



Housekeeping

A FIRST GUIDE TO NEW, MODERN AND DEPENDABLE WARD
HOUSEKEEPING SERVICES IN THE NHS

Housekeeping

A FIRST GUIDE TO NEW, MODERN AND DEPENDABLE WARD
HOUSEKEEPING SERVICES IN THE NHS

© Crown copyright 2001.

Published with the permission of NHS Estates,
an Executive Agency of the Department of Health,
on behalf of the Controller of Her Majesty's Stationery
Office.

Applications for reproduction should be made
in writing to:

The Copyright Unit,
Her Majesty's Stationery Office,
St Clements House,
2-16 Colegate,
Norwich NR3 1BQ.

First published 2001

Printed in the United Kingdom for The Stationery Office

The Stationery Office subscription service

Foreword

Good hospital care is a partnership between patients, their carers, and clinical and non-clinical staff. Only when all parties get involved will care be at its best.

Part of that partnership is about creating a suitable environment for care. Patients will be better placed to benefit from their clinical care if all the surrounding aspects of the service are right. They need to feel warm, safe, secure and cared for. They need equipment to be in working order. They need food they can enjoy, at times they are able to eat it. They need their surroundings to be clean, their privacy to be respected, and to be treated as individuals. They need help to understand the way the organisation works and they need to know who can provide that help.

In short, they need a system of support that focuses on their needs rather than those of the organisation. This means they need flexibility and a 'can-do' approach from all staff, so that their individual requirements can be met even in a service geared up for the majority.

For most in-patients, the hub of their experience will be the hospital ward. This is where they will spend most of their time, and it is where many will experience their greatest anxieties – waiting for an operation, recovering from a procedure, hearing the results of tests. It is right that the hospital ward should be the focus for the best possible services.

Guidance recently issued on strengthening the role of ward sisters and establishing modern matron posts emphasises the authority they need to ensure the basics of care are right, and the support they need from, amongst others, ward housekeepers. The ward sister has the responsibility to ensure that the ward is clean, that it affords a safe environment and that the patients' food and basic care needs are met. Ward housekeepers will work together with the ward sister to **'get the basics right'** so that:

- patients feel warm, safe and cared for;
- patients' individual needs are met;
- hospital wards are clean;
- food is enjoyable (and enjoyed);
- equipment works.

The NHS Plan has set a target – half of all trusts must have a ward housekeeping service by 2004. I hope that by sharing examples of good practice, NHS professionals will contribute to the success in meeting this target. This first guidance draws on some examples of good practice from trusts that already have the basis of a ward housekeeping service in place. It represents the early stages of a wider project to improve ward housekeeping services across the NHS.

Peter Wearmouth
NHS Estates

Delivering what patients want

The NHS Plan sets out how services in the NHS should be shaped around the views of individual patients, their families and carers.

The Patients Food Group (PFG), which was set up shortly after the NHS Plan was published, aims to provide advice and comments on improving hospital food. All 14 members of the group have experience of the catering services at their local hospitals, either as patients themselves or in their roles as carers for close relatives.

The PFG has been particularly involved in the development of this guidance. Members visited hospitals and identified good practice, which has been incorporated into the guidance.

Patient-focused service standards

Patients and staff from all disciplines have worked together in various ways to develop patient-focused service standards. If all these standards are met, the environment will support a patient experience. These are set out below:

- **Linens** – There must be enough clean linens to meet patients' needs.
- **Cleanliness** – There must be a high standard of cleanliness in all areas.
- **Catering** – Patients must be provided with good quality food and drink to meet individual needs.
- **Control of infection** – Patients must be cared for in an environment that minimises the risk of cross-infection.
- **Maintenance of the environment** – Patients must be cared for in a well-maintained environment, which is safe, welcoming, comfortable and reassuring.
- **Equipment** – All equipment must be in good working order.
- **Communication** – Effective communication must be used to ensure continuance of patient care.
- **Customer care** – Patients/carers must receive a level of customer care relevant to their needs.
- **Privacy and dignity** – Patients' privacy and dignity must be respected at all times.
- **Health and safety** – Patients must be assured that healthcare environments comply with current health and safety regulation.
- **Supplies** – Sufficient supplies, which are fit for purpose, must be available at all times.

These standards were developed as part of the housekeeping initiative; however, they are relevant to all aspects of patient care. They will be supported by professional, technical and operational standards which are currently being developed with the NHS.

Who is this guidance for?

This guidance is aimed at everyone involved in ward housekeeping services:

- ward nurses;
- facilities managers;
- ward housekeepers;
- patients, their relatives and carers.

It explains the reasons for introducing ward housekeepers, and discusses how they can help nurses to deliver better patient care. It points out that they will use skills drawn from hotel services, which focus on welcoming patients as individuals and maintaining a quality environment of care. It describes how ward housekeepers will be trained so that they acquire skills necessary to deliver a clean ward and excellence in food service.

The guidance outlines how to set up a ward housekeeping service, or, where ward housekeeping is already in place, how to improve existing services. Building on the lessons learnt from trusts that already have housekeepers, it explains how to implement training and education programmes for all staff. Finally, there is a section on good practice. It is hoped that by sharing these examples of good practice, all trusts will benefit from their experience.

This guidance will be updated as ward housekeeping services develop.

Executive summary

1. A national listening exercise among patients, the forerunner to the NHS Plan, highlighted the need for basic care in hospitals to be reviewed. Patients want to feel hospital staff are attentive to their individual needs, that the ward environment is clean and that the food is good. In particular, patients want to see responsibility for these things returned to nursing staff, with ward sisters in charge of the ward environment, supported by a strong modern matron with the authority to put things right – in short, **'getting the basics right'**.

2. Ward housekeepers are being introduced across the NHS to release nurses from non-clinical tasks, such as chasing maintenance requests, and to allow them to concentrate on nursing duties. This will result in improvements in basic patient care in the ward. In the first instance, ward housekeepers will focus on cleaning services, food services and maintaining the environment. Each ward will have a ward housekeeper, who will be part of the ward team and will be overseen by the ward sister. Together they will work to deliver quality food services and a clean and welcoming ward environment. By 2004, over half of all trusts will have a ward housekeeping service.

3. As yet, there is no single model for ward housekeeping services. However, some criteria must be adhered to:

- **Ward sisters will manage the ward environment**, supported by the ward housekeeper.
- Ward housekeepers must be **ward-based**, and must be seen as part of the ward sister's/charge nurse's team.
- Ward housekeepers must be **multi-skilled and flexible** in their work practices.
- **Patients and members of the multidisciplinary healthcare team, including trade unions, must be involved** in setting up and evaluating the service.
- There must be **commitment** from trust management.
- A system of **continuous quality improvement** must be in place.
- Appropriate **training and development** must be provided.

4. Ward housekeepers' main tasks will focus on **cleaning services, food services and maintaining the environment**. This does not mean they will do all these tasks alone. They will still need the support of specialist colleagues in these areas, just as ward managers will need the support of estates and facilities service managers.

5. Evidence suggests that a ward housekeeping service is likely to be more effective if provided as part of the trust's workforce. However, other innovative solutions should not be ruled out.

6. There is currently no national pay and reward structure for housekeepers. However 'Agenda for Change', the new National NHS pay system, will provide a common structure in which the role of housekeepers will be placed.

7. Both national occupational standards and competency-based training programmes (both induction and ongoing) are under development. Once complete, these will be extensively tested. It is vital that comprehensive training programmes are established at local level in the intervening period to support ward housekeepers in their service delivery and to meet their personal development demands.

8. This guidance expands on and explains these features. Further guidance will be issued as the ward housekeeper service rolls out across the NHS.

Contents

Foreword		
Delivering what patients want		
Patient-focused service standards		
Who is this guidance for?		
Executive summary		
<hr/>		
1. Introduction	page 2	
Developing this guidance		
Benefits of a ward housekeeping service		
Lessons learnt from existing ward housekeeping services		
Key factors in providing a successful ward housekeeping service		
<hr/>		
2. Overview of the ward housekeeping role	page 5	
Tasks involved in providing cleaning services		
Tasks involved in providing food services		
Tasks involved in maintaining the environment		
Determining the mix of tasks		
An example of a ward housekeeper's role in cleaning services		
An example of a ward housekeeper's role in food services		
<hr/>		
3. What skills will a housekeeper need?	page 14	
How will these skills be developed?		
<hr/>		
4. Introducing national vocational qualifications	page 17	
<hr/>		
5. Involving patients	page 19	
Why involve patients?		
Methods for involving individual patients, patient groups or carers		
<hr/>		
6. Involving trade unions	page 20	
<hr/>		
7. Career progression and career routes	page 21	
<hr/>		
8. Framework for developing a ward housekeeping service	page 22	
<hr/>		
9. Sharing good practice	page 24	
<hr/>		
10. Conclusion	page 25	
<hr/>		
11. Examples of good practice in ward housekeeping services	page 26	
<hr/>		
APPENDICES		
Appendix 1: List of trusts involved in consultation	page 36	
Appendix 2: Membership of the steering group and contact details	page 37	
Appendix 3: Glossary of methods used for involving patients	page 39	
Appendix 4: Draft role description	page 41	
<hr/>		
Bibliography	page 44	
<hr/>		
About NHS Estates guidance and publications	page 46	

1 Introduction

1.1 In 2000, the Department of Health asked the public what they wanted to see in the NHS (Office for Public Management, 2000). The feedback was used to write The NHS Plan, published in July 2000 (Department of Health, 2000 <http://www.nhs.uk/nhsplan/>). This sets out the government's vision for a patient-centred health service delivered in modern facilities with the right number and right type of beds, in the right kind of buildings, with the right kind of services and the right equipment.

1.2 Some of the feedback related to basic issues of quality of care and facilities. Patients said that the NHS was regularly failing to reach the standards they expect when being cared for in hospital, especially in terms of ward cleanliness and food quality.

1.3 A nationwide clean-up campaign throughout the NHS has been carried out and a new menu has been launched. But there is much more work to be done in order to ensure that hospitals remain clean, that food is nutritious, delicious and well presented, and that hospital staff focus on the needs of patients.

1.4 The development of ward housekeeping services is an ideal opportunity to substantially change the way in which services are delivered to wards and departments. By 2004, housekeepers will be established in over half of all hospitals. They will work with clinical staff to make sure that patients get the service they need and deserve.

DEVELOPING THIS GUIDANCE

1.5 Following consultation with representatives from 72 acute trusts about their existing ward housekeeping services (see [Appendix 1](#)), a steering group was established (see [Appendix 2](#)).

1.6 National and regional workshops with nursing and facilities staff from trusts, (acute, mental health and community) and patient representatives (including the Patients Food Group) have been used to develop a national framework for ward housekeeping services and to inform this guidance.

1.7 Members of the steering group, including representative patients, also carried out best practice visits.

BENEFITS OF A WARD HOUSEKEEPING SERVICE

1.8 Trusts that already have a successful ward housekeeping service in place are clear about the benefits of the service. These include:

- improved patient satisfaction;
- improved operational outcomes;
- increased efficiency of service;
- less wastage of food;
- improved public opinion of the hospital;
- fewer complaints from patients and visitors;
- increased job satisfaction and reduction in costly staff turnover.

LESSONS LEARNT FROM EXISTING WARD HOUSEKEEPING SERVICES

1.9 Trusts that already have a ward housekeeping service in place have words of advice and caution. These include:

- Take it **one step at a time**, building on existing good practice. 'If it ain't broke, don't fix it' – build your new service on those proven foundations.
- **Show you mean it**. Make a serious, visible commitment from the top, and keep to it – in actions as well as words.
- Always **come back to the patients**, both formally and informally. Find out what they want and look for ways to provide it.
- No matter who employs your ward housekeepers – even if it's a contracted service, **involve ward sisters** in recruitment and training.
- Set up a system of continuous quality improvement. You will need to **review and adapt** your service as you learn.
- Don't underestimate the amount of learning. All staff need training – including sisters and other managers. Take this as an opportunity to invest in some **joint learning**.

