Review of Training Requirements for Cleaning and Decontamination in the Healthcare Environment

April 2013
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1. Executive Summary

Introduction

Cleaning and decontamination of healthcare environments has a hugely important role in ensuring that the risk to patients from healthcare associated infection (HAI) is prevented. The aim of this research was to clarify and review the training programmes, education provision, policy and procedures that exist for the staff whose role it is to clean and decontaminate the NHS healthcare environment in Scotland. A further consideration of the research was to identify the key learning needs of the domestic services workforce within NHSScotland.

Scope

The study involved a three stage research programme in which extensive secondary research was followed-up and supplemented by contributions from key experts from organisations including NHSScotland Health Boards and NHS Special Health Boards. A total of 20 expert stakeholders took part in in-depth telephone interviews with a Pye Tait researcher.

Focus groups were held in four NHSScotland Boards: Dumfries and Galloway; Ayrshire and Arran; Fife; and, Greater Glasgow and Clyde. At each location two separate focus groups were conducted for Domestic Assistants, and NHS staff from other multiple disciplines which impact upon and/or connect with the roles and responsibilities of domestic service staff and their professional training.

Along with secondary data, the learning mechanisms used to deliver training programmes, education provision, and information around policy and procedures for domestic services staff were also reviewed. Gaps in provision of training and information for Domestic Assistants and Supervisors and Managers were identified as well as factors affecting the recruitment and retention of domestic services staff.

Conclusions

There is variation in the way that training for cleaning and decontamination is approached across NHSScotland’s Health Board, in terms of delivery methods, regularity and in some cases content.

The research has identified a number of practices that work well and that promote the effective prevention of HAI. The impact and importance, to HAI prevention, of a number of underpinning factors and overarching issues affecting training delivery including learning styles; delivery methods; training “culture”; nature of the job roles in question – and interactions between them; and availability of resources came across very strongly in the research.
Although flexibility and freedom to vary practice according to local need is a necessary requirement, this can lead to perceptions of inconsistency, as well as gaps in knowledge and competence which may impact on the prevention of HAI. The research has found a number of instances where lessons can be learned and good practices that could be emulated by different NHS Health Boards.

**Recommendations**

- Education resources should be developed in HAI prevention and control that address needs and learning style of the domestic service workforce.
- Educational resources should, where possible, support preferred learning styles and delivery methods within the domestic services workforce.
- The development of educational solutions should support the buddy system ensuring “buddies” are confident and effective in their role and that learning opportunities are maximised. Domestic Service Managers should make greater use of the buddy system to achieve training goals and to encourage and facilitate staff progression.
- Experienced staff should be encouraged to put themselves forward to become “buddies” as a progression pathway.
- The buddy system should provide new employees with an informal support and social network and offer a starting point to address general queries. In turn, the system should give the buddy an opportunity to develop their skills in communication and to share the benefits of their experience.
- Ensure regular refresher training and guidance provision for dealing with violence and aggression as this would address the apparent “ad hoc” nature at present.
- Ensure the provision of regular refresher training on day-to-day, core technical skills that will support the reduction of HAI.
- Investigate further the possibility of accrediting the Workbook to introduce greater consistency and recognition of skills attainment (particularly in view of the lack of demand for other forms of accredited training).
- Review Supervisor training to introduce a more structured, consistent programme, or minimum requirements, covering for example: administration, staff management, and IT.
- Introduce basic IT training for all Domestic Assistants to widen access to other sorts of training, and to enable access to staff resources, such as intranet facilities.
- Ensure that induction training includes an introduction to a variety of situations and difficult circumstances, such as dealing with death and coming into contact with those who have been recently bereaved.
2. Introduction

Providing a clean and safe environment for healthcare is a key priority for the NHS and is a core requirement in standards for better health. Cleaning and decontamination of healthcare environments has a hugely important role in ensuring that the risk to patients from healthcare associated infection (HAI) is prevented.

Healthcare associated infections are those acquired within a healthcare environment. There are a number of factors that can increase a patient’s risk of acquiring an infection, but high standards of infection control practice can minimise or even prevent the risk.

The prevention of HAI is a high priority issue for NHSScotland. There are a number of actions in place to reduce HAI including processes, policies and procedures, audit and surveillance and, education and training.¹

The Healthcare Environment Inspectorate (HEI) was established in April 2009 to undertake at least one announced and one unannounced inspection to all acute hospitals across NHSScotland every 3 years. The focus of the HEI is to reduce the HAI risk to patients through a rigorous inspection framework.²

Their aims are to:

- provide public assurance and protection, to restore public trust and confidence;
- contribute to the prevention and control of HAI;
- contribute to improvement in the healthcare environment including infection control, cleanliness and hygiene and the broader quality improvement agenda across NHSScotland.

The HEI’s function is to:

- give NHS Boards a proactive, assertive way to self-assess and report evidence;
- create a methodology for analysing NHS Board evidence that can validate, risk assess and identify targets for inspection;
- carry out rigorous inspections, from NHS Board level to hospital level to ward/clinical level;
- continuously monitor NHS Board improvement plans;
- make inspection findings public;

¹ HAI Taskforce (2004), The Risk Management of HAI: A Proposed Methodology for NHSScotland Consultation Document
² http://www.healthcareimprovementscotland.org/our_work/inspecting_and_regulating_care/hei_inspections.aspx
• make recommendations to Scottish Ministers.

Success in reducing the risk of HAI is largely dependent on a commitment to hygiene and the prevention and control of infection by healthcare staff within the healthcare environment, as well as the public.

The duties of a Domestic Assistant can help to make patients and their families feel confident that the healthcare environment is clean and safe. The fight against HAI makes it crucial that healthcare settings are as clean as possible. The knowledge and skills that Domestic Assistants have, including techniques and practices and the policies and processes underpinning them, is central to providing patients with a clean and comfortable setting and critical to preventing the spread of HAI.

Through this research NHS Education for Scotland (NES) in partnership with Health Facilities Scotland (HFS) is seeking to clarify and review the training programmes, education provision, policy and procedures that exist for the staff whose role it is to clean and decontaminate the healthcare environment. Additionally, the research is tasked with identifying the key learning needs of the domestic services workforce.

2.1 Training in NHSScotland

The NHS Reform (Scotland) Act 2004 enshrined in legislation a commitment to staff governance, and introduced the Staff Government Standard. Now in its fourth edition (June 2012), the Standard sets out a "system of corporate accountability for the fair and effective management of all staff", and in so doing stipulates the roles and responsibilities – of employers and employees – in pursuit of this goal.

“Appropriately trained and developed” staff are stipulated as a major feature of the Standard, bestowing on employers the responsibility to ensure that all staff have a:

“Regular, effective Personal Development Plan (PDP) and review discussion, in order to appraise past performance and identify any necessary learning and development opportunities”.  

All roles within the healthcare environment – including Domestic Assistants – are required to keep a PDP up to date, in collaboration with their manager through a mechanism of annual review.

In support of this, the Skills and Knowledge Framework (KSF) was produced to assist staff in meeting their responsibilities to actively maintain their skills and development to ensure they are competent to perform their job safely and effectively.

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3 http://staffgovernance-new.whitespacers.com/what-is-staff-governance/staff-governance-standard/
Following the development of the KSF in 2004, the National Education and Training Framework for Domestic Services was devised and rolled-out across Scotland in 2007, especially for the following roles:

- Domestic Assistants
- Housekeepers
- Domestic Supervisors
- Assistant Domestic Services Manager
- Domestic Services Manager

The Framework sets out the nationally agreed core capabilities, competences, knowledge and behaviours required of domestic services staff with the intention of introducing greater consistency and harmonisation across NHS Boards. With a particular focus on infection control – specifically Standard Infection Control Precautions (SICPs) – the framework describes three “core” and two “additional” capabilities expected of all domestic services staff.

