.nhs.uk)



UV light shows if the touch point has been correctly cleaned

# pms

pierce management services

# CAC

credits for cleaning

The highly successful C4C system that is being used within The Leeds Teaching Hospitals NHS Trust has many key benefits. It complies to the National Standards of Cleanliness April 2007 or the PAS 5748 version and can be tailored to suit local requirements. Please contact Tim Hubbard for more information.

## The Quality Monitoring and Cleaning Management System

- CAC C4C Monitoring Audit Module
- CAC Work Schedule and SLA Module
- CAC Domestic Stores Management Module
- CAC Training Planner Module
- CAC Quality Assurance Module
- CAC Portering and Helpdesk Module
- CAC Health and Safety Module
- CAC Web Reporting
- CAC PLACE
- CAC Decontamination Module
- CAC Facilities Dashboard
- CAC PAS5748 System Enhancement
- CAC Catering Audit Module
- CAC Waste Audit Module

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Dickenson House 30 Albion Street Chipping Norton Oxfordshire OX7 5BJ

www.pmsnet.com info@pmsnet.com

01608 647100



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