- Make sure that everyone on the ward **understands how important food is**, both clinically and socially.
 - Make sure that your wards have **basic food supplies available** at all times. Your ward housekeepers should always be able to tempt patients with a choice of hot and cold drinks and snacks, as well as choices from the new NHS menu.
 - **Don't skimp on your routine cleaning.** You will still need to provide a separate service for reliable, regular, routine cleaning.
 - Although ward housekeeping services must be cost-effective, and in many cases can be cost-neutral, they are rarely achieved without some **reallocation of funding**.
 - Trusts must find ways to move funding so that the **most appropriate skill-mix** is achieved on each ward. In some cases this will demand a full skill-mix review, whilst in others an existing system may simply need reorganising to produce the desired outcome.
- flexibly to meet patients' needs. Flexibility and multi-skilling are, therefore, central to the team's success.
- 1.11** Other factors that will enhance the service include:
- leaders who motivate their teams to achieve excellence;
 - cleaning teams who are reliable, responsive to needs, and uphold strict standards of cleanliness;
 - food teams who deliver high quality food at appropriate times;
 - matrons who demand that all services are patient-centred;
 - ward nurses who recognise and value the input of team members;
 - patients who view their care as a partnership;
 - estates and maintenance services that respond rapidly to requests;
 - excellent systems of communication.

KEY FACTORS IN PROVIDING A SUCCESSFUL WARD HOUSEKEEPING SERVICE

1.10 All members of the ward housekeeping team must understand their roles and must be well organised. Equally, team members must be prepared to work

Good practice in patient care **South West London and St George's Mental Health Trust** ***Mental health services for deaf people***

This community-based service at Old Church is delivered in a converted church situated in Bedford Hill, south west London. It consists of an 18-bed in-patient unit, alongside a six-bed SIGN unit, and provides mental health services in sign language for deaf adults. The housekeeping service is staffed from 7 a.m. to 7 p.m. by a housekeeper and housekeeping assistants who are themselves either non-hearing, partially hearing or have an understanding of deaf culture, and who can all communicate using sign language.

The housekeeping team is responsible for the ordering, storage, delivery, preparation, regeneration and service of food. It ensures that the service is varied and flexible to meet the needs of long stay patients. The team also oversees the cleaning, linen and laundry services and reports issues of maintenance, pest control and waste to unit managers for action. The service is flexible and focused on the specific communication needs of deaf people.

This housekeeping service achieved national recognition in 1996 when it received the Kimberly Clark Gold Service award for innovation in 'providing a service solution for a difficult situation'.

Charles Young, head of operational services for the trust states:

"The trust has recognised the value of ward housekeeping services since 1995. Such services have greater flexibility particularly where new technology cook-freeze/chill meal systems are used and there is a need for specialist and user-sensitive services. The expansion of housekeeping services will continue over time in line with the trust's site and service improvement plans."

Contact: Charles Young, head of operations

Good practice in patient care

Dewsbury Health Care NHS Trust, Dewsbury and District Hospital

Hand wipes for patients

'The Essence of Care' identified personal hygiene as one of the eight fundamental aspects of patient care and set benchmarks aimed at improving standards. Prior to this, nursing staff at Dewsbury Health Care NHS Trust had already identified the need to ensure that patients, particularly those who were immobile, had adequate hand washing facilities at mealtimes. The hand wipe project was developed in response to this.

A team of three nurses and the principal supplies assistant set about looking at the option of using pre-moistened hand wipes for immobile patients in the "care of the elderly" and orthopaedic wards. They evaluated three different types of wipes during three two-week trials on both wards.

There was overwhelming support for the use of the hand wipes from both staff and patients. It also had the advantage of helping to reduce cross-infection.

The initiative has been disseminated throughout the medical and surgical directorates.

Contact: Maria Freer, acting clinical nurse

Good practice in patient care

North Durham Health Care NHS Trust

Patient-focused care pack

In 1994, the trust embarked on a project to provide patients with better care. There are four main elements to this patient-focused service model:

- 1 Decentralised services – bringing services to patients rather than patients to services.
- 2 Co-ordinated care teams – who work together across disciplinary boundaries to meet patients' needs.
- 3 Multi-skilled staff – who are able to carry out the majority of care at the patient's bedside.
- 4 Pathways of care – a written plan of care that each patient with a specific problem or condition can follow.

The trust has made significant changes to the whole team structure, but in particular has introduced a team assistant support role, covering domestic, portering and food regeneration functions. This is an expanded ward housekeeping role, which is accountable to the ward sister. It provides a career structure entry point for those who wish to progress through the NVQ route to statutory training.

Contact: Emma Shipley, training & development manager and Margaret Best, director of nursing

2 Overview of the ward housekeeper's role

2.1 In the first instance, ward housekeeping services will focus on **cleanliness, food and maintaining the environment**. Each ward will have one ward housekeeper, who will be part of the ward team and will be supervised by the ward sister. Together they will work to deliver quality food services and a clean and welcoming ward environment. The ward housekeeper will ensure these services are delivered by supervising a group of staff or working closely with staff from other departments using service level understandings to define the standards to be achieved.

2.2 Diagrammatically these relationships are shown in Figure 1.

2.3 In delivering these relationships, there is no single model for ward housekeeping services. However, it is suggested that the models shown in Figure 2 may be found in some trusts.

2.4 Whichever model is in place, the following criteria must be adhered to:

- **Ward sisters** will manage the ward environment, supported by the ward housekeeper. The ward sister is responsible for the day-to-day supervision of the ward housekeeper irrespective of who holds the contract of employment.
- **Ward housekeepers** must be ward-based, and must be seen as part of the ward sister's/charge nurse's team. They must be patient-focused and be able to react quickly and sensitively to meet a range of differing needs.
- **Ward housekeeping** teams must be multi-skilled and flexible in their work practices.

2.5 Although the housekeepers' main responsibilities will centre on cleaning, food service and maintenance, this

Figure 1

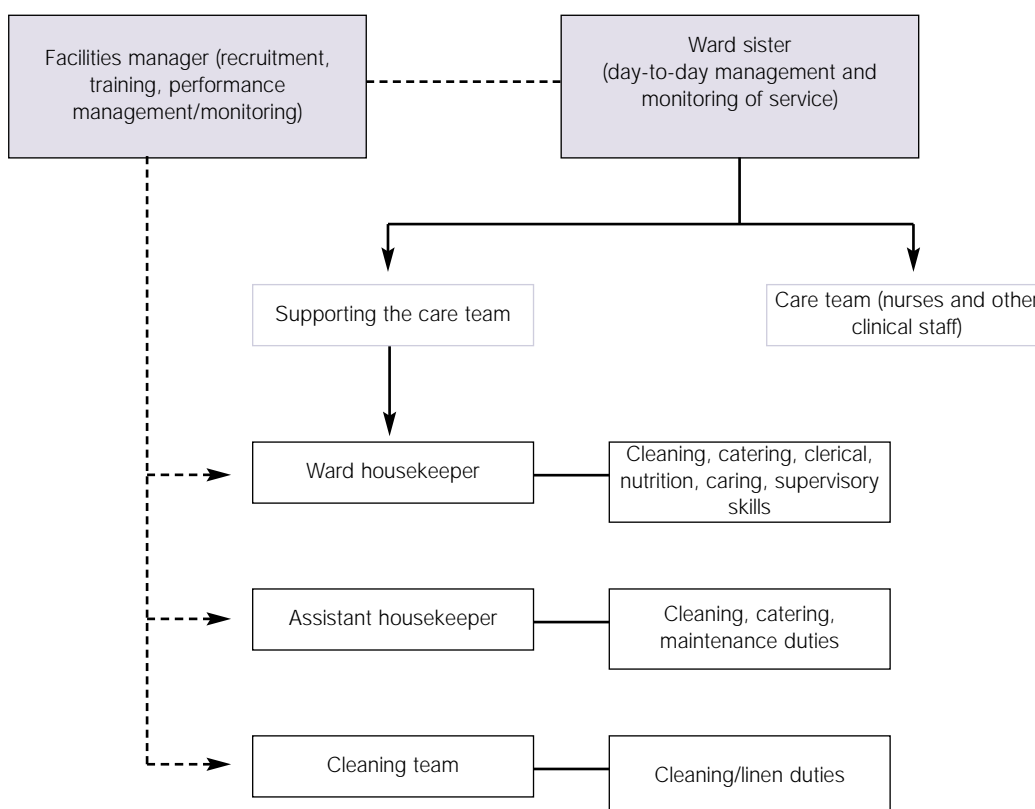
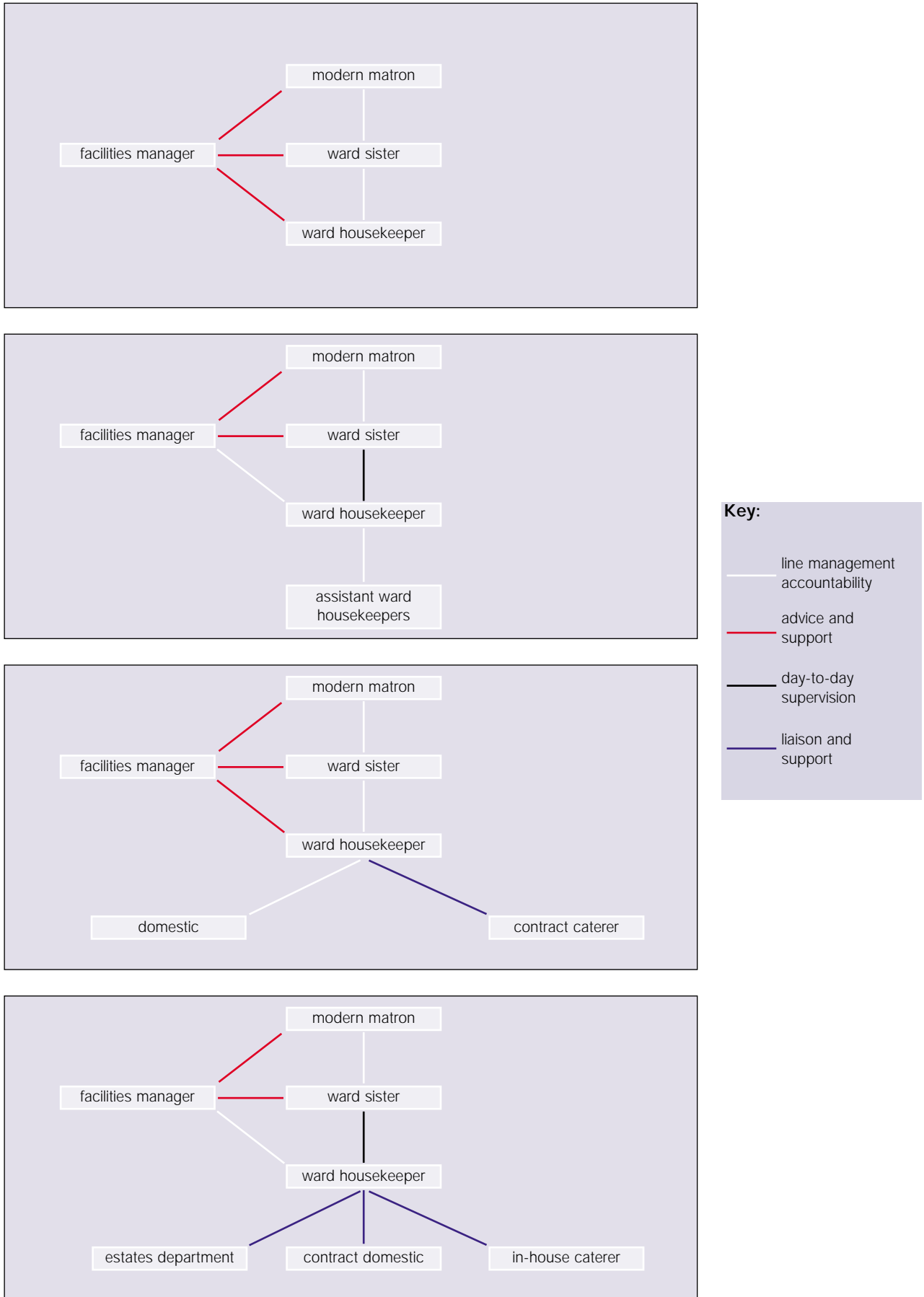


Figure 2



does not mean they do all these tasks alone. They will still need the support of specialist colleagues in these areas, just as ward managers will need the support of estates and facilities service managers. A major part of their work will be liaising with colleagues in other teams.