Whilst the purpose of the framework is to achieve consistency in practice, it is recognised that sufficient flexibility must be embedded to reflect local activity.

This focus on staff development has been supported by the on-going development of a number of policies concerning infection prevention and control, such as:

- NHSScotland Code of Practice for the Local Management of Hygiene and HAI, 2004 (currently under review);
- the National Specification for Cleanliness in the NHS: a framework for setting and measuring performance outcomes, April 2007;
- HAI mandatory Induction Training Framework – which succeeded the Framework for Mandatory Induction Training in HAI for NHSScotland;
- National Cleaning Services Specification, April 2009;

A commitment to maintaining adequate skills and knowledge is stressed through these documents by, for example, requirements for Continuing Professional Development (CPD) strategies in relation to HAI. Through the Code of Practice for the Local Management of Hygiene and HAI, an obligation is placed on healthcare workers – including support staff – to identify their own CPD objectives in regard to HAI, demonstrate competence in relation to prevention and control of HAI, and to set an example to others in maintaining safety in the work environment.

The Healthcare Quality Strategy for Scotland published in 2010 states that

“...everybody delivering healthcare services in Scotland is motivated above all by the quality of service they provide in partnership with their colleagues, with patients and their families”.\(^6\)

The Quality Strategy is a development of the Better Health, Better Care Action Plan (2007). The strategy builds upon improvements in tackling HAI, as well as reduction in patient waiting times and has been informed by discussions with NHSScotland Staff, independent primary care contractors as well as patients and carers. The strategy sets out a number of objectives, among them, “We will work with and through people - our most valuable asset - our leaders, service users, health professionals and support staff to create and sustain a culture where quality can thrive and the contribution of every individual to quality is recognised and valued”.\(^7\)

Previous research conducted in 2007,\(^8\) and which informed the development of an education framework for administrative staff and support services, found staff had limited access to accredited learning programmes, little or no access to IT (typically used to deliver training) and that there was a lack of provision to develop trade skills.

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\(^5\) This document is aimed at healthcare workers
\(^6\) The Scottish Government (2010), The Healthcare Quality Strategy for NHSScotland
\(^7\) The Scottish Government (2010), The Healthcare Quality Strategy for NHSScotland
\(^8\) Developing an Education Framework for Staff in Administrative Services and Support Services; Scoping Study and Stakeholder Consultation Report, April 2008
More fundamentally, the research revealed significant challenges in regard to career progression and development and a lack of recognition concerning the contribution of such staff to the patient experience more generally.\(^9\)

### 2.2 Profile of domestic services staff

> “It's not a wee woman pushing a mop; it's a profession and a very noble one”

Domestic Services Manager

According to the most recent figures held by the Information Services Division (IDS), as of 30\(^{th}\) September 2010 “Support Services” comprised 11.8% of the NHSScotland workforce equating to approximately 19,800 individuals\(^10\) (the total NHSScotland workforce totalled 168,051).

Whilst these data provide a reliable indication of the scale of the Support Services workforce, there are no accurate figures for domestic services staff, alone.

More recent projections released by the NHS National Services Scotland Information Services Division (ISD) for the financial year 2012-2013 estimated that Support Staff would number 13,750.5 – a reduction of 0.1% on the previous financial year\(^11\). These figures are aggregated from estimates made by each of the NHS Boards:

<table>
<thead>
<tr>
<th>Ayrshire &amp; Arran</th>
<th>Highland</th>
</tr>
</thead>
<tbody>
<tr>
<td>Borders</td>
<td>Lanarkshire</td>
</tr>
<tr>
<td>Dumfries &amp; Galloway</td>
<td>Lothian</td>
</tr>
<tr>
<td>Fife</td>
<td>Orkney</td>
</tr>
<tr>
<td>Forth Valley</td>
<td>Shetland</td>
</tr>
<tr>
<td>Grampian</td>
<td>Tayside</td>
</tr>
<tr>
<td>Greater Glasgow &amp; Clyde</td>
<td>Western Isles</td>
</tr>
</tbody>
</table>

It should be noted however that the “Support Staff” category includes a total of 109 different job roles – domestic services staff constitute only 6 of those job roles.

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\(^9\) Developing an Education Framework for Staff in Administrative Services and Support Services; Scoping Study and Stakeholder Consultation Report, April 2008

\(^10\) [http://showcc.nhsscotland.com/isd/5247.html#Overall_staff](http://showcc.nhsscotland.com/isd/5247.html#Overall_staff)

\(^11\) It should be noted that these figures are based on whole time equivalents (WTE), rather than on "headcount" as the 2010 figures are.
These are:

<table>
<thead>
<tr>
<th>Code</th>
<th>Job Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>78E1</td>
<td>Domestic Assistant</td>
</tr>
<tr>
<td>78E2</td>
<td>Domestic Assistant higher level</td>
</tr>
<tr>
<td>78E3</td>
<td>Domestic Supervisor</td>
</tr>
<tr>
<td>78E4</td>
<td>Domestic Supervisor higher level</td>
</tr>
<tr>
<td>78E5</td>
<td>Domestic Manager</td>
</tr>
<tr>
<td>78E6</td>
<td>Domestic Manager higher level</td>
</tr>
</tbody>
</table>

These figures should therefore be viewed as indicative only, and to provide a “flavour” of the potential size of the workforce.
3. Methodology

3.1 Aim and objectives

The overarching aim of this piece of work was to establish the extent to which existing training programmes meet the key learning needs of NHSScotland staff that clean and decontaminate healthcare environments.

The strategic aims of this project were to:

- provide an evidence base of available current education and training pertaining to the cleaning and decontamination of healthcare environments provided to NHSScotland staff, including scoping of all relating guidance and policy provided to staff;

- determine the potential impact of technological advances in the cleaning and decontamination of healthcare environments on the domestic services workforce;

- map the existing responsibilities of the staff who clean and decontaminate healthcare environments;

- establish the most effective means for the training and guidance of the healthcare domestic services workforce.

The research was conducted over a 5 month period between November 2012 and March 2013.

3.2 Approach

A multi-faceted approach combining primary and secondary research methodologies has been undertaken spanning three, overlapping phases:

**Phase I**: Secondary data review.

**Phase II**: Primary research including interviews and focus groups with expert stakeholders; on-going secondary desk research.

**Phase III**: Analysis of all data and reporting.

A total of 20 expert stakeholder interviews have been carried out with individuals across Scotland from the following occupational areas:

<table>
<thead>
<tr>
<th>Facilities Manager</th>
<th>Domestic Services Supervisor</th>
<th>General Services Manager</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational Projects</td>
<td>Infection Control</td>
<td>Head of Safety</td>
</tr>
</tbody>
</table>
Stakeholders interviewed were identified by NES and HFS and were drawn from across NHSScotland Healthcare Boards, NHS Special Health Boards and other sources detailed below:

<table>
<thead>
<tr>
<th>NHs Lanarkshire</th>
<th>Healthcare Improvement Scotland</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS Fife</td>
<td>NHS Tayside</td>
</tr>
<tr>
<td>NHS Greater Glasgow and Clyde</td>
<td>General public – hospital review volunteer</td>
</tr>
<tr>
<td>NHS Education for Scotland</td>
<td>NHS Dumfries and Galloway</td>
</tr>
<tr>
<td>Scottish Government</td>
<td>NHs Highland</td>
</tr>
<tr>
<td>Health Protection Scotland</td>
<td>NHS Ayrshire and Arran</td>
</tr>
<tr>
<td>Healthcare Environment Inspectorate</td>
<td>Scottish Ambulance Service</td>
</tr>
</tbody>
</table>

Focus groups were held with Domestic Assistants and separately with NHS staff from multiple disciplines which impact upon and/or connect with the roles and responsibilities of domestic service staff and their professional training. The groups took place across four NHSScotland Boards:

<table>
<thead>
<tr>
<th>Dumfries and Galloway</th>
<th>Ayrshire and Arran</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fife</td>
<td>Greater Glasgow and Clyde</td>
</tr>
</tbody>
</table>

The focus groups were organised by individuals identified and approached by NES and HFS. Nominated individuals were then responsible for organising two separate focus groups at their location, one for domestic services staff and one for staff from across multiple disciplines relating to HAI prevention. For domestic service staff separate focus groups were organised to encourage them to speak freely without the presence of their line managers and other senior staff.

