# Set the 5 star standard



### Healthcare

A smart digital solution that enables the effective and cost efficient implementation, management and compliance, with the NHS New National Standards of Healthcare Cleanliness mpro5.com/NHS





## Introduction

## So what's new?

- Three audits must now be performed
- Introduction of 'Functional Risk Areas'
- Creation of 'Blended Areas'

## Where do I start?

- A workflow automation system
- Six simple steps to ensuring compliance

## Find out more





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## 3 Introduction

The new National Standards of Healthcare Cleanliness are finally here and the emphasis on demonstrating compliance in your Trust has never been greater. Here's what you need to know to help you navigate the new National Standards effectively and painlessly achieve the best possible standards of cleanliness and compliance.

> The new standards are designed to be effective, evidence-based and easy to apply. They're adaptable to suit local circumstances and remain relevant for the foreseeable future.



## 4 So what's new?

# Three audits must now be performed

### **1 Efficacy Audit (new)**

Whereas a technical audit simply checks whether cleaning has taken place, this audit measures the effectiveness of that cleaning, using evidence-based, scientific methods. While trusts have the freedom to decide audit frequency, each patientfacing area must be audited at least once a year. Except for areas specifically targeted for performance review, areas should be randomly selected for efficacy audits.



Recommended as good practice, an external audit gives an independent view of cleanliness and validate the trust's internally-awarded technical and efficacy scores. Collaborating with neighbouring facilities or a reciprocal arrangement is often the easiest way to get appropriately qualified staff to take part in an external audit process.

### **2 External Assurance Audit (new)**

### **3 Technical Audit**

This includes the '50 point check' covering key elements present in most healthcare environments, from bedpans to fridges, which require regular and thorough cleaning. But the questions are different from the previous 49 point check – it's not just that one extra question has been added! The list is not exhaustive, and some items might not be relevant: you're not expected to clean something you don't have, which is a relief.



### 5 So what's new?

Introduction of 'Functional Risk Areas' Trusts must allocate a functional risk category to each area. This is a crucial first step in applying the new standards as audit levels are directly linked to the identified risk factor.

Trusts must produce a written justification for the risk category applied and review the rating at least annually or if there's a major change in clinical activity.

Cleaning frequency of a given item is determined by the Functional Risk (FR) of the room it is in. It makes sense that an armchair in a high-risk area such as Accident and Emergency needs to be cleaned more frequently than a chair in an administration office. There are six FR categories, with FR1 being the highest risk and FR6 the lowest.

Trusts can use any combination of these FR categories, allowing for greater or smaller differences in risk level between rooms. FR categories determine the frequency of audits, the target score percentage, and the maximum amount of time to assess and respond to remedial actions.



### 6 So what's new?

**Creation of 'Blended Areas'** The ability to have 'blended areas' means you can assess an entire area or section of a site while still reflecting the varying FR categories of different rooms.

This gives you greater flexibility and allows you to allocate resources where they're needed most.

For example, within one functional risk area, it's possible to assign different risk categories to individual rooms, each with a different target score. An office or meeting room could be categorised as FR5, a staff room as FR3 and in-patient room as FR2. The cleaning frequency for each individual room will be determined by its risk rating, saving you wasting money on excessive cleaning of a relatively low-risk area.

The target for a blended area will be based on the combined targets for the number of rooms in each functional area. The ultimate star rating will be determined by the combined calculated score for the entire blended area or from the score for the highest risk category audited. Although blended areas mean audits are less of a blunt instrument, the downside is that it adds an extra layer of complexity. The trust must create an in-depth profile categorising each area and, even if it wasn't already mandated under the new standards, you will certainly need that electronic audit system to manage the assessment process!



### 7 Where do I start?

If complying with the new standards sounds daunting, a workflow automation system can dramatically lighten the load.

A purpose-built solution can streamline the process, making it easy to manage the new 50 point check and creating an audit trail to demonstrate compliance.

The aim is to make the complex simple: to relieve the burden of admin and reporting and focus instead on raising your cleaning standards to achieve that five-star rating!



## 8 Where do I start?

# Six simple steps to ensuring compliance

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### **1 Follow a methodical process**

Organise your cleans by Hospital > Building > Functional Area > FR Category > Room > Room FR category (if a blended area). This allows you to cate gorise everything, from auditing to assigning jobs.

2 Set your goals You can ditch the calculator! A smart digital solution will calculate your target scores for each blended or non-blended area and base the frequency of audits on the advice given. An automated alerting function will let you know when it's time for a technical, efficacy or external assurance audit.

### **3 Gather data as you go**

A digital solution means the data needed for technical audits can largely be collected by your cleaning staff as they complete tasks. In this way cleaning and reporting are intrinsically linked so nothing slips through the cracks.



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### 4 Track your progress

A digital solution makes it easy to perform audits. It will collect the data and feed it back into dashboards, both for reporting on compliance performance and identifying where improvements need to be made.



### **5** Create an audit trail

Using an electronic system allows you to automate your remedial actions, assign jobs and, crucially, record all of this to confirm that incidents have been followed up to effortlessly create an audit trail.



### **6** Calculate your star rating

A big part of the new standards is a fivestar rating system to show patients and the public how well you're meeting cleaning standards. (A bit like 'Scores on the doors' for restaurants). But rather than struggle to work out complicated calculations manually, a digital solution can calculate star ratings in seconds.

This will be displayed in a dashboard report, along with other data that can be drilled down into by area, room or even action. Easy-to-understand graphics and real-time data empowers you to improve any problem areas and rapidly understand shortcomings.



## 10 Find out more

mpro5 is a digital transformation solution that improves operational effectiveness, ensures process compliance, and drives productivity gains and cost-savings for the NHS.

Having worked closely with several NHS trusts and sat on the steering committee for the creation of the new National Standards of Healthcare Cleanliness, our team is expert in helping NHS trusts ensure compliance via our innovative, configurable platform.

By unifying cloud, mobile and smart technologies we enable the quick implementation of tailored, digital processes. We turn complex jobs, workflows and scheduling into simple, effective and compliant processes that are fit for the future.

For more information and to book your demonstration visit: **mpro5.com/NHS** 