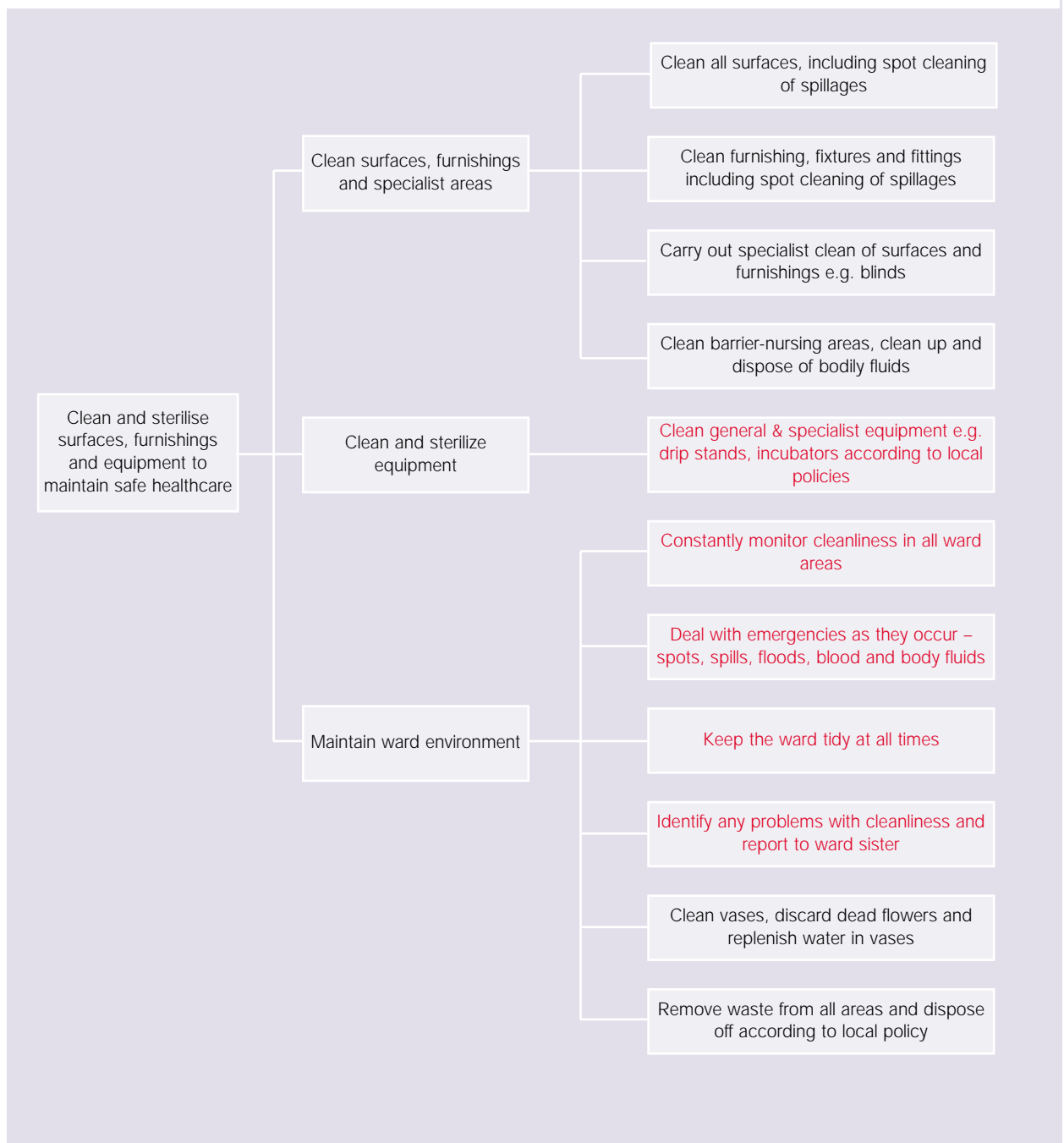
2.6 There is currently no national pay and reward structure for housekeepers. However 'Agenda for Change', the new national NHS pay scheme, will provide a common structure in which the role of

housekeepers will be placed. The new scheme will deliver national benchmarks, which will profile key aspects of the role, and will be sufficiently flexible to allow local employers to design jobs according to local needs.

2.7 The new scheme has been designed to facilitate career development. In the meantime trusts will need to use existing reward mechanisms to remunerate these posts locally at relevant salary levels.

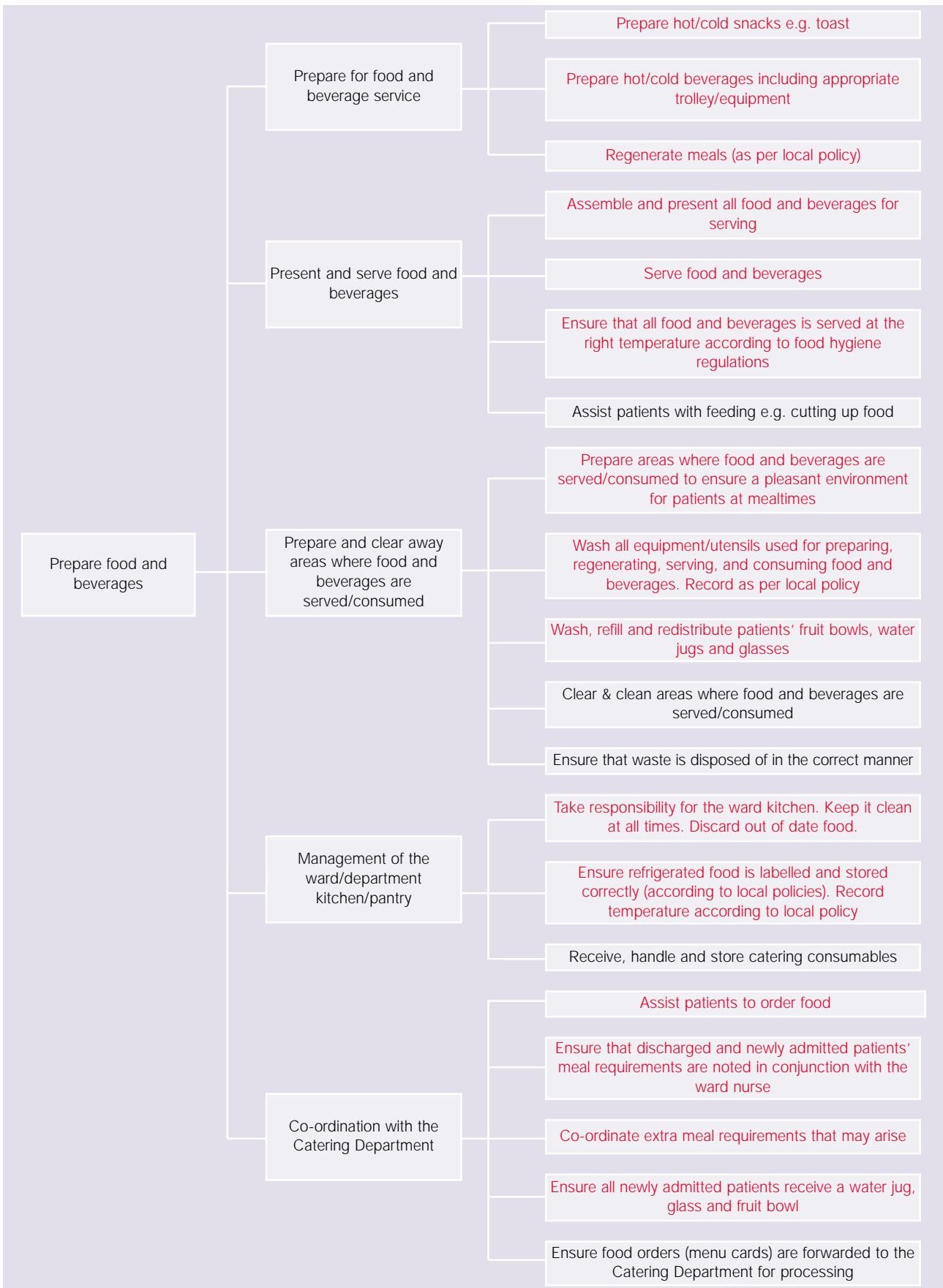
TASKS INVOLVED IN PROVIDING CLEANING SERVICES

Figure 3. The ward housekeeper's role in providing cleaning services. This is only intended as a guide, and will not reflect all ward housekeepers' tasks. (Items in red are tasks that all ward housekeepers must be able to perform, whatever their other tasks.)



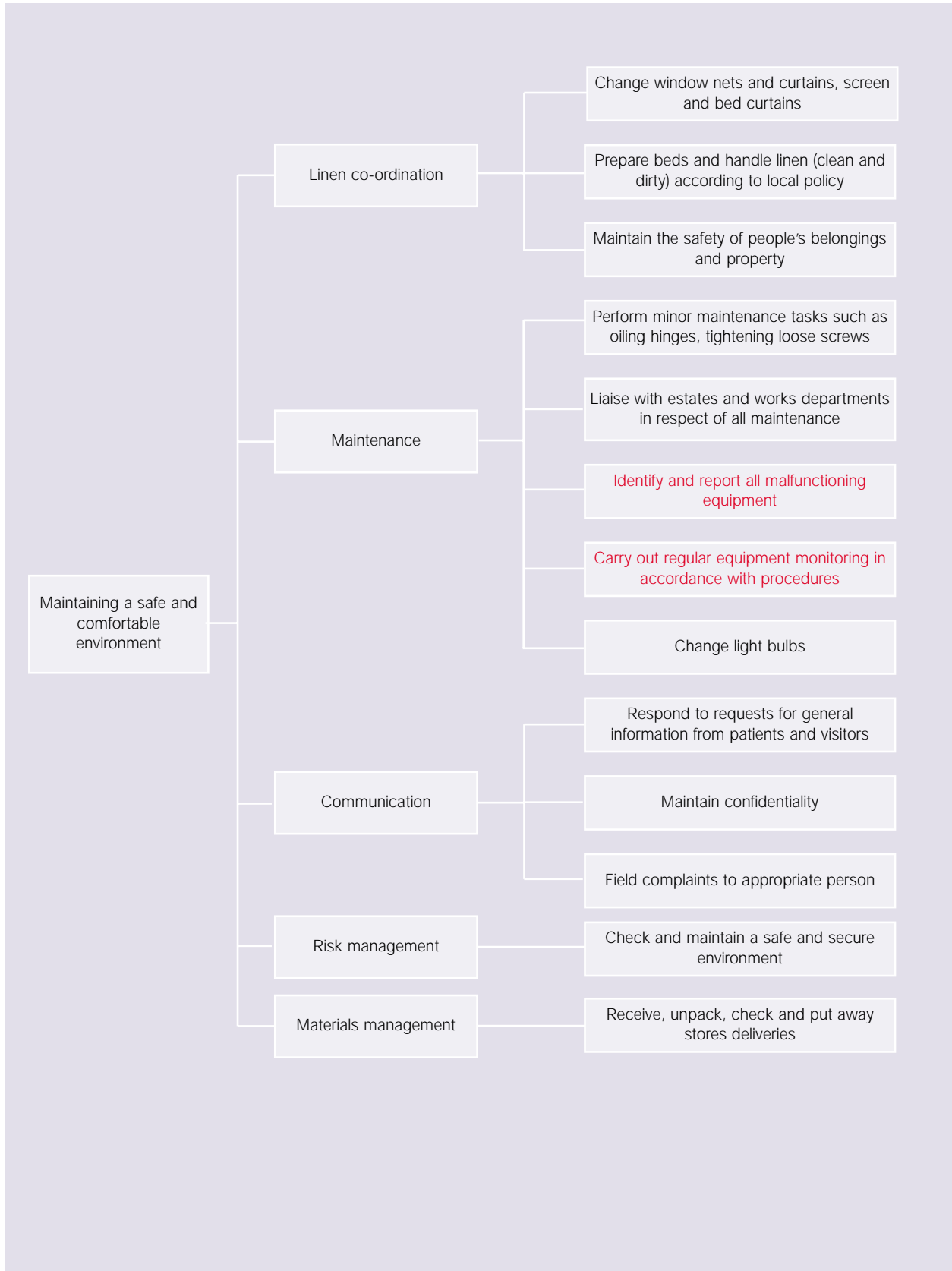
TASKS INVOLVED IN PROVIDING FOOD SERVICES

Figure 4. The ward housekeeper's role in providing food services. This is only intended as a guide, and will not reflect all ward housekeepers' jobs. (Items in red are those tasks that all ward housekeepers must be able to perform, whatever their other tasks.)



TASKS INVOLVED IN MAINTAINING THE ENVIRONMENT

Figure 5 The ward housekeeper's role in maintaining the environment. This is only intended as a guide, and will not reflect all ward housekeepers' jobs. (Items in red are those tasks that all ward housekeepers must be able to perform, whatever their other tasks.)