A wide variety of individuals with different areas of specialist expertise were invited to take part in the multidiscipline groups and although attendance, in terms of the
numbers and job roles of those who came along, varied between the four NHS Boards a broad range of job roles and responsibilities were represented. In addition to those that took part in telephone interviews, focus group attendees included:

<table>
<thead>
<tr>
<th>Physiotherapy Team</th>
<th>Training Coordinator</th>
<th>Domestic Service Lead</th>
</tr>
</thead>
<tbody>
<tr>
<td>Infection Control Doctor</td>
<td>Catering Manager</td>
<td>Consultant Microbiologist</td>
</tr>
</tbody>
</table>
4. Learning Mechanism

4.1 Learning styles

Understanding learning styles is pivotal to ensuring the training that exists for the domestic service workforce is fit for purpose. There is clearly no perfect recipe either for training individuals or for encouraging further learning. Nevertheless, it stands to reason that the process of providing those responsible for the cleaning and decontamination of the healthcare environment with the necessary skills and knowledge to meet their responsibilities to the required standard begins with engagement.

For the domestic workforce to have a better understanding of the subject matter they are learning, and for a more enjoyable experience to aid remembering and comprehension of training, it’s important that the methods of teaching used are well suited to the types of learners within the workforce.

Domestic staff are in some ways non-traditional learners in that for many it may have been a long time since they have been required to undertake any form of training. It therefore follows that confronting the constraints and barriers that exist around such issues as confidence and feeling comfortable in a training situation plays a large part in making sure that training is adequate to meet its purpose.

“Sometimes there are DVDs and this works quite well because it’s visual and the domestics are happy to turn up and watch a DVD”

Telephone Interviewee

Members of the domestic workforce were asked, through the focus groups, about their learning preferences. Visual and auditory, along with on-the-job learning were the most popular methods with online learning being the least favoured. Whilst online learning is becoming an increasingly common method of training delivery, feedback from both domestic services staff and NHS workers from other disciplines suggests that the effectiveness of IT as a means of training delivery for the domestic services workforce is limited by the preference of the learners. The most common form of training delivery is via a “buddy” system whereby new members of the domestic services team shadow and work alongside experienced staff.
Illustration of learning styles by preference of domestic services staff

In developing approaches to training delivery that provide opportunities appropriate to the learner, it is necessary to assess to what extent the training resources that exist for Domestic Services staff meet their preferred learning styles. The National Cleaning Services Specification, published in 2009 states, “Training programmes should be systematically applied and may well include a variety of training techniques including ‘classroom’ and ‘on the job’ training sessions”.¹²

While it is not always possible to support the learning preferences of individual workers there is clear indication from desk and primary research carried out for this study that the domestic service workforce appear to respond most positively to a blended learning approach incorporating supported classroom learning and practical demonstration.

4.2 Training delivery

4.2.1 Induction training

New recruits to the domestic services workforce undergo formal induction training with the aim of giving them a solid understanding that their role within NHSScotland is central in the fight against HAI. From Board to Board the length of induction can vary however; typically, training will cover specific aspects and discrete activities of the job and include:

- a breakdown of the responsibilities of the role;

¹² NHSScotland (2009), National Cleaning Services Specification
• an explanation of work scheduling;
• an explanation of Codes of Practice;
• explanation and/or demonstration of the correct use of equipment and materials;
• a breakdown of personal protective equipment used in the execution of different tasks;
• a tour of the healthcare site;
• a description of the security regulations in operation;
• an explanation of dealing with the Control of Substances Hazardous to Health (COSSH);
• an introduction to waste management rules and processes;
• an introduction to policies to do with linen.

Within induction training there are mandatory elements. The example below is taken from one NHS Board. The requirements of mandatory training include:

• Moving and Handling;
• Fire Safety;
• Control of Infection;
• Hand Hygiene;
• Violence and Aggression;
• Elementary Food Hygiene.*

* Elementary Food Hygiene is a requirement for domestic service staff whose responsibilities include the plating up and serving of food to patients. This responsibility is not widespread across NHSScotland Boards and varies from one hospital to another within individual Boards.

Newly recruited NHS staff receive control of infection training as part of their induction. The Mandatory Induction training in HAI framework first introduced in 2005 has been recently revised and updated in 2012.

The aims of the revised framework are stated as to:

• maximise the relatively limited opportunities offered during “generic” induction programmes to emphasise the importance of HAI and the key role individual healthcare workers can make to reducing its incidence;
• provide a foundation for continuing development activity designed to increase understanding.13

Although training in the prevention of HAI is mandatory, programmes can be locally developed in line with the framework “the framework provides support to

13 NHSScotland (2012), Revised Framework for Mandatory Induction Training in Healthcare Associated Infection for NHSScotland
organisations who wish to design their own HAI induction training by setting out principles underpinning the development and delivery of mandatory induction training in HAI and defining learning outcomes against which any locally developed programme should be mapped.”

Induction training for domestic services staff, particularly at Domestic Assistant and Domestic Supervisor levels, can differ across Boards and across different healthcare settings within the same Board.

In addition to mandatory elements it is common for induction training to include educating new starters in policies that are likely to include Board, divisional and specific environment policies as well as child protection regulation, domestic services standards policy and core value statement.

“Initial training and induction involves a walk around the hospital to introduce all of the different areas, showing where the fire exits are - then it goes through the basics of cleaning, including things such as high and low dusting. I think it lasts about two days in the first week, then the same again the following week.”

Domestic Assistant

4.2.2 Buddying

The buddy system is intended to be one component of the overall programme of training and orientation. It provides an environment specific welcome to a new employee while enabling them to adjust to their new job and work environment and helps to promote a positive work attitude and build motivation from the outset. It is important to note however that while a buddy can provide a vital resource in promoting the prevention of HAI to a new colleague, he or she does not replace the important role the supervisor plays in orientating new people.

This research revealed general support for the buddying system; however both domestic service staff and staff from other disciplines explained that they have some common concerns. For example, one attendee at a multidisciplinary focus group voiced concern that training new people may have a knock-on effect upon the productivity of the person being shadowed:

“Domestics end up training new people, but they have their own work to do, so there isn’t enough time to train new people properly.”

A buddy is a knowledgeable and friendly colleague. They must have working knowledge of the healthcare environment, they should demonstrate a positive attitude, patience and strong interpersonal skills. Buddies should encourage new starters to become part of the team by reinforcing the importance of their role in preventing HAI. It is also important that someone chosen to be a buddy is able to maintain confidentiality.

14 NHSScotland (2012), Revised Framework for Mandatory Induction Training in Healthcare Associated Infection for NHSScotland
15 Information gathered from a study of job descriptions for domestic service staff
Senior domestic service staff interviewed set out the criteria they employ for choosing a buddy which involves selecting someone with the following characteristics:

- competence and efficiency;
- willingness to help others;
- friendliness and reliability.