DETERMINING THE MIX OF TASKS

2.8 The ward housekeeper's tasks will vary from ward to ward. In an elderly care ward, providing food and keeping the ward clean may take a similar amount of time, whilst in A&E departments, which have a higher patient throughput, the housekeeper may spend more time cleaning. In ICU, where many people are artificially fed, providing food may form only a small part of the ward housekeeper's job.

2.9 In all wards there will be some tasks that are agreed locally and are specific to that ward. This can be illustrated as in Figure 6.

AN EXAMPLE OF A WARD HOUSEKEEPER'S ROLE IN CLEANING SERVICES

2.10 Table 1 illustrates how a ward housekeeper may work with others to provide a cleaning service. This example assumes a system in which a group of wards (referred to as a unit) is managed by a matron, and a cleaning team visits the wards on a regular,

predetermined basis to provide routine cleaning services. (Trusts will need to ensure there is adequate storage for cleaning equipment.) The shaded boxes indicate services provided as part of the ward team.

2.11 Individual trusts will need to produce their own matrices to reflect their own structures and systems.

AN EXAMPLE OF A WARD HOUSEKEEPER'S ROLE IN FOOD SERVICES

2.12 Table 2 illustrates how a ward housekeeper may work with others to provide food services. The example assumes a system in which food is produced on site in a traditional kitchen, and delivered in bulk to the ward for plating and service to the patients by ward staff. The shaded boxes indicate services provided as part of the ward team.

2.13 Individual trusts will need to produce their own matrices to reflect their own structures and systems.

Figure 6

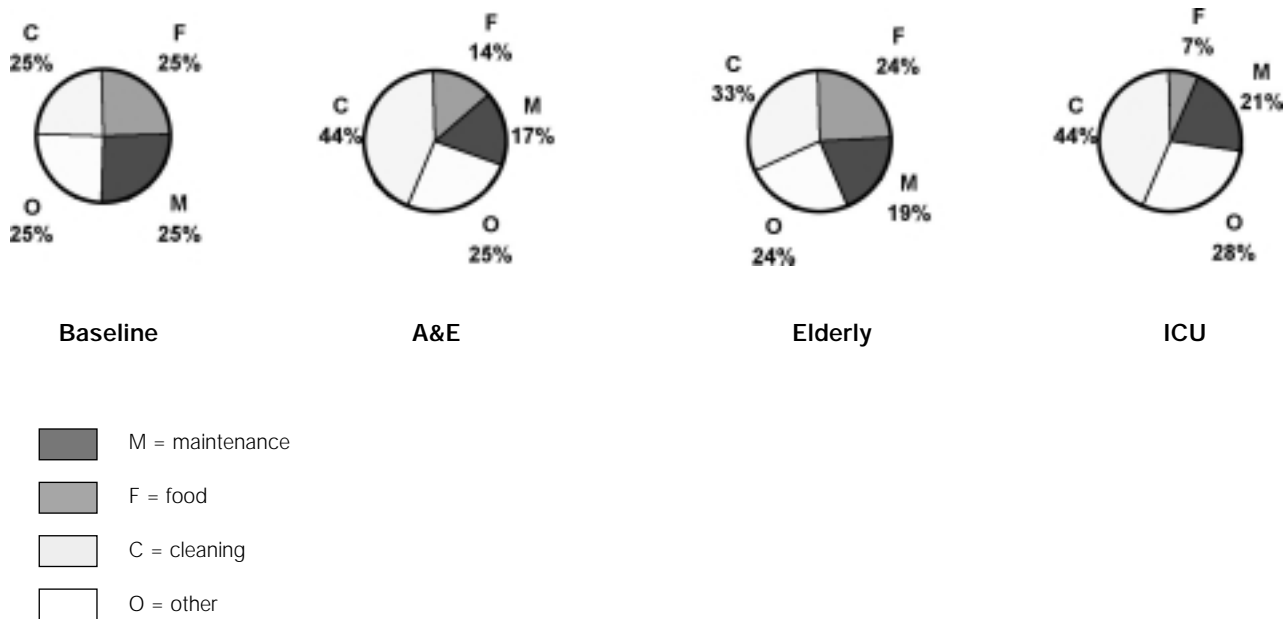


TABLE 1.

Principle: The cleaning team gets the ward clean – the ward housekeeper keeps it clean

Cleaning service manager	Matron	Ward sister	Ward housekeeper	Cleaning team
Responsibilities				
Setting and monitoring trust standards	Setting and monitoring unit standards	Setting and monitoring local standards	Monitoring and maintaining ward standards	Working to standards
Managing cleaning team	Authorising payment against standards	Ensuring compliance against standards		
Training and development				
Duties				
Setting and monitoring trust standards	Setting and monitoring unit standards	Setting local standards	Identifying, reporting and rectifying problems	Carrying out cleaning tasks to approved standards
Recruitment and rostering	Receiving and acting on compliance reports	Regular compliance monitoring	Spot cleaning	
Establishing training programmes				
Skills				
Customer service	Customer service	Customer service	Customer service	Customer service
Negotiation	Leadership	Leadership	Food hygiene	Cleaning
Personnel management	Negotiation	Management	Spot cleaning	
Training and coaching	Budget management		Trouble-shooting	
			Auditing	
			Basic supervision	

TABLE 2.

Principle: The food team provides the food – the ward housekeeper makes sure the patients can eat it

Catering manager	Dietician	Ward nurses	Ward housekeeper	Porters
Responsibilities				
Producing meals and other food	Assessing patients' dietary needs	Ensuring all patients receive appropriate food	Food service for patients receiving standard diet (note: may include therapeutic diets where this is 'standard' for ward)	Delivery of food to wards
Managing the food team	Prescribing therapeutic diets	Feeding patients		
Training and development		Ensuring all staff respect importance of meal-times		
Food safety and hygiene				
Duties				
Ordering supplies	Assessing and prescribing for individual patients' needs	Nursing diagnosis of patients' needs	Helping patients order food	Collecting food from kitchen
Menu planning	Menu planning	Referring to dietician as necessary	Preparing environment for eating	Delivering food to ward
		Providing specialist clinical help (e.g. feeding patient with dysphagia)	Serving and delivering meals	Plugging in trolley
			Providing non-clinical help (e.g. cutting up food)	
			Providing food outside meal-times	
Skills				
Customer service	Customer service	Customer service	Customer service	Customer service
Food production	Nutrition and dietetics	Nutrition screening	Food hygiene	Safe manual handling of equipment
Training and coaching		Leadership Management	Food service Trouble-shooting Basic knowledge of nutrition and diets	

Good practice in ward service delivery**Southern Derbyshire Acute Hospitals NHS Trust, Derbyshire Royal Infirmary*****Support team assistants***

Support team assistants (STAs) have been providing a service at Derbyshire Royal Infirmary for a number of years. Their aim is to enhance the quality of patient care and to develop a more satisfying career structure for housekeeping staff. Each ward or department determines its own model according to their service needs.

The STA service is used in the medical wards, A&E department, the Macmillan Unit, and trauma and orthopaedic wards.

The STAs tasks are broken down into four areas. These are:

- 1 **cleaning** – domestic/housekeeping tasks;
- 2 **catering** – food service tasks;
- 3 **carrying** – patient movement/collection and delivery tasks;
- 4 **care** – core care skills tasks, for example patient feeding, escorting patients to the toilet.

Support team assistants are managed at ward level by ward sisters and are supported by facilities duty managers, who provide technical support and expertise. Facilities duty managers provide cover for holidays and sickness.

Good practice in patient care**South West London and St George's Mental Health Trust, St George's Hospital*****Eating disorder service***

The in-patient unit, based at Springfield Hospital in south west London, offers comprehensive specialist treatment for clients with eating disorders.

A collaborative approach to food ordering and delivery has been developed. Nurses and dieticians assist patients with the ordering of a suitable diet and then work with the housekeeper to ensure that it is delivered. Meals are provided using cook-freeze systems and are prepared in the ward's regeneration kitchen. This allows local and timely preparation of food, which helps to increase the level of local choice and minimises unnecessary wastage. Choice, presentation and delivery is particularly important for this client group.

Ward housekeepers are present on the ward for up to 12 hours a day. They ensure that meals are prepared as required and that provisions are available for snacks to be prepared either by the patients or nursing staff. In addition housekeepers are responsible for domestic tasks within the units and report any maintenance issues to the ward manager.

True team spirit, which includes listening and responding to clients, is evident on any visit to the unit.

Contact: Charles Young, head of operations

Good practice in funding**Airedale NHS Trust, Airedale General Hospital*****Nutritional Care***

Airedale NHS Trust recently identified that a ward housekeeping service would improve the nutritional care of patients in a cost-effective way. A study showed this would also relieve nurses of non-nursing duties (which were taking up to 20% of their time). The acknowledgement of the value of this service has resulted in ongoing funding, which is split approximately 80:20 between nursing and hotel services.

To date, six wards at Airedale General Hospital have introduced a ward housekeeping service. These are in the acute services division and in the women & children division. In the coming months the hospital plans to extend the service to other wards and to conduct a pilot trial on one of the 'care of the elderly' wards.

Contact: Anne Booth, hotel services manager

3 What skills will a housekeeper need?

3.1 Feedback from patients and staff in terms of their expectations of healthcare services provides important clues as to the kind of skills required by ward housekeepers.

3.2 Patients want their care to be given in an environment:

- that is safe, welcoming and healing and where their privacy and dignity is respected;
- in which the basics are right – wards must be clean, food must be good and equipment must work;
- in which all staff communicate better with patients;
- where greater emphasis is placed on the human aspects of care;
- where mechanisms are in place to ensure that professionals are competent, qualified, fully trained, and can work together in effective teams.

3.3 Nurses want to feel that:

- there is a renewed emphasis on the importance of fundamental aspects of nursing care, such as cleanliness and feeding patients [see Department of Health (2001) and Shepherd (2001)];
- they have the power to make real and lasting improvements in the provision of essential care to patients, to set high standards, to monitor those standards, and to address any problems quickly.

3.4 And to see:

- managers who are visible, who listen and who are proactive in making changes to improve care;
- managers who are prepared to take risks and empower nurses to set the nursing agenda;
- good leadership, teamwork, and a blame-free culture;
- clear lines of communication across all disciplines.

3.5 Support staff want:

- to enjoy working in a supportive ward culture;

- to be valued for their contribution to patient care and assisting clinical professionals;
- a smart image;
- clearly designated responsibilities;
- good lines of communication;
- good pay, but also other incentives such as support and encouragement;
- good training with recognised qualifications;
- a career path – within or outside the NHS should they choose to pursue other careers (for example nursing, leisure services, management or catering).

3.6 Managers want:

- to foster a culture of teamwork and to learn from each other;
- to make professional boundaries less rigid;
- support staff who are flexible but with a clear designation of team members' roles and responsibilities;
- good teaching and training;
- sufficient resources to deliver services;
- recruitment and retention initiatives to attract and retain good staff;
- to be assured that there are real cost benefits from implementing a new service;
- to be supported in their efforts to assess risks of a new service and to respond to risks accordingly.

3.7 To meet these demands roles need to be considered in terms of the **core skills** that everyone needs, and other skills that are **job-specific** and which may change over time either as individuals develop their own careers or as service needs change.

3.8 The lifelong 'Learning Framework', which is currently under development, identifies several core skills that all NHS staff should have. All staff should be able to:

- communicate effectively with patients, their families and carers;
- fully understand and respect the rights and feelings of patients and their families, seeking out and addressing their needs;
- work effectively in teams, appreciating the roles of other staff and agencies involved in the care of patients;
- understand and demonstrate how the NHS, and their local organisation, works;
- understand and demonstrate a commitment to keeping their skills and competencies up to date and support the learning and development of others.

3.9 Taking all the above factors into consideration, the **core skills** required of ward housekeepers will be as follows:

- a knowledge of the organisation, their role, responsibilities and accountabilities.

3.10 Personal competencies around:

- assertiveness;
- managing priorities;
- solving problems;
- coping with change;
- coping with the job;
- team working.

3.11 Organisational competencies around:

- communications skills;
- customer care;
- team working;
- coping with difficult situations;

- diversity and equal opportunities;
- health and safety;
- audit skills;
- supervisory skills.

3.12 The **job-specific** skills needed by individual ward housekeepers will depend on their role within the organisation. Many of those skills are transferable from the hotel and leisure industries, as well as from the healthcare sector.

3.13 Initially the skills of ward housekeepers will reflect the main housekeeping services identified at this stage: cleaning services, food services and maintaining the environment. However, as the role of ward housekeeper develops it is expected that these skill sets will grow in breadth and perhaps deepen in responsibility.

3.14 As ward housekeeping services will cut across many traditional demarcation lines and ways of working, it is vital that other staff understand the function of these services, how they can link in with these services, and how they can make them a success. Staff must realise that the housekeeper is part of the ward team.

HOW WILL THESE SKILLS BE DEVELOPED?

3.15 Ward housekeepers need to have personal development programmes to ensure that they have the skills required to undertake their jobs.

3.16 Various models exist for such development programmes. One option is for staff to have personal development portfolios containing evidence of specific and core job skills. This would provide:

- evidence of competence in the workplace;
- evidence of experience and prior learning if individuals wished to undertake national vocational qualifications or other awards;
- the basis for a work-based lifelong learning portfolio.

Good practice in communication **Kettering General Hospital NHS Trust** ***Children's ward – cleaning signs***

A simple measure was introduced by the housekeeping team for the children's ward at Kettering General Hospital. Cleaning staff noticed that, after discharging patients, nurses were not always sure whether bed units had been cleaned or not. To overcome the problem, they designed bright teddy bear signs that indicate either cleaning is in progress or the bed unit is clean and ready for another patient. The signs are attractive and fit in with other signs on the ward. This simple and cost-effective measure has improved communication between the ward teams.

Contact: James Haywood, facilities director

Good practice in integrated teamwork**Eastbourne Hospital NHS Trust**

Eastbourne Hospital has employed ward co-ordinators for five years. The strength of the hospital's ward service is its fully integrated facilities management team approach, which is highly patient-focused.

Ward co-ordinators are multi-skilled, and provide services including nutrition, customer care, and household maintenance. They work on a day-to-day basis with the ward sister, who is accountable for all aspects of service delivery at ward level. If, for example, the ward sister is not happy about the standard of the cleaning service, the problem is addressed by the ward co-ordinator and only taken to supervisors if ward staff cannot resolve the issue.

With support from senior facilities management staff, the ward sister has delegated responsibility to the ward co-ordinator to ensure that the non-clinical service at ward level is of a high standard. Ward co-ordinators deal with complaints and are involved in training assistant co-ordinators. Ward co-ordinators attend ward meetings and are recognised as part of the ward team, often with their photographs displayed with the nursing and care team.

The trust plans to establish a pilot ward scheme entitled 'Integrated services for improved patient care' on four wards to develop and refine the service, and to look at the impact on patient outcomes.

Contact: Douglas Bailey, general facilities manager

Good practice in patient care**South Tees Acute Hospitals NHS Trust, Middlesbrough General Hospital*****Ward hostess wins top regional award***

Dedicated trust ward hostess, Linda Aryaratna reached the final of the 'Unsung Hero Award 2000', sponsored by Norwich Union Healthcare.

She was one of 12 regional finalists for the award, which recognises the efforts of volunteers and non-medical staff in hospitals, community health organisations and GP services.

Linda works on the spinal injuries unit and orthopaedics ward at Middlesbrough General Hospital, where she has worked for over five years. She was nominated for the award by staff of the spinal injuries unit, who paid tribute to her unflinching good humour and bright spirit.

One member of staff describes how Linda approaches her job: "There are many instances of Linda going above and beyond the call of duty. The elderly ladies who like tea from their own china cups, which she washes and dries and returns, the slices of hot toast she makes to tempt patients with poor appetites – all acts slotted into a busy schedule and performed with a smile and a kind word."

Linda says: "I was surprised, flattered and honoured to have been nominated as an 'Unsung Hero'. But I just do my job."

Contact: Paul Birch, hotel services manager

4 Introducing national vocational qualifications

4.1 National vocational qualifications (NVQs or SVQs in Scotland) are work-based qualifications based on national standards set by industry and commerce to encourage the development of vocational skills throughout the workforce. They are about 'occupational competence' or what people can do at work.

4.2 All NVQs fit into a national framework of qualifications. They cover different areas of work. Each one is based on standards, which specify the level of skill and knowledge required to achieve the qualification.

4.3 Investment in NVQ training will allow NHS staff to further their careers and gain transferable skills.

4.4 There are 5 levels of NVQs as follows:

NVQ Level	Competency range
Level 1	Competence in mainly routine and predictable activities.
Level 2	Demanding range of work activities, some non-routine, involving individual responsibility.
Level 3	Broad range of work activities, many complex and non-routine. Guidance and supervision of others.
Level 4	Broad range of complex technical, specialised and professional activities. Personal accountability and managerial responsibility for others.
Level 5	Substantial personal accountability, autonomy, management of managers, allocation of resources, analysis, diagnosis, planning and evaluation.

4.5 In most cases, ward housekeepers will be using skills at levels 2 and 3.

4.6 Each NVQ focuses on a particular area of work at a given level and is made up of a number of separate units. Some NVQs have units that support the development of ward housekeepers. These include: Cleaning; Science; Customer Service; Food & Beverage Service; and Health & Social Care.

4.7 National vocation qualifications are not training courses. They are assessment-based programmes designed to recognise and award competence. Candidates should be assessed under realistic work-based conditions.

4.8 To obtain an NVQ a candidate collects evidence of competence and presents this to a qualified assessor. The assessor decides whether there is enough evidence to show that the person can meet all the standards required by the NVQ in his/her daily work.

4.9 Investment and commitment from the top of the organisation is required to ensure the success of NVQs. Whilst investment in terms of time and resources is essential, this investment has many benefits. National vocational qualifications can:

- assist in the appraisal of an employee's competence;
- provide a framework that complements in-house performance-based programmes and potential for accreditation of prior achievement;
- support the need to recognise and reward staff proficiency;
- provide organisations with a structure for promoting a flexible multi-skilled workforce.

4.10 Successful candidates may train as assessors – extending the capacity for assessment and the ongoing effectiveness of the programme.

4.11 Even if a formal qualification is not pursued, a competency-based training programme should be set up. More guidance will be available on this aspect of the ward housekeeping service in due course.

Good practice in training partnerships**Airedale NHS Trust, Airedale General Hospital
'Hospitality Award' scheme**

Airedale General Hospital, in conjunction with Keighley College, has introduced a 'Hospitality Award' scheme. This is an NVQ-style award at Level 1, designed to give staff in the hotel service division the opportunity to work towards a professional qualification. The principal units are:

- Housekeeping Operations;
- Preparation and Food Service Operations;
- Customer Care and Organisation;
- Health and Safety Operations and Responsibilities;
- Portering and Patient Care;
- Cleaning Operations.

To date, the option of working towards the qualification has been decided by staff. With the roll-out of the ward housekeeping service, the trust may make it part of a new staff member's job to work towards achieving this award.

Contact: Wendy Firth, catering services manager

Good practice in induction training**Southern Derbyshire Acute Hospitals NHS Trust, Derbyshire Royal Infirmary
Support team assistants**

Support team assistants at Derbyshire Royal Infirmary attend a one-week training course before starting on the wards. The course covers a range of modules that include:

- Health and Safety Training;
- Manual Handling Training;
- Basic Food Hygiene Certificate;
- Customer Care;
- Technical Cleaning;
- Practical Cleaning;
- Portering Services;
- Waste Management;
- Ward Catering Services.

Following the initial training, support team assistants are encouraged to attend further core care skills training, which includes:

- Health Emergencies;
- Food and Nutrition;
- Working with Dying Patients and their Families;
- Abuse and Aggression;
- Escort Duties.

Support team assistants are very valuable members of the ward team and ensure the team focuses on patient needs.

Contact: Carolyn Skinner, Facilities Services Manager, Carillion Services Limited, Derbyshire Royal Infirmary, Derby DE1 2QY. Telephone: 01332 347 141 extension 4771; Fax 01332 254946; Email C.Skinner@sdah-tr.trent.nhs.uk

Dave Tolley, Facilities Contracts Manager, Southern Derbyshire Acute Hospitals NHS Trust, London Road, Derby DE1 2QY. Telephone: 01332 347141 extension 4252; Fax 01332 254832; Email Dave.Tolley@sdah-tr.trent.nhs.uk

5 Involving patients

5.1 A central principle of ward housekeeping services is that patients should be involved in setting up and monitoring them. NHS Estates has been working closely with members of the Patients Food Group in the development of this guidance.

WHY INVOLVE PATIENTS?

5.2 Involving patients gives trusts a chance to demonstrate the principle of partnership and also:

- to establish patients' preferences and needs;
- to find out whether patients are generally satisfied with the service;
- to improve information and communication;
- to assist with making difficult decisions about funding or resources;
- to provide evidence for prioritising services;
- to inform clinical governance;
- to monitor or improve the quality of services.
- to allow more effective use of human and material resources available;
- to provide a foundation for developing new ways of delivering healthcare services across the NHS.

5.3 Involving patients has benefits beyond the housekeeping service. It creates synergy between healthcare staff and patients, and can increase job satisfaction as there is a shared understanding of patient care. It also helps to achieve greater efficiency and cost-effectiveness by focusing on the core issues of service delivery. Perhaps most importantly, it helps make the health service genuinely more accountable to the people it serves.

METHODS FOR INVOLVING INDIVIDUAL PATIENTS, PATIENT GROUPS OR CARERS

5.4 A range of strategies for involving patients is listed below. Different trusts will choose different approaches. Further detail on these strategies is given in Appendix 3.

Interactive

- Workshops.
- Seminars.

- Patient advocates.
- Patient groups.
- Face-to-face interviews.
- Readers' panels.
- Consultation panels.

Information delivery

- Letters to patients.
- Publish/circulate patients' stories as a means of sharing experiences – possibly anonymously to promote confidentiality.
- Publish articles in targeted media.
- Publish articles in specific health network media.
- Set up a resource library or reference facility.
- Establish a website and interactive discussion site, database of patient experiences.
- Record and circulate informal feedback and remarks from patients.

Information gathering

- Ward visits.
- Regular inspections and audits.
- Suggestion schemes.
- Telephone interviews.
- Post-discharge questionnaires.
- Feedback forms for patients.
- Expert patient groups.
- Focus groups.
- Patient panels.
- In-patient interviews.
- Complaints monitoring.

5.5 As patient advocacy and liaison services are established, and national and local patient surveys become the norm, more data will be available. Trusts need to plan how they will use that information.

6 Involving trade unions

6.1 Trade unions have a legitimate interest in anything that affects the working conditions of their members. It is good practice that they are kept informed of all developments.

6.2 At national level the Royal College of Nurses, the Royal College of Midwives and Unison have all had the chance to comment on the principles outlined in this guidance. They are continuing to work with NHS Estates as ward housekeeping services roll out across the NHS.

6.3 At local level, unions will be interested in developing fulfilling roles for ward housekeepers – with strong career structures and recognised training programmes.

Good practice in food service

Walsall Hospital NHS Trust

24-hour food service

Walsall Hospital offers a very proactive support service with a number of excellent initiatives being introduced ahead of the national plan.

The trust has introduced a 24-hour food service for patients, with different snack boxes for patients with specific dietary needs, for example low-fat, diabetic diet, vegetarian.

Catering staff prepare the snack boxes, which are delivered by ward housekeeping teams to refrigerators located around the trust. Snacks for maternity and paediatric areas are available from the ward kitchen.