Evidence gathered through this research suggests that at present buddies are approached by their supervisor to take on the role. Little evidence of self-selection has come to light:

- a number of the Domestic Assistants who came along to our focus groups had experience of being buddies to new starters. A small number reported they were the designated buddy on their shift pattern. However, some were concerned that when they act as buddies to new staff or are responsible for working alongside staff who are not used to an area (perhaps working an overtime shift to cover absence), they may unwittingly pass on what are seen as “bad habits”. “Bad habits” where and if they exist are always unintentional, nevertheless staff reported concern that where there is a lack of refresher training, this causes anxiety that if they are not consistently adhering to the correct processes and techniques this could be passed on.

- there are many benefits to be gained from the proper use of a buddying system in the prevention of HAI. It can help to accelerate new employees’ ability to carry out their responsibilities and can assist in initial integration and orientation into environmental culture. The system can provide new starters with easy access to information and guidance in their first few shifts which in turn may have the effect of lessening any initial confusion or uncertainty often faced by new employees in any job role. Domestic Assistants who attended our focus groups explained that buddying can often be beneficial in team building, helping encourage responsibility of ownership, and encourages knowledge sharing among peers.

> “Training is very ad hoc and is generally undertaken annually. This is usually ‘back to basics’ refresher training, covering use of machinery, mops and cloths as well as the techniques we are supposed to use.”

Domestic Assistant

### 4.2.3 On-going training

Working toward the prevention of HAI, it is the responsibility of the Domestic Supervisor to monitor staff and identify any training needs. The National Cleaning Services Specification states, “A record of training should be maintained and refresher training provided to all staff on a regular basis”\(^{16}\). The NHS Boards across Scotland differ in their approach to refresher training and in some cases there appears to be no formalised process for scheduling or carrying out training of this nature. One Domestic Manager described,

\(^{16}\) NHSScotland (2009), *National Cleaning Services Specification*
“although there isn’t a formal process for top up or refresher training, any needs would be picked up through monthly ward audits and inspections.”

Whilst our research indicates widespread disparity in the delivery of training across NHSScotland Boards there are many examples of good practice. For example, representatives of the NHS Boards we spoke to described close collaboration with Infection Control Teams (ICT) in the prevention of HAI.

Research participants reported hosting and arranging training days aimed at operational services staff covering topics that include: hand hygiene and basic control of infection training along with customer care, food hygiene, and health and safety. Environmental audits were cited as an example of good practice in the prevention of HAI. These typically involve a spot check “walk-around” taking in multidisciplinary teams and this is supported by the National Audit Programme.¹⁷

The Domestic Assistant and Domestic Supervisor Workbooks are key tools in the fight against HAI and appear popular with domestic and multidisciplinary staff alike. Anecdotally evidence suggests that the Domestic Assistant Workbook (known locally as “the green book”) is well liked. Domestic Assistants and senior domestic staff reported that staff are willing to work through the book and, because it is presented in hard copy, they are not daunted by the task it poses.

The Domestic Assistants Workbook has recently been reviewed to incorporate a healthcare support worker staff element. The workbook now takes in Healthcare Support Workers’ Standards which have been drawn from a separate document and includes, for example, information and questions around the Cleanliness Champions programme which is a popular tool in the prevention of HAI. Domestic Managers were involved in the review of the Domestic Assistants Workbook and on the whole feedback received through focus groups from both Domestic Assistants and senior domestic service staff was positive.

It was reported that in some NHS Boards only new staff will be required to work through the reviewed workbook whereas in others we were told all staff are required to complete it as a ‘refresher’ and because “it’s good practice”¹⁸. Domestic Supervisors responsible for overseeing the completion of the workbooks explained that they provide close support to those working through it. The current version of the Workbook was published in 2007, with a revised version planned for March 2013. Its purpose is to get supervisors supervising, not about “do you know this procedure”, according to one focus group attendee.

4.2.4 Training for Domestic Supervisors

The training available to supervisor staff is similar to that designed for Domestic Assistants. It is common for Domestic Supervisors to be promoted from the ranks of Domestic Assistants and therefore have well developed cleaning and

¹⁷ Health Protection Scotland (2012), National Hand Hygiene NHS Campaign
¹⁸ Feedback from multidisciplinary focus group
decontamination skills, a sound knowledge of the HAI prevention requirements and understanding of the critical importance of HAI prevention.

Supervisor training typically covers such aspects of the role as (but not limited to):

- staff training;
- staff delegation;
- promotion of HAI prevention;
- putting together rotas;
- dealing with conflict;
- staff monitoring and appraisal;
- sickness absence monitoring and carrying out the sickness absence policy;
- coping with grievances from staff.

As with Domestic Assistant training, a buddying system is often employed. A new supervisor will shadow an existing supervisor to gain first-hand experience of the operational aspects of the role.

Through focus group discussions it was put forward that reflective learning is one method valued by supervisors and their managers when training both new supervisory staff and for on-going learning. The workbook is generally felt to be a useful tool to promote HAI prevention awareness and to encourage learners to reflect on what they have learnt.

Depth interview respondents also identified the following training materials:

- Supervisors’ Training Pack developed by Health Facilities Scotland (HFS);
- National Monitoring System.

4.2.5 Staff secondment to different NHS Boards

There is a staff exchange policy in place in some, but not all, of the Boards that contributed to this research. Where this exists supervisors are seconded to other NHS Boards for varying periods of time, from just a day or two, to weeks in some instances. The purpose of this is to gain an understanding of HAI prevention methods in different settings and to spread best practice.

Meetings are held with senior domestic staff from the Board to which Supervisors are seconded - usually weekly - in order to discuss what staff feel has gone well and what hasn’t, as well as examples of good practice in HAI prevention or any observations of where improvements could be made. It is commonly felt by supervisors and managers who have been involved in this process that it provides a very useful means of sharing good practice between Boards, it can encourage productivity and enhance job satisfaction.
4.2.6 Reflective learning

Focus group attendees reported that in at least one NHS Board Domestic Supervisors are encouraged to reflect, through discussion with their manager, on their actions in particular situations. This can include thinking about how certain occurrences, for example relating to staff relations, could have been handled differently to bring about a different end result. Within some Boards supervisors are required to write reflective accounts of training events or courses attended, these are submitted to a senior member of staff for comment, but not criticism. Evidence of this is anecdotal and therefore it is hard to gauge how common this practice is across NHSScotland Boards but both Domestic Assistant staff and more senior domestic services staff reported that they felt it was a good method of learning and ensuring that the prevention of HAI is maintained as the prime focus in all areas of staff supervision.

4.2.7 Cascading information

The National Cleaning Services Specification sets out that, “The content of training programmes must be subject to regular review and updated frequently, so that best practice, new developments and any legislative changes are incorporated”.19

This research has suggested it is common practice for information regarding policy and training updates and changes to be cascaded from management staff to Senior Supervisors to Supervisors and lastly to Domestic Assistants. Whereas this process is intended to ensure that staff at all levels of the workforce are given access to information that may affect them, there is a recognised danger that staff who are absent for any reason, including secondment for example, may be missed out of the communication chain.

Within some Boards it is common practice for policy information and information regarding HAI prevention to be made available via an intranet. Most of the staff who have taken part in this research are in agreement that some domestic staff, particularly at Domestic Assistant level, have limited access to IT equipment, in some cases both at home and at work, and as a consequence do not always receive information intended for them.

Overall, the Domestic Assistants that we spoke to told us that a notice Board in their recreation area was considered an effective means of communicating changes in HAI prevention and other policy areas as well as any other updates or news that may affect them. It appears to be common practice to attach a sign-off sheet to notices so that staff can sign to say that they have read them and supervisors can keep track of who has and has not been updated.