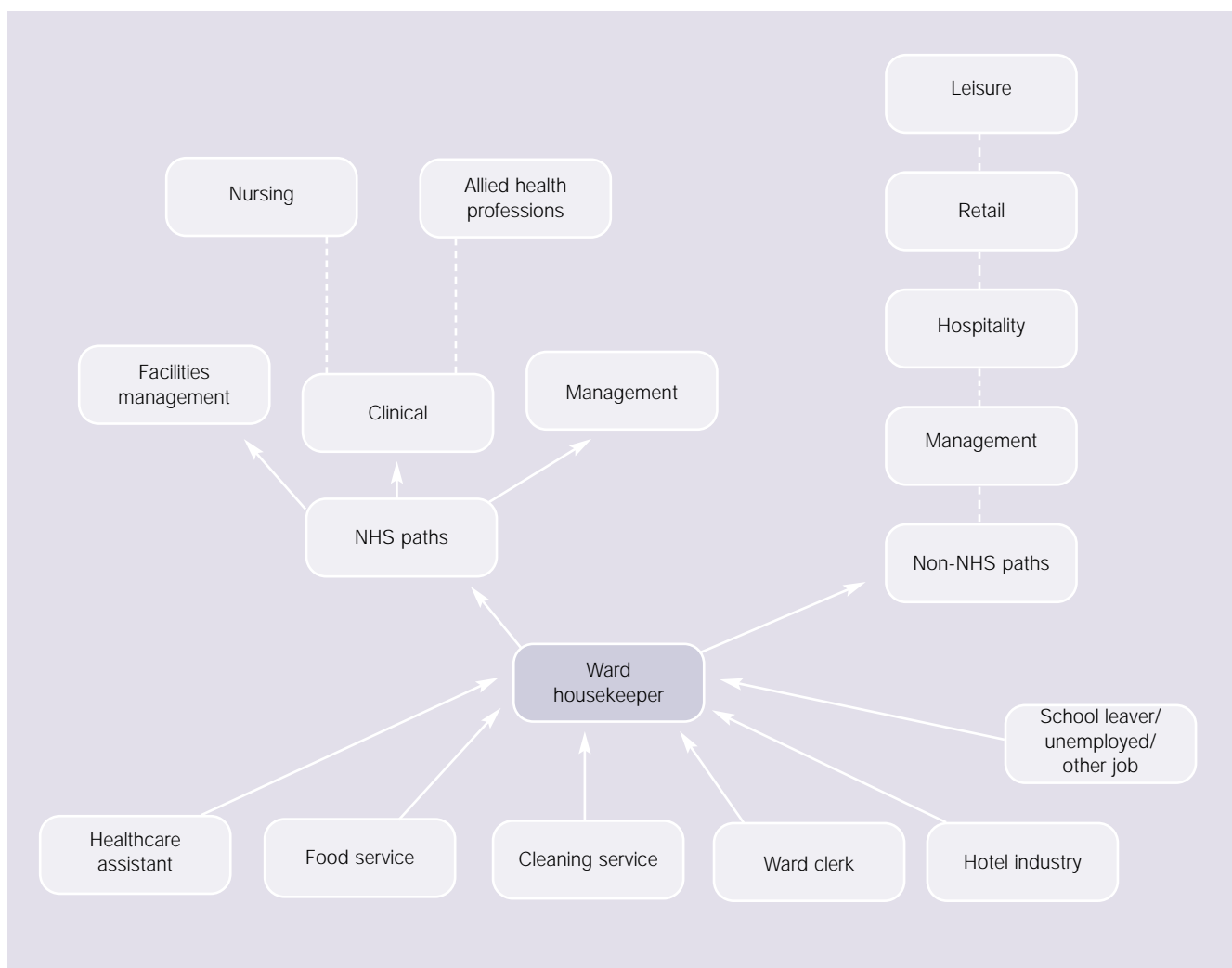
The trust has a hospital restaurant, which is staffed 24 hours a day, and is open to patients and relatives as well as staff.

Contact: Keith Palmer, senior support services manager

7 Career progression and career routes

7.1 A well-designed training and personal development framework (at a variety of levels) will support ward housekeeping staff who want to develop their career within support services, management, or clinical professions. Trusts are strongly advised to ensure their training and development networks capture and support staff enthusiasm and expertise so that staff are retained and developed within the NHS. Pilot programmes are being developed that will enable staff from diverse backgrounds and with differing educations to maximise their personal potential.

7.2 The diagram below shows a possible structure for personal development and pathways to alternative careers.



8 Framework for developing a ward housekeeping service

8.1 The following is a simple framework for developing a ward housekeeping service.

STEP 1: IDENTIFY A PROJECT DIRECTOR

An executive director, and preferably the board nominee for cleaning standards.

It is vital that this project has top level support/sponsorship due to the fact that the role crosses so many professional boundaries.

STEP 2: IDENTIFY A PROJECT MANAGER

A manager, with experience of change management is vital.

The professional background of the manager is not important, as the role of the ward housekeeper crosses many service roles. However, most reference site pilots have been led by a professional nurse or facilities manager.

A sample job description and person specification can be found in [Appendix 4](#).

STEP 3: ESTABLISH A MULTIDISCIPLINARY PROJECT GROUP

As ward housekeeping services cross so many existing professional demarcation lines it is vital too that all affected services are involved in the development of the service. Other interested stakeholders must also be involved, for example representative patients, local trade unions and joint consultative committees.

Using this guidance and the introduction video, review the group's membership and amend if required.

The key aims of any project board are to:

- review existing services;
- develop a communications strategy;
- develop a vision of the service to be delivered;
- plan the implementation;
- review the development.

STEP 4: DEVELOP A COMMUNICATIONS AND CONSULTATION STRATEGY

Communication is the key to any large change management project. Not only will those directly affected in any service change be interested but the rest of the organisation will also have some comments to make.

A number of communications methods have been identified. These include:

- open staff briefings;
- project-specific newsletters with 'questions and answers' sections;
- poster displays;
- updates in trust-wide team briefings, newsletters etc;
- e-mail;
- publishing the project group membership.

STEP 5: UNDERTAKE A CRITICAL AND ANALYTICAL REVIEW OF EXISTING SERVICES

Gather as much information about existing services as possible. The following questions will need to be answered:

- what are the current tasks that are part of the housekeeping service?
- who carries out these tasks/services?
- when are services delivered?
- are any services delivered off the ward/department?
- what are the specific delivery requirements of each ward/department?
- what are the major issues/problems with existing services?
- are existing services meeting users' needs?
- what are the costs of existing services?

It will also be necessary to gather information about existing job descriptions and person specifications.

STEP 6: DEVELOP YOUR WARD HOUSEKEEPING SERVICE

Establish what your ward housekeeping service will consist of, for example services to be delivered, tasks, cover, roles, responsibilities and skill requirements. Distribute for comments.

Identify how the ward housekeeping service will affect other services. Develop a plan of how these changes will be managed with the relevant service manager.

Produce a training needs analysis and decide how this will be delivered.

Produce job descriptions and person specifications and evaluate.

Agree management and supervision arrangements, relationships and structure.

Consider recruitment and retention issues.

STEP 7: COSTING AND MEASURING THE CONCEPT

Trusts may decide to measure the effects of transferring tasks to ensure the correct resources are allocated to the service. It is advisable to measure the time required to complete the tasks you plan to transfer.

Cost out the concept and identify funding sources.

Develop a manpower/workforce action plan.

STEP 8: PILOT THE CONCEPT

It is advisable to pilot your proposed ward housekeeping service on a variety of different wards and departments to ensure that your key objectives are being met.

Establish a baseline to cover issues such as cost, input hours, number of complaints, food wastage and cleaning standards.

All staff should have a full understanding of the concept, the part they play and how they can assist in moving the process forward.

The concept should be closely audited during its pilot period, using the same indicators used to develop the baseline. Auditing can take many formats, including:

- surveys;
- face-to-face interviews;
- team visits;
- monthly reports, for example cleaning standards, financial reports;
- complaints analysis.

Any problems or uncertainties identified during the pilot should be dealt with as close to the ward/department as possible, documented and the concept amended as appropriate.

Some trusts have found it useful to establish 'buddies' or roving mentors (for example auxiliary nurses, staff with previous housekeeping experience or supervisors) to work alongside housekeepers during the first few weeks of the pilot to troubleshoot and offer support.

STEP 9: REVIEW PILOT

Evaluate the pilot by considering goals and objectives set at the start of the process and those achieved.

If aims and objectives have not been met, then the process should be undertaken again.

Make any necessary changes to the concept.

Establish a continuous quality improvement process.

9 Sharing good practice

9.1 The key to any ward housekeeping service is communication and sharing of good practice. The steering group is currently developing a communications strategy to support the development work and those leading this development across the NHS. This guidance forms part of the strategy.

9.2 A key part of this work is to establish a database of contacts/project managers. Each trust has already completed and returned the database pro forma to assist NHS Estates in developing the database. However, circumstances change and it would be helpful if NHS Estates could be notified of any amendments.

9.3 An NHS housekeeping list server is being developed and will enable project leaders/managers to establish contact, stay updated on national developments and allow rapid problem solving of any housekeeping issues. Details of access to the list server and copies of this guidance are available on www.nhsestates.gov.uk

9.4 A short video is available to help trusts in the early stages of planning. Contact the ward housekeeping services 'hot line' for further information (see next paragraph).

9.5 For help, advice or just to discuss an issue, you can contact any of the 72 trusts listed in [Appendix 1](#), members of the steering group listed in [Appendix 2](#) or the team at NHS Estates by using the ward housekeeping services 'hot line':

0113 254 7125

This has a voice message service 24 hours a day, seven days a week. (Enquires will be dealt with the following working day.)

10 Conclusion

10.1 Ward housekeepers are a visible sign of the commitment to change services to meet patients' needs. Introducing ward housekeepers will require managers (particularly in **nursing** and **facilities** management) to show that they can work collaboratively, share resources flexibly and act corporately. Success in doing this provides a perfect role model for housekeepers to follow.

10.2 The task may be challenging but the rewards are great. **Working with ward sisters**, housekeepers will help nurses and support staff deliver better food, cleaner wards and more responsive services. They will help patients get the best out of their hospital stay. And they will help change the culture of the NHS to focus on what really matters.

10.3 There are also more specific, tangible rewards. The remainder of this guidance describes good practice across the country in housekeeping services. None are perfect, but all are committed to improvement. Staff are happy to share their experiences, and to help other trusts realise the benefits for themselves.

11 Examples of good practice in ward housekeeping services

11.1 Throughout this guidance, examples of trusts that have had good results in certain aspects of ward housekeeping service delivery have been presented. All contributors to these good practice examples are willing to talk to other trusts setting up housekeeping services.

Good practice in organisational development and team building

Kettering General Hospital NHS Trust

Care assistant project – ‘crossing the line’

Contact: James Haywood, facilities director

In 1997, the director of nursing recognised a need to change the way ward staff were managed. At that time, only healthcare assistants were managed on the ward: housekeeping staff were part of the facilities directorate and managed by the housekeeping department, and ward clerks were managed by the medical records department.

There was little teamwork across these groups of staff: they tended to limit their work within their own department or job. The trust wanted to facilitate real teamwork on the ward and to break down traditional boundaries that separated staff so that patient care could be improved.

The trust carried out research in a number of other trusts where support worker roles were in operation. Further research also identified four key elements to making the change: visible communication and support from top management; stringent selection; training and implementation processes for care assistants; and preparation, training and project management support for nurse managers and registered staff.

A six-month pilot for the project was held in two clinical directorates and the following key areas were addressed:

Structure – housekeeping staff and ward clerks became part of the ward team reporting to the ward sister.

Care assistant (CA) role – job profiles for the new CA roles were created so that the CAs could keep working in their specialty areas, that is, nursing, housekeeping and administration. Care assistants would also be trained to undertake certain duties from other specialty areas according to patients’ needs and service demands, hence ‘crossing the line’.

A senior care assistant (SCA) role was introduced for each specialty area with the extra responsibility for reviewing and monitoring service standards, training and assessing competence against occupational standards.

Pay and rewards – A key idea of the project was that members of the support team should be valued equally, reflected in a new pay and reward structure for the CA and SCA roles. This supports and encourages flexible working and harmonises pay and conditions of service across the three previously separate specialty areas.

Change management was supported by good communication across the trust. Specific information and communication sessions were held with all ward staff and with healthcare assistants, housekeepers and ward clerks to gather their feedback, answer queries and communicate the vision for the project. The trust recognised that members of the support team had not always been given the opportunity to contribute fully their experience, skills and knowledge. The empowerment of support staff was a major cultural shift for all ward-based staff.

(Continued)

Training and development was a key element of the project. The new roles required on-the-job training. However, a full off-the-job training programme, including personal development, was introduced. For CAs, this included communication skills, customer care, telephone skills, handling complaints, handling aggression, team working, basic IT skills, and helping with loss and grief. For SCAs training included negotiating skills, managing change and assessor training (D32, D33). All CAs have the opportunity to undertake an NVQ in Care, Business Administration, Customer Care or Housekeeping. This required the appointment of an additional training post.

In the pilot, **network groups** for CAs and SCAs were also established to facilitate the sharing of good practice and overcoming problems. Similar networks were also established for ward managers and registered staff. Training needs were identified for ward managers and registered staff in managing change, patient-centred care, managing conflict, team management, managing non-nursing staff, and leadership and motivation.

At the end of the pilot, the project was fully evaluated using a variety of means, including staff and patient focus groups. The decision to roll out the project across the trust was taken by clinical directors and the trust board. The benefits are summarised as follows:

Organisation:

- improved patient care;
- more responsive and flexible working patterns;
- more appropriate pay system to support team working;
- reduced sickness absence;
- increased use of staff expertise;
- a stronger culture of co-operation, across the whole trust, that reflected flexible working and sharing of care across the ward teams.