Findings suggest that some senior level staff across different disciplines have concerns around how organisational policy is cascaded to Domestic Assistants. It has been suggested that in order to implement any changes in policy and to maintain impetus in the fight against HAI, it is necessary to have an underlying knowledge of the original material and therefore that placing a notice on a board is not enough.

19 NHSScotland (2009), National Cleaning Services Specification
Within some healthcare settings it has been reported that there are no hard copies of information, such as the Infection Control Manual for example, and therefore staff must access such material on an intranet site.

4.3 IT/computer training

Although online learning is becoming increasingly prevalent across NHSScotland, the effectiveness of this method of training delivery among domestic services staff appears to be limited. This has been recognised by previous research carried out by NHS Education Scotland.\(^\text{20}\) As well as apparently little support for training carried out on computers, some domestic services staff identified a lack of available training in IT related skills. However, focus group findings suggest that basic IT training may be welcomed by some of the domestic services workforce.

“e-Learning is a very big hassle for domestics. They have to be given a password which for security reasons must be regularly changed, and because they are only required to do eLearning once a year, their passwords run out and you have to start the whole process again.”

Telephone Interviewee

Senior staff from multiple disciplinary focus groups suggested that in some cases domestic services staff may be frightened of using IT. They went on to express concern that this situation is likely to be exacerbated as the requirement to use computers for all NHSScotland staff increases – the most commonly cited example being the introduction this year of online payslips.\(^\text{21}\) Similarly, various requirements of the Domestic Supervisor job role (although to a minimal degree) may require use and interrogation of IT systems, for example in using reporting systems, as outlined in some job descriptions.

“Being able and confident on computers is only going to become increasingly important though as staff are encouraged to look after some of their own information, and things such as development review discussions will be recorded on the KSF.”

Multidisciplinary Focus Group Attendee

Very few of the domestic service staff who took part in this research had received any form of computer training. Just one focus group attendee told us she had received basic IT training. Domestic staff attendees at multidisciplinary focus groups, and a small number of those who took-part-in depth interviews, reported that basic training in the use of computers is available to Domestic Assistants, but anecdotal evidence suggests that very few Domestic Assistants are aware if this is in fact the case.

\(^{20}\) NES, ACSplus, (2008), Developing an Education Framework for Staff in Administrative Services and Support Services

4.4 Identification of training need

Mechanisms for the identification of training needs vary across NHSScotland Boards. Typically, knowledge and understanding of HAI prevention is assessed and training needs identified through an appraisal process. Supervisory staff are commonly appraised by managers and Domestic Assistants are usually appraised by Domestic Supervisors. The National Cleaning Specification set out the premise that, “On-going training should take cognisance of the outcomes of monitoring reports, skills audits or competency reviews by appropriate responsible persons or managers.”22

Focus groups attendees explained that on-going monitoring and auditing of ward cleanliness acts as a proxy mechanism for identifying training needs, specifically relating to HAI prevention – alongside the more formal procedure of staff appraisal.

Hand hygiene training, for example, was reported as being well covered through regular inspections and checks on individuals. Deficiencies in the adequacy of hand hygiene in the ward environment are addressed immediately.

The regularity and content of appraisal meetings is largely inconsistent across NHSScotland Boards. Anecdotal evidence suggests that the smaller Boards appear to carry out more regular and more standardised appraisals of domestic services staff however.

In many instances training needs are identified by Domestic Assistants themselves and those who attended our focus group sessions expressed a desire for more regular refresher training; also pointing out occasions when individuals have missed out on statutory training due to absence and this has not been picked up by superiors.

“A lot of the people who are currently supervisors were trained by another supervisor who in turn was ‘trained by Nelly’ over 25 years ago.”

Domestic Assistants from across Boards which use a card system of recording training reported being happy with this method. By and large, training is recorded on the training card and is signed-off by both the training recipient and the person delivering the training.

For Domestic Assistants this creates a tangible record of achievement of all training received. Staff extolled the benefits of being able to quickly see when they last received training on a particular topic and when top-up training should be undertaken. They reported that this system gives them ownership of their training and that they are willing to “chase” their superiors when they can see that training is due. If this is the case, and Domestic Assistants are keen to maintain and update their skills and knowledge, then a card system could be useful in promoting and encouraging HAI prevention by allowing the staff to identify when CPD or ‘top up’ training is needed.

22 NHSScotland (2009), National Cleaning Services Specification
4.5 Formal accredited training

Accredited training programmes are available to all staff within the Domestic Services workforce in NHSScotland, with bursary support available in some circumstances. The focus groups investigated the levels of awareness and take-up of such formal provision.

4.5.1 Provision for domestic assistants

Modern apprenticeship provision for the healthcare workforce is currently confined to clinical staff only, with a limited number of programmes for a handful of roles. Healthcare support workers and other support staff in non-clinical healthcare roles do not currently have any tailored apprenticeship provision – only that relevant to “cross-sector” roles such as administration and management for example. Modern apprenticeship frameworks are available for the following roles:

<table>
<thead>
<tr>
<th>Clinical Roles</th>
<th>Non-clinical area</th>
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<tbody>
<tr>
<td>Dental Nursing MA Framework Level 3</td>
<td>Business and Administration</td>
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<tr>
<td>Pharmacy MA Framework Level 2</td>
<td>Engineering</td>
</tr>
<tr>
<td>Pharmacy MA Framework Level 3</td>
<td>Hospitality</td>
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<td></td>
<td>Information and Communication Technology</td>
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<td></td>
<td>Management</td>
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By comparison, in England and Wales, apprenticeship frameworks are available in the following areas at Level 2 or 3:

<table>
<thead>
<tr>
<th>Healthcare Support Services</th>
<th>Emergency Care Assistance</th>
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<tbody>
<tr>
<td>Allied Health Professions Support</td>
<td>Informatics</td>
</tr>
<tr>
<td>Blood Donor Support</td>
<td>Pathology Support</td>
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<tr>
<td>Maternity and Paediatric Support</td>
<td>Perioperative Support</td>
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<tr>
<td>Dental Nursing</td>
<td>Clinical Healthcare Support</td>
</tr>
<tr>
<td>Pharmacy Services</td>
<td>Clinical Imaging Support (Wales only)</td>
</tr>
<tr>
<td>Optical Retail (England only)</td>
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</table>

Job roles covered by the Level 2 (Intermediate) Healthcare Support Services Apprenticeship framework\(^{23}\) include domestic staff, and include duties such as cleaning, housekeeping and catering, amongst others.

\(^{23}\) Issued 29\(^{th}\) January 2013
The Level 3 (Advanced) framework encompasses roles providing cleaning, housekeeping and catering duties, as well as the roles of “Ward Housekeeper” and “Hospital, Sterilising and Disinfecting Unit Technician”.

Component qualifications are offered by a good number of Awarding organisations: City and Guilds, Education Development International (EDI), Edexcel, the Northern Advisory Council for Further Education (NCFE) and the Council for Awards in Care, Health and Education (CACHE), indicating demand for such awards in England, at least.

Equivalent qualifications for the Scottish market consist of:

- SVQ Healthcare Support (Non-Clinical) Level 2;
- SVQ Healthcare Support (Non-Clinical) Level 3.

These qualifications have been developed for support staff working in Scotland’s NHS Boards, and employees working in the private health care sector, and are regulated by SQA.

The take-up of these qualifications is, however, very limited; the table below shows the number of entries and completions of these qualifications over the last 5 years, since 2007.

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<tr>
<td>GD08</td>
<td>22</td>
<td>SVQ 2 Healthcare Support (Non-clinical)</td>
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<td>GD0T</td>
<td>23</td>
<td>SVQ 3 Healthcare Support (Non-clinical)</td>
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E = Entry; A = Award

Figures obtained from SQA.

In Scotland, City and Guilds also offer the NVQ in Support Services in Healthcare. This qualification is designed for individuals working in a variety of roles including: porters, cleaners, caterers or postal workers, or in security, laundry, transport or patient records and administration.24

Although findings from the primary research have suggested that take-up of accredited qualifications might be restrained, the true picture – as presented in the table above – is perhaps surprising when considered against the size of the workforce.

Focus groups with Domestic Assistants and Domestic Supervisors revealed a fairly good level of awareness of accredited provision – particularly SVQs – although there was a limited awareness that formal qualifications existed for their particular role. One focus group attendee confirmed she had undertaken an SVQ Level 2, however this was many years ago and she was unsure of the title of the qualification.

Indeed, findings from research conducted in 2007 found a key issue for support staff as being “limited availability of accredited learning programmes.”

Other than a lack of awareness, there appear to be two fundamental reasons for the limited uptake:

- limited time outside of work hours within which to undertake such a qualification (although this finding in itself may portray a lack of understanding of the nature of SVQs in particular – consisting of workplace assessment);
- a perception of minimal benefit given the flat structure of the job hierarchy, and limited opportunities for progression.

Notwithstanding the reported widespread disinterest in pursuing formal qualifications, there was an acknowledgement from focus group attendees that completion of an SVQ in Healthcare Support might be helpful for those who wish to progress to other roles.

Findings from the depth interviews tended to support the views of Domestic Assistants and Supervisors, confirming a fairly negative stance towards SVQs in particular. Rather than attract applications, one respondent recalled that the offer of SVQs in job adverts had impacted negatively on the number of applications received. Anecdotally, the Board in question had found the prospect of formal training off-putting to potential recruits.

Coupled with a lack of demand, the depth interviews reported challenges for some Boards in recruiting suitably qualified assessors and verifiers. Although some Boards operate dedicated SVQ Centres, anecdotal evidence from one focus group suggested that implementation was limited. One focus group reported there has been suggestion of accrediting the Workbook to enable all staff who complete it to achieve a recognised qualification.

Encouragingly however, the introduction of Cleanliness Champions has witnessed greater success and is proving to be a useful method of promoting HAI prevention. Now in its third iteration, the programme is viewed favourably by staff at a range of levels, despite its online delivery platform. One focus group discussion (multi-disciplinary) reported that domestic staff had been very willing to embrace the

25 “Developing an Education Framework for Staff in Administrative Services and Support Services, 2008”
programme from its introduction and, as a result, felt empowered to challenge other staff on issues of hygiene and cleanliness.

4.5.2 Provision for Supervisors and Managers

Qualification provision for supervisory and management level grades was reported as being variable between Boards, and uptake being ad hoc according to identification of need.

A much wider range of provision is identified as suitable for these roles, including SVQs (at Levels 2 and 3 for supervisory staff), Foundation Degrees and Honours Degrees for Managerial Staff. Specialist training and qualifications were also cited in a couple of the depth interviews as examples, such as those developed and awarded by the British Institute of Cleaning Science (BICSc).

As job roles increase in seniority, the range of relevant qualifications broadens out into areas such as:

- General Management;
- Quality Management;
- Facilities Management.

Degrees and Foundation Degrees offered by Sheffield Hallam University, via their Centre for Facilities Management Development, are a recognised qualification route for managerial staff, although anecdotal evidence from the depth interviews and focus groups suggests that take-up is limited due to the specialist nature of the qualification and the commitment required to achieve it.

As an example, we can see from the figures below that take-up of qualifications awarded by SQA in the general area of Facilities Management is limited (figures below are not confined to NHSScotland but are for the whole of Scotland).

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<tr>
<td>GA79</td>
<td></td>
<td>Facilities Services</td>
<td>-</td>
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<td>GA79</td>
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<td>Facilities Management</td>
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E = Entry; A = Award

Figures obtained from SQA.
Despite the reported availability of relevant SVQs and degree level, higher qualifications there appears to be a gap in provision around HNCs/HNDs – SCQFs 7 and 8 - these qualifications are available for Allied Health Professionals (mainly clinical roles) but not in relevant disciplines in the field of support services. One Professional Development Award (PDA) exists for Health and Social Care Supervision; however this is designed for social service workers.

Feedback from one focus group suggested that take-up of HNDs in particular was “piecemeal”, indicating that in the past there may have been suitable provision at this level.

Overall, the official data on take-up of accredited qualifications strongly support the findings from this research; that training is predominantly delivered in-house through informal programmes and that there is little appetite for formal, accredited training.

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26 They are available in Diagnostic Imaging; Physiotherapy Support; Radiotherapy; Speech and Language Therapy Support.
5. Coverage of core and specialist skills

Through the depth interviews we investigated with stakeholders and management the “core” skills that a fully competent Domestic Assistant is required to possess for the prevention of HAI. Examples of some of the responses received are listed below.

- “They need to be taught to use their skills and knowledge in cleaning to best effect within a healthcare environment. This will involve using specialist equipment, dilution and chemicals and in addition they must be trained in the way a specific hospital manages its cleaning.”
- “Cleaning skills and knowing what it is appropriate to do when, for example.”
- “Need to handle the equipment that’s available. COSHH training. Slips and falls, chemicals, mechanised buffers, step on machines, colour coding, ESOL training.”
- “Cleaning skills, i.e. knowing where to start what points to start at and finish off and what priorities for cleaning are.”
- “They have to remember a whole series of things to do with health and safety, things such as ‘slip and trip’ training and other factors that must be incorporated into the work that they do to look after the safety of themselves, patients and others around them. The staff needs to know that they are using the right equipment and that they are using it properly.”

Job descriptions and adverts support these findings – which describe a wide range of technical skill, combined with knowledge and expertise around systems including: Health and Safety, COSHH, HAI, Fire Safety, Infection Control, as a minimum. In addition, there is an inherent requirement for Domestic Assistant post holders to possess a good level of decision-making and problem solving ability, demonstrated in the below example:

The findings from the focus groups and depth interviews suggest that the attention paid to the technical and statutory aspects of the role is in some cases at the expense of the development of softer skills. This is of course understandable as the prime focus of training is by necessity the prevention of HAI. Core capabilities in regard of softer skills are stipulated in the framework:

- Communication skills;
- Patient confidentiality;
- Privacy;
- Equality and diversity;
- Disability Discrimination Act.

Our findings suggest however that the ‘soft’ skills required are often a great deal more involved than these and may in effect be better described as “behaviours”, as follows:
• “The core skills required are not necessarily to do with cleaning. Cleaning skills can be taught, but the ability to learn and to follow instructions is key.”

• “At entry level domestic assistants must be prepared to learn and to be flexible but above anything else they must learn that patient care is paramount.”

• “They must be conscientious, able to work quickly and have good attention to detail.”

• “One aspect might be, for example, how do domestic service staff respond to complaints from patients, relatives or other members of the multidisciplinary team.”

Some healthcare environments in particular can be frightening, especially to new staff not used to them. Domestic Assistants described experiencing feelings of fear and anxiety in certain surroundings such as for example, mortuaries, palliative and intensive care units, high dependency paediatric units, mental health facilities and so on. There is specialist training available to those who are permanently assigned to acute psychiatric units but other domestic staff have suggested they have not had the opportunity to undertake such training.

This feeling of not being properly prepared is usually overcome with time and, to a large extent, through the buddying process. Nevertheless, Domestic Assistants have told us that they would welcome training at induction on what to expect in the course of carrying out the job role. They believe it would be particularly useful if the general induction training contained information around different types of situations domestic assistants may come across and how these are best dealt with. This could then be revisited in refresher training.