Individual care assistants:

- increased job satisfaction;
- increased training and development opportunities;
- opportunity to gain NVQ qualifications;
- increased levels of responsibility and initiative;
- clearer and simpler system of pay and reward.

Developments since the pilot – As the project has been introduced across the trust over the past three years, the roles of CAs have developed. Open-learning packs have now been introduced in some key areas, for example Nutrition and Cancer Care. Senior care assistants are now involved in recruitment and in appraising CAs and they have undergone training as appropriate. Having achieved NVQ Level 3 in Care, a number of CAs have entered nurse training, something they previously considered unattainable.

The introduction of the care assistant project at Kettering General Hospital has been an organisational development and change project, which has involved a huge cultural shift. It has brought tangible benefits to patient care, and staff empowerment and motivation.

Although the project has been a great success, the central housekeeping team has been left with a few problems of staff recruitment. This has been due mainly to the difference in pay between staff who only undertake housekeeping duties on the central team and ward-based staff who 'cross the line'. Experience has shown that, once employed by the central team, a significant number of staff transfer quite quickly to the ward-based teams.

In relation to change management, organisations need to ensure that pay scales and cover for sickness and annual leave are carefully assessed, and that procedures and policies are put in place to prevent a reduction in service levels. It is also important for the organisation to ensure that the possible increase in the transition of staff is an acceptable outcome of the project.

Good practice in assessing service needs**Luton and Dunstable Hospital NHS Trust*****Observational study of nutritional care on five wards*****Contact: Andrea Parsons, general services manager**

Luton and Dunstable Hospital has approximately 530 beds with two-thirds of patients aged 65 years or older. The trust identified a need to improve food services for patients and to assess current practices. Accordingly, an observational audit was undertaken.

The aims of the audit were as follows:

- to review dietary care at ward level;
- to review activities on the wards at mealtimes;
- to observe which staff were involved in the preparation and distribution of meals;
- to observe which ward staff were involved in feeding patients;
- to gain an insight into the availability of ward provisions;
- to compare two wards with a ward hostess to three wards without a ward hostess;
- to assess the impact of a ward hostess service on the nursing staff.

The audit pro forma was based on those in the Eating Matters Resource Pack (see bibliography). The feeding of patients in 'care of the elderly' wards has been well documented as an area in need of improvement. The trust identified that their record on feeding patients needed to improve, and so they took positive steps to identify problems and take remedial action. The observational study helped them to identify existing good practice as well as areas in need of improvement.

In general, wards with a ward hostess service performed better than those wards where no ward hostess was present.

Feeding of patients has also be improved by:

- using volunteers to assist in feeding patients (this works best when the volunteers work closely with a ward hostess);
- adopting an open visiting philosophy so that patients' relatives may be encouraged to assist with feeding at mealtimes.

The volunteers undergo a training programme, which takes two hours and covers housekeeping issues, the ward team, the role of the volunteer feeder, patient groups, the feeding routine and infection control, recording food and handwashing.

**Good practice in communication and working in partnership
Scarborough and North East Yorkshire Healthcare NHS Trust**

Patient information Walkman system

Contact: Trish Gerrard, cadet nurse and housekeeper co-ordinator

Scarborough Healthcare Trust's access focus group identified a way of improving communication of information about wards to patients. The aim was to help patients who have difficulty reading leaflets. The group decided to record the information on a cassette tape, and to deliver it using a Walkman cassette player system.

Ten Walkmans were bought by the League of Friends group. The information recorded, which was checked by the Information Group, was specific to each ward in the hospital.

Typically, the tapes welcome patients and include information on the following:

- the ward staff – the medical teams, nursing teams, allied health professionals and support staff including ward housekeepers;
- the medication service;
- the meals and beverages service;
- the hospital laundry service, including what clothing patients will need to bring from home;
- visiting times and facilities for visitors;
- how patients can access their care plan;
- patient confidentiality;
- chaplain services;
- how patients can be involved in their discharge planning;
- hospital policies on smoking and fire safety procedures;
- how patients can make suggestions and complaints.

The local sixth form college's media studies students recorded the tapes free of charge. This gave students the opportunity to do some professional standard work as part of their personal development programme, and gave the trust the benefit of working in a community partnership.

The tapes need to be regularly updated due to the high turnover of staff in the trust, and it is the ward housekeeper's job to ensure this takes place. The cadet nurse and housekeeper co-ordinator for the trust manage the project.

The tapes are not used to their full potential at present. However, as the ward housekeeper's role and training programme is under review, it is hoped that this issue will be resolved in the near future.

Good practice in recruitment, training and retention
Lewisham Hospital NHS Trust, University Hospital Lewisham
Support service assistants
Contact: Sue Fisher, support services manager

The housekeeping service was introduced three years ago through a working party led by the director of nursing and facilities who recognised that nurses were spending time doing tasks that could be better delivered by a member of a support team. The role is joint funded.

The role of housekeeper includes:

- cleaning;
- delivering meals to patients;
- moving and handling patients;
- escorting patients to/from treatments;
- making beds (with patients in them);
- helping patients to eat;
- collecting blood, samples etc;
- some computer input work.

The job description varies from ward to ward to take account of the ward speciality.

Ward housekeepers are known as support services assistants. Out of 30 wards, eight have support service assistants, with two assistants per ward.

On a managerial level, support services assistants report to the support services manager (Sue Fisher). On a day-to-day level, they report to the ward sister.

Healthcare assistants are in place on wards, and also report to the ward sister. Domestic, known as housekeeping assistants, report to support services. Ward hostesses are on every ward. They take meal orders morning and afternoon, and report to catering.

Vacancies for support services assistants are not advertised but are filled internally. Domestic apply to become support service assistants who in turn become healthcare assistants. There is no 'career' progression for ward hostesses in the same way.

The support services department encourages the move from one role to another, and seems to have no shortage of potential recruits to replenish the 'supply chain'.

Training for domestics wanting to become support services assistants is split between the support services and nursing departments, with each element assessed by the relevant department. A candidate cannot become a support services assistant until the programme is complete, and signed off. When this has been done, they move into the role on an assigned ward, and get an additional 50p per hour (£6.00 as opposed to £5.50). Supervisors are now getting assessor training to facilitate this.

The support services department has a culture of recognising effort, and ensuring staff are seen as part of a team.

Good practice in career pathway development
Scunthorpe and Goole Hospitals NHS Trust, Scunthorpe General Hospital
Healthcare assistants
Contact: Dorothy Hulme, services manager (medical facilities)

The introduction of Project 2000 in the early 1990s, which changed the practical training and education of nurses, led to a reduction in the number of student nurses allocated to work on hospital wards. In preparation for this, Scunthorpe General Hospital undertook a review of staffing requirements on their wards, which resulted in the development of a new housekeeper role.

Housekeepers were employed to take over the non-technical, indirect patient care tasks that registered nurses and nursing auxiliaries had previously undertaken, for example: escorting patients to other departments or hospitals; assisting patients with the completion of menu cards; and cleaning beds and lockers following a patient's discharge. They were also given the responsibility of maintaining ward supplies and worked closely with other departments, such as hotel services and estates, to maintain support services to the wards.

The introduction of ward housekeepers enabled nurses to use more effectively their skills and expertise in planning and delivering direct patient care. Housekeeper of five years, Sylvia Oliver, says:

"I personally feel that I have been a valued member of the ward team in providing this type of support to the ward sister, nursing staff and patients. I have thoroughly enjoyed my work as a housekeeper and have now moved on to train as a senior healthcare assistant. I am finding the work I did as a housekeeper invaluable to my new role."

Following the establishment of the Scunthorpe and Goole Hospitals Trust in 1993, the executive director of nursing services, in conjunction with senior nurse managers, further developed support posts by introducing three levels of healthcare assistants (HCAs).

Level 1 HCA took over the housekeeper role and this was extended to enable HCAs to assist patients with basic activities of daily living, such as eating and drinking and dressing. Level 2 senior healthcare assistants (SHCAs) supported registered nurses in delivering direct patient care and Level 3 advanced healthcare assistants (AHCAs) developed their patient care skills to an even higher level.

All HCAs were trained using standards already developed by the City and Guilds Institute for national vocational qualifications in direct patient care. At the same time, local terms and conditions of employment for these new HCAs were introduced, linking their employment to the attainment of an NVQ2 or NVQ3 in care. The NVQ training department within the trust was already fairly well established at this stage, and ward sisters and nursing staff were fully committed to the process of training HCAs to attain their NVQs.

Initially only levels 1 and level 2 HCAs were employed and trained. However, it was not long before SHCAs were given the opportunity to take on the training at NVQ Level 3, becoming an AHCA on completion of their training.

By 1998 the AHCA role was well established within the trust. The NVQ3 had now become an entry gate into professional nurse education and the trust was delighted to support the AHCA in undertaking this education by offering them an honorary contract and giving full access to the trust's education facilities as required. The honorary contract not only secured the member of staff a permanent post as a registered nurse on completion of their three year higher education, but also secured their employment as an AHCA should they fail to complete the nursing course.

One of the first AHCAs to use the NVQ2 and NVQ3 pathway into nurse education and to take advantage of the trust's honorary contract was Katie Atherton. Katie completed her nursing course and returned to the trust as a registered nurse on an acute general medical ward in March 2001. Katie says:

"Since commencing employment at Scunthorpe General Hospital, my ultimate goal of becoming a registered nurse has now become a reality. NVQ level 2 gave me a basic knowledge of care and level 3 enabled me to gain confidence to inspire my career. Securing a place at University was achieved through this along with the support of my assessor and manager. I was fortunate enough to have the added security of an honorary contract from my employers, thus securing a 'D' grade staff nurse post on completing my Diploma in Nursing Studies Qualification."

(Continued)

Over the last two years, the Education Consortium has given trusts 80% replacement costs for the secondment of HCAs with NVQ 3 to registered nurse training, and again the trust has readily given their support. A significant number of AHCAs have been seconded into training or given an honorary contract by the trust, enabling the training cycle of HCAs from Levels 1 and 2 to Level 3 to continue.

The success of the trust in developing a career pathway for HCAs in this way has only been achieved through a well developed infrastructure, which links the employment of HCAs to their training and attainment of an NVQ in care. The commitment to this training by ward sisters and nursing staff who are NVQ assessors and internal verifiers is essential and is recognised as crucial to the continued recruitment of HCAs within the trust.

Good practice in food service

Central Sheffield University Hospitals NHS Trust, Royal Hallamshire Hospital

'Sylvia's Specials'

Contact: Barry Long, hotel services manager

Sylvia Smith, assistant catering manager, recognised the special needs of certain patients who have problems maintaining their food intake, for example terminally ill or elderly patients. Sylvia set up a special care scheme to provide these patients with food of their choice – called 'Sylvia's Specials'. Patients can only access this service through referral from either the dietician or nurse in charge.

Nurses inform the catering department of any patients who are not eating. Catering staff then visit those patients every morning to discuss the menu and offer suitable alternatives. Kitchen staff cook the patient's chosen menu to order. If patients require very small portions, they are served on a small plate to make them look more attractive. On one occasion, the catering department prepared a candlelit dinner for two for a terminally-ill patient's wedding anniversary.

The service has been extended to all wards in the hospital. It works well because the hospital has a traditional kitchen offering a plated meal service. At any one time, there can be between two and 20 patients receiving this dedicated service. It means patients get what they want to eat, less food is wasted and nursing staff do not have the worry of patients refusing to eat. As well as boosting the patients' nutritional intake, the service lifts their morale and relatives appreciate the service.

Good practice in food service

Royal Group of Hospitals and Dental Hospitals Health & Social services Trust

Food service

Contact: Christine Burns, director of facilities

Following a review of the trust's facilities services a newly restructured department was created – called operational services.

The food service for patients has been reorganised to coincide with a transfer into a new build. Each floor has a kitchen that supports four wards. Each kitchen provides regeneration facilities, while vegetables and potatoes are cooked from fresh. Sandwiches and salads can also be plated to improve presentation. Nursing and catering staff work together to meet patients' needs.

A booklet outlining the new operational services has been published and circulated to users, that is, all wards and departments. It informs staff at ward level of the correct contact in case of problems.

The trust has introduced a duty manager to ensure that any problems that occur, and that cannot or do not get dealt with through the normal arrangements, are sorted out.