Some Boards have mechanisms in place that are intended to go some way toward dealing with these issues. These include escorted visits to the hospital mortuary, MacMillan units and Paediatric wards. Senior staff have explained that in the past there has been bereavement training and training on dementia strategies but it is unclear whether Domestic Assistants would have received this training and in some cases it appears to have ceased.

In general, few specialist skills were identified by respondents to the depth interviews – those cited related to specialist technical skills, mostly associated with HAI prevention such as dealing with outbreaks, and isolating wards.

Steam cleaning, a relatively new introduction, is reserved mainly for periodic cleaning, particularly following an outbreak. The focus groups revealed that steam cleaning training has been limited to perhaps one or two staff in a hospital due to the infrequency with which it is used. Some anecdotal evidence has revealed a resistance to using steam cleaners due to problems with machinery and difficulties in adequately ventilating the area to dry cleaned items, particularly textiles.

“Specialist” cleaning, such as sealing and isolating rooms and releasing gaseous agents, was reported as a highly specialist skill undertaken by contractors. Despite the demise of PFI contracts, the research identified a few reported instances of where contracts remained.
Different environments such as ambulances require specialist skills of ambulance technicians who are required to remove and clean certain items of equipment which can only be carried out by specially trained ambulance staff. The Domestic Assistant role is not commonly found in this context.
6. Overarching Issues

6.1 Working as part of a Team

A number of the senior nursing staff that we spoke to described how they are keen to make domestic staff feel part of the broader healthcare team. Senior nurses from a broad range of healthcare environments reported that making sure domestic staff feel valued and feel able to approach nursing staff is a critically important part of induction training and HAI prevention and should be part of any secondary induction to a ward, clinic or any other type of working environment.

Conversely, Domestic Assistants report feeling they are sometimes treated as inferior to clinical staff. Some have said that colleagues in their work areas do not refer to them by name and often appear unaware of what the remit of a Domestic Assistant is in terms of the duties they perform.

Research suggests that within some Boards clear demarcation exists between the cleaning responsibilities of nursing staff and domestic services staff. An equally prevalent means of working is reported to be what is commonly termed “the common sense approach” whereby cleaning of equipment, including patient equipment such as beds and commodes is cleaned by whoever can manage it first.

6.2 Career pathways progression

Both elements of this research – the desk review and the primary research – have stressed the limited opportunities for career progression within the Support Services occupational area. Indeed, research conducted in 2008 stated a key issue as being a “lack of recognised career pathways to allow individuals to plan their own career development.”

Where internal progression opportunities are recognised, these are predominantly in the areas of:

- medical records/administration;
- catering;
- auxiliary roles.

These examples were cited by both managers and Domestic Assistants in a number of Boards.

NHS Boards report that for a number of reasons, detailed below, Domestic Supervisor roles in particular are notoriously difficult to fill, both internally and externally.

The focus groups and depth interview reported that Domestic Assistants are largely disinterested in progressing to Supervisor roles for two main reasons:
• much greater responsibility and accountability for little extra pay;
• less potential to increase earnings due to fewer overtime opportunities.

The depth interview respondents and focus groups attendees widely recognised that the differential between Domestic Assistant and Supervisor was a significant one, requiring the development of a considerable set of additional skills. The following additional skills were identified through the depth interviews as being required by Supervisors:

• paperwork and administration;
• monitoring cleanliness;
• analysis and monitoring of data;
• interpreting results and implementing change;
• quality assurance;
• staff management including rota development, managing holidays and absence, conducting back to work interviews;
• prioritising patient areas and non-patient areas;
• identifying training needs of staff;
• delivering staff training;
• distributing equipment;
• dealing with any problems that arise;
• liaising with clinical staff.

A number of respondents to our depth telephone interviews expressed anxiety that NHSScotland lacks a formal system for training Domestic Supervisors. One interviewee put forth the argument that

“We need a formal system of training supervisors that includes set topics that will be the same everywhere and might include rotas, management of staff, training staff and so forth but has room to incorporate local knowledge of an area and what works best in terms of different models of management and encouragement.”

Research participants were clear that Domestic Managers and Domestic Supervisors should be monitoring and checking cleaning schedules to identify problems in maintaining HAI prevention training. Senior staff from across multiple disciplines acknowledged a deep seated issue: that Domestic Supervisors do not always receive training in how to supervise or train a team of Domestic Assistants, and although they are capable of monitoring cleaning schedules they are not taught how to analyse trends in order to identify problems in HAI prevention and instigate solutions.
6.3 Factors affecting the recruitment and retention of Domestic Services Staff

Participants to this research have reported vastly different experiences when recruiting domestic services staff. Whereas some senior stakeholders have told us that within their NHS Board there is a high volume of applicants for every advertised job at band one, others have reported how extremely difficult they find it to attract any applicants at all. We understand, from conversations with stakeholders across Scotland that there are a number of contributory factors to the recruitment challenges they face.

Example of these can included the length of time the NHS recruitment process takes from application to start date and in areas where there is a vibrant hospitality industry, it is reportedly common for members of the domestic workforce to leave their NHS employment to take up better paid seasonal work.

6.4 Providing cover for staff to attend training and arranging logistics

Providing adequate cover for staff to allow training to take place is difficult. All of the Boards have stated that they are short staffed, particularly on certain shifts (i.e. backshift) and that hospital cleanliness obviously has to take priority over staff training. This means that often staff training sessions are cancelled or have poor levels of attendance.

Boards try to get around this issue in a number of ways, for example using training cards where all training is signed off (as one Domestic Assistant told a focus group, “if it’s not signed it hasn’t happened”). Also, having regular 15 minute sessions of refresher training where a training manager or Domestic Supervisor holds a quick session at the end of a coffee break when there is a whole shift available in one place.

6.5 Communication between Domestic Assistants and patients

This is another area where disparity exists, not just from Board to Board but also anecdotally from one healthcare environment to the next. For example, two of the longest serving Domestic Assistants contributing to this research explained that the reason they do the job is because they like talking to patients and their families. Another said that the ward she worked on was “lovely” she got on well with the staff and enjoyed chatting to the patients. At least two others expressed the belief that they were able to improve the patients’ experience of being in a healthcare environment by talking to them.

Conversely, other Domestic Assistants who attended the focus groups reported that they were advised not to communicate with patients. Clearly there exists a schism in both opinion and practice around whether it is appropriate for domestic staff to communicate with patients. Some of the stakeholders interviewed were strongly in favour of making use of the naturally occurring interaction that can take place between a Domestic Assistant and a patient in a ward environment.
6.6 Resource Training

NHSScotland Staff Governance Standards sets out: “Resources, including time and funding are approximately allocated to meet local training and development needs taking into account the current priorities of both the service and the service users.”

A number of stakeholder interviewees suggest there is a requirement for a clear domestic services career pathway to be developed whereby staff from assistant levels upwards could be made aware of potential training opportunities available to them and how they can be accessed. It has been suggested that the assistants should volunteer to act as buddies for new starters.

Five of the twenty individuals who were interviewed by telephone, described that, in an ‘ideal world’, there would be a training area within hospitals and clinics that could be used for training domestic service staff. This area could be set up to recreate various environments and used to carry out practical demonstrations both to new staff and as refresher training.

“Quite often there will be overtime at a separate site and so staff will experience different environments – the cleaning doesn’t change much it’s all toilets and sinks and bins, but the environment could be hugely different and call for different skills to deal with it.”

Focus Group Attendee

6.7 New Developments

This review has included a forward look towards developments in both HAI prevention techniques and new equipment that may impact upon the role and responsibilities of domestic service staff and therefore their training requirements.