Good practice in team work and meeting patient needs
South Staffordshire Healthcare NHS Trust, Sir Robert Peel Hospital
Ward housekeeping services
Contact: Tom Shorthouse, facilities manager

Ward housekeeping services are delivered at ward level by domestic teams, cleaning teams and hostesses. Hostesses, who are based in the central kitchen and are allocated to a particular ward, maintain the food chain.

The relationship between ward staff is good and all disciplines work together. Even staff not based on the ward, for example porters who transport food trolleys and move patients, are part of the team. This approach results in a seamless service for patients, which improves their experience.

All housekeeping staff wear uniforms, which reflects the importance of their role and gives the service a high profile in the day-to-day activity of the ward.

The central kitchen provides a personal service to patients with food available 24 hours a day. The catering operation is traditional 'bulk to ward level' with patients having choice at point of delivery. Menus are displayed on the wards each day, so patients get advance notice of the choices available.

Newly-admitted patients are visited by the ward hostess on the first day of admission to establish their food preferences. The ward sister supervises the delivery of food, which is plated up by the ward hostess and given to patients by nursing auxiliaries.

Hotel services are regularly monitored by the trust's monitoring officer, other appropriate staff and patients using the 'Patient Environment and Catering Survey'. Information is gathered by:

- physical checks to ensure compliance with the specification;
- face-to-face interviews with staff and patients.

Good practice in improving patient satisfaction
St George' Healthcare NHS Trust
Improving patient services
Contact: Margaret Morrison, hotel services manager

A multidisciplinary team agreed to establish a pilot project to improve both cleaning services and food delivery at ward level. Outside contracts provide services at ward level and staff found cleaning took priority.

By redefining and clarifying the roles and responsibilities of hotel services staff, in conjunction with the ward sister, standards of cleanliness and delivery of food and beverages has improved.

The trust monitored patient satisfaction prior to, during and at the end of the pilot. This showed patients felt the service was responding to their needs.

One staff member said her job satisfaction had increased but more importantly patients felt happier with the care they were receiving.

Good practice in working together**South Tees Acute Hospitals NHS Trust*****Introduction of ward housekeeping services*****Contact: Paul Birch, hotel services manager**

The introduction of ward hostesses within the trust in 1994 saw a number of benefits for patients and staff. Not only were catering services improved but relations between nursing staff and facilities staff improved. This has meant better patient care on the ward.

Floor porters were introduced in 1995 as part of the ward team, although they are still accountable to facilities.

The next step was to introduce the role of the senior housekeeper, through a pilot study. The senior housekeeper works within the ward environment on behalf of ward sisters and has delegated responsibility for the following:

- welcoming and helping patients, relatives and visitors;
- ensuring that efficient and effective cleaning, food, portering and maintenance services are provided for the patients;
- ensuring the ward environment is prepared for meal service;
- ensuring that materials and equipment are used safely and securely;
- ordering the weekly supply of dry provisions for wards and monitoring stock control of food, linen, cleaning materials and disposables;
- ensuring appropriate cover for support services staff during annual leave and other periods of absence;
- providing information for monitoring services or benchmarking to hotel services and ward staff.

Senior housekeepers have responsibility for organising and supervising ward-based support staff to ensure that the quality of service is high and that environmental and hygiene/cleaning standards are maintained at all times. Equally important is their role as communicators. They listen to patients' views of the service and they provide a link to other members of the ward support team as well as passing on information to management.

Ward hostesses and housekeepers have been actively involved in the trust's projects to improve patient care, for example the 'new meal day' pilot project, which aimed to take into account the age, culture and special therapeutic needs of patients in hospital by giving them more choice and extending the times that food is available.

Good practice in good communication**Milton Keynes General NHS Trust*****Improving communication*****Contact: Alec Benson, deputy director of facilities**

To improve services to patients, a need was identified for clear information about the services provided by the facilities department. A booklet was devised giving useful information to staff on how to get the best service from the facilities department. This has resulted in a more timely delivery of services to patients.

Contents included services provided on:

- accommodation;
- car parking;
- catering;
- domestics;
- estates;
- fire;
- linen;
- portering;
- postage;
- security;
- switchboard.

This is now going onto the hospital's intranet, which in future will be seen as the main means of communication.

Appendices

Appendix 1: List of trusts involved in consultation

Addenbrooke's NHS Trust	Oxford Radcliffe NHS Trust
Airedale NHS Trust	Papworth Hospital NHS Trust
Barnsley District General Hospital NHS Trust	Peterborough Hospitals NHS Trust
Basildon & Thurrock General Hospitals NHS Trust	Pinderfields & Pontefract Hospitals NHS Trust
Bedford Hospital NHS Trust	Plymouth Hospitals NHS Trust
Birmingham Heartlands Hospital NHS Trust	Royal Brompton Hospitals & Harefield Hospitals NHS Trust
Blackburn, Hyndburn & Ribble Valley Healthcare NHS Trust	Royal Free Hampstead NHS Trust
Brighton Health Care NHS Trust	Royal Liverpool & Broadgreen University Hospitals NHS Trust
Bury Health Care NHS Trust	Royal National Orthopaedic Hospital NHS Trust
Central Sheffield University Hospitals NHS Trust	Royal United Hospital Bath NHS Trust
Chelsea & Westminster Healthcare NHS Trust	Sandwell Healthcare NHS Trust
Chesterfield & North Derbyshire Royal Hospital NHS Trust	Scarborough & North East Yorkshire Healthcare NHS Trust
Countess of Chester Hospital NHS Trust	Scunthorpe & Goole Hospitals NHS Trust
Dartford & Gravesham NHS Trust	South Durham NHS Trust
Ealing Hospital NHS Trust	Southampton University Hospitals NHS Trust
East & North Hertfordshire NHS Trust	Southend Health Care NHS Trust
Eastbourne Hospitals NHS Trust	Southern Derbyshire Acute Hospitals NHS Trust
Essex Rivers Healthcare NHS Trust	Stoke Mandeville Hospital NHS Trust
Frimley Park Hospitals NHS Trust	Surrey & Sussex Healthcare NHS Trust
George Eliot Hospital NHS Trust	Swindon & Marlborough Hospitals NHS Trust
Good Hope Hospital NHS Trust	The Great Ormond Street Hospital For Children NHS Trust
Heatherwood Wexham Park Hospitals NHS Trust	The King's Mill Centre For Health Care Services NHS Trust
Hull & East Yorkshire Hospitals NHS Trust	The Lewisham Hospital NHS Trust
Kettering General Hospital NHS Trust	The Luton and Dunstable Hospital NHS Trust
Kings Healthcare NHS Trust	The Princess Royal Hospital NHS Trust
Leeds Teaching Hospitals NHS Trust	The Royal West Sussex NHS Trust
Medway NHS Trust	The United Lincolnshire Hospitals NHS Trust
Mid Staffordshire General Hospitals NHS Trust	University Hospitals Of Leicester NHS Trust
Milton Keynes General NHS Trust	Walsall Hospitals NHS Trust
Morecambe Bay Hospitals NHS Trust	Walsgrave Hospitals NHS Trust
Newcastle Upon Tyne Hospitals NHS Trust	West Hertfordshire Hospitals NHS Trust
North Middlesex Hospital NHS Trust	West Suffolk Hospital NHS Trust
North Staffordshire Hospital NHS Trust	Weston Area Health NHS Trust
North West London Hospitals NHS Trust	York Health Services NHS Trust
Northern Devon Healthcare NHS Trust	
Northern General Hospital NHS Trust	
Nuffield Orthopaedic Centre NHS Trust	
Oldham NHS Trust	

Appendix 2: Membership of the steering group and contact details

Name	June Lancaster
Position Held	Project Manager, Ward Housekeeping Services
Department	Estate Development
Address	1 South, NHS Estates, 1 Trevelyan Square, Boar Lane, Leeds LS1 2AE
Telephone No	0113 254 7118
Fax No	0113 2547 299
E-mail Address	june.lancaster@doh.gsi.gov.uk
Name	Julie Chapman
Position Held	Project Assistant, Ward Housekeeping Services
Department	Estate Development
Address	1 South, NHS Estates, 1 Trevelyan Square, Boar Lane, Leeds LS1 2AE
Telephone No	0113 254 7172
Fax No	0113 2547 299
E-mail Address	julie.chapman@doh.gsi.gov.uk
Name	Helen Bourner
Position Held	Project Manager, Customer care
Department	Estate Development
Address	1 South, NHS Estates, 1 Trevelyan Square, Boar Lane, Leeds LS1 2AE
Telephone No	0113 254 7153
Fax No	0113 254 7299
E-mail Address	helen.bourner@doh.gsi.gov.uk
Name	Judith Ellis
Position Held	Nursing Officer
Department	Department of Health
Address	Quarry House, NHS Executive HQ, Quarry Hill, Leeds LS2 7UE
Telephone No	0113 254 6062
Fax No	0113 254 6075
E-mail Address	judith.ellis@doh.gsi.gov.uk

Name	Pat Roy
Position Held	Corporate Services and Communications Manager
Department	Policy and Performance Management division
Address	NHS Estates, 1 Trevelyan Square, Boar Lane, Leeds LS1 2AE
Telephone No	0113 254 7090
Fax No	0113 254 7299
E-mail Address	pat.roy@doh.gsi.gov.uk
Name	Mark Trout
Position Held	Hotel Services Development Manager
Organisation	Barnsley District General Hospital NHS Trust
Name	Katrina Neal
Position Held	Professional Officer – Adult General Adult Nursing
Organisation	UKCC
Name	Lorraine Conlon
Position Held	Head of Nursing
Organisation	South Birmingham Mental Health NHS Trust
Name	Alison McCree
Position Held	Head of Hotel Services
Organisation	South Durham Healthcare NHS Trust
Name	Pauline Lewin
Position Held	Assistant Director of Facilities
Organisation	Hull & East Yorkshire Hospitals NHS Trust
Name	Isabel Skypala
Position Held	Head of Dietetics
Organisation	Royal Brompton & Harefield NHS Trust
Name	Alec Benson
Position Held	Deputy Director of Facilities
Organisation	Milton Keynes General NHS Trust
Name	Liz Walters
Position Held	Facilities Manager
Organisation	Wakefield and Pontefract Mental Health Trust
Name	Beverley Stevens
Position Held	NHS Professional Nurse Lead
Organisation	NHS Professional
Name	Kevin Greene
Position Held	National Officer
Organisation	Unison
Name	Ean Coates
Position Held	Chairman
Organisation	Association of Domestic Managers

Appendix 3: Glossary of methods used for involving patients

Clinical governance: A framework through which NHS organisations are accountable for continuously improving the quality of their services, safeguarding high standards by creating an environment in which excellence in clinical care will flourish [*'A First Class Service'*, (Department of Health, 1998)].

Delphi technique: The Delphi technique is a postal exercise usually consisting of three or four rounds of a self-completed questionnaire. The results from each round are summarised and fed back to the participants so that they may confirm or amend their previous responses at the next round. The Delphi process ends when either the participants hold fast to their previous opinions and do not wish to make changes or when too few participants continue to return completed questionnaires. Relevant individuals are recruited on the basis of their knowledge and willingness to contribute to the exercise. They may be experts in the field or ordinary citizens, depending on the purpose and topic of the exercise. Many Delphi studies used in the NHS in the past have involved experts or informed advocates, rather than a random sample of participants, but the technique can be applied in many different circumstances and using experts is not essential. (Chambers, 2000, pp. 68–69).

Focus groups: Representatives of a particular group of patients who come together to discuss specific health issues. Typically, these are semi-structured discussion groups of six to eight participants led by a moderator. Focus groups offer a controlled method of enquiry into specific topics. They typically last between one and two hours. The moderator keeps the discussion constructive and focused on the topic. If there is an observer, he/she remains outside the discussion but is available to advise the moderator how the discussion is progressing. Discussions are often audio-taped so that comments made by the participants can be referred to and cited in any report. Focus groups are composed of people who share a common characteristic, such as having the same health problem or similar experiences, for example recently discharged from hospital. It is best if the members are strangers, otherwise they may feel unable to express their true opinions (Chambers, 2000, pp. 35–39).

Nominal groups: This is a consensus exercise. The nominal group is a structured group exercise used for generating ideas in response to a specific question. Meetings usually last one to two hours and ideally involve five to nine people and a facilitator. Participants spend 10 minutes writing down their ideas in response to the question posed. Then they take it in turn to read out one idea at a time in a 'round robin'. They should contribute their best ideas first. These are listed verbatim on a flipchart by the facilitator and as sheets are