Research contributors explained that although microfiber cloths are generally in common use, not all healthcare settings use them and, in fact, many of the technological advancements that are readily available to NHS Boards are not currently widely used. Some NHS Boards advocate the use of paper towels over microfiber cloths, for example. Anecdotal evidence from focus groups suggests many Boards possess steam cleaners, for example, but these are not used regularly unless in outbreak situations, because they can cause dampness in equipment and furnishings.

Domestic Assistants who attended focus group discussions have requested a greater degree of training into the use of some items of cleaning equipment. Many were at a loss to understand how machines using cold water, without chemicals, can adequately clean a healthcare setting and prevent HAI. Some had concerns that if asked by a member of the public to explain what they were doing and why, they would not be able to do so. Training on new machinery is usually delivered to managers and/or supervisors by the manufacturers. This is then cascaded to Domestic Assistants creating concern in some cases that any misuse or
misunderstanding can be passed from one member of staff to the next as training is carried out.
7. Conclusions

7.1 What works well?

The main findings from this research suggest a great deal of variation in the way that training for cleaning and decontamination is approached across Scotland’s Health Board, in terms of delivery methods, regularity and – in some cases - content. However, variation does not necessarily imply fault or deficiency; flexibility is important and legitimate in order to address local needs and priorities, such as the local labour market, and the characteristics and size of Scotland’s 14 NHS Boards, for example.

This research has identified a number of practices that work well and that promote the effective prevention of HAI. What has come across very strongly from this research is the impact and importance, to HAI prevention, of a number of underpinning factors and overarching issues affecting training delivery such as learning styles; delivery methods; training “culture”; nature of the job roles in question – and interactions between them; availability of resources, and so on. It is not simply a case of a one size fits all approach to addressing any of these factors and issues;

- the predominant methods of training delivery currently used, such as buddying and work shadowing appear to be working well and provide a good basis for training new recruits. As found from the focus groups, this method of training best meets the needs of, and responds most appropriately to, the learning styles of most Domestic Assistants;
- coverage of the required core “technical” skills is reported as being adequate and well addressed by current training mechanisms (as described above). The desk research has found that good and thorough procedures are in place to ensure that Domestic Services staff receive the appropriate training in core technical elements such as high and low dusting, mopping, colour coding and so on;
- the use of “innovative” training methods – as well as traditional forms of budding and job shadowing – appear to be well received and offer a good mechanism for learning and sharing good practice. In particular the example of secondments to other Boards is viewed positively, and where this practice is not currently undertaken, interest was expressed;
- hand hygiene training in particular appears to be dealt with thoroughly through spot checks by infection prevention specialists and mandatory training. As well as job proficiency, Domestic Services staff appear to have a good understanding of the importance of hand hygiene in the prevention of HAI.

7.2 Areas for improvement

Although flexibility and freedom to vary practice according to local need is a necessary requirement, this can lead to perceptions of inconsistency, and gaps in knowledge and competence which may impact on the prevention of HAI. The
research has found a number of instances where lessons can be learnt and good practices that could be emulated by different Boards.

Induction training whilst focusing, necessarily, on core technical requirements of the job and HAI prevention varies as outline below.

- Although the provision of statutory training in subjects such as Health and Safety, Fire Safety and Hand Hygiene for example appears to be well covered, refresher training on the technical “core” cleaning duties appears to be limited in some Boards and individual healthcare settings. Regular refresher training (rather than CPD per se) on the day to day aspects of the job as regards HAI prevention could be a suitable way of ensuring that “bad habits” are not passed on to new staff during the buddying process.

- The emphasis on development of education solutions should take into account the preferred learning styles of the domestic staff such as auditory and visual learning.

- Structured training for Supervisors is largely viewed as being inadequate (in terms of content and sufficiency) and consideration should be given to a review of the Education framework for Domestic Assistants and Supervisors.

- Use of IT in the day to day job roles of Domestic Assistants is limited or non-existent in most of Scotland’s NHS Boards yet, for some, online methods of training delivery are commonplace, particularly for statutory training. Lack of day to day exposure to IT creates anxiety amongst some Domestic Services staff in using such technologies, which will likely increase as this method of training delivery is rolled-out more widely.

- An important, overarching issue uncovered by this research relates to communication between staff at different levels and within different occupational areas. The demarcation of job roles – whilst reportedly being clear – creates tensions that could be overcome by better and more frequent communication between non-clinical support staff and clinical staff in particular.

- The development of softer skills, particularly around dealing with difficult and/or challenging situations has been highlighted as an area where improvements could be made. The reported difficulties in conducting cleaning and decontamination duties in environments with terminally ill patients or those with challenging behaviour for example could be remedied by a more structured and regular programme of training in dealing with such issues.
8. Recommendations

This research has found a number of areas where improvements could be made to address identified issues, with the recognition that this would need to be balanced against local needs, available resources and so on.

Our recommendations are outlined below.

- Education resources should be developed in HAI prevention and control that address needs and learning style of the domestic service workforce.
- Educational resources should, where possible, support preferred learning styles and delivery methods within the domestic services workforce.
- The development of educational solutions should support the buddy system ensuring “buddies” are confident, and effective in their role and that learning opportunities are maximised. Domestic Service Managers should make greater use of the buddy system to achieve training goals and to encourage and facilitate staff progression.
- Experienced staff should be encouraged to put themselves forward to become “buddies” as a progression pathway.
- The buddy system should provide new employees with an informal support and social network and offer a starting point to address general queries. In turn, the system should give the buddy an opportunity to develop their skills in communication and to share the benefits of their experience.
- Ensure regular refresher training and guidance provision for dealing with violence and aggression as this would address the apparent “ad hoc” nature at present.
- Ensure the provision of regular refresher training on day to day, core technical skills that will support the reduction of HAI.
- Investigate further the possibility of accrediting the Workbook to introduce greater consistency and recognition of skills attainment (particularly in view of the lack of demand for other forms of accredited training).
- Review Supervisor training to introduce a more structured, consistent programme, or minimum requirements, covering for example: administration, staff management, and IT.
- Introduce basic IT training for all Domestic Assistants to widen access to other sorts of training, and to enable access to staff resources, such as intranet facilities.
- Ensure that induction training includes an introduction to a variety of situations and difficult circumstances, such as dealing with death and coming into contact with those who have been recently bereaved.
Appendix I – Core Capabilities of the Skills and Knowledge Framework

Core Capabilities within the Skills and Knowledge Framework

Cleaning Techniques
- All Domestic Services staff should be able to demonstrate competence in cleaning techniques (as defined in the National Cleaning Services Specification) and have an understanding of their role in infection prevention and control.
- A knowledge of the Standard Infection Control Precautions (SICPs) and the concept of the "Chain of Infection" is central to the prevention and control of infection.

Health and Safety
- Health and Safety matters are important for all NHSScotland staff. Domestic Services staff work in almost all areas of healthcare facilities and as such need to have an awareness of issues affecting the health and safety of themselves and others.
- Domestic Services staff at all levels come into regular contact with patients and their visitors. It is therefore essential that they have an understanding of the quality of service which both patients and NHSScotland expect. An awareness of at least the core issues is therefore essential if Domestic Services staff are to make an overall contribution to a positive patient experience.

Customer Service

Additional Capabilities

Administration and Management
- Standards setting and maintenance, Staff and resource management, budgeting, leadership and workforce planning are just a few examples of the skills and competencies required in Domestic Services management roles.
- With a greater emphasis on standards and performance measurement now guiding Domestic Services in NHSScotland, Domestic Supervisors and Domestic Services Managers require an understanding of how national policies should be implemented at a local level – and how local policies can be formulated to articulate with national guidance.

Policy

From: the National Education and Training Framework for Domestic Services, January 2007
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Review of Training Requirements for Cleaning and Decontamination in the Healthcare Environment

Published Spring 2013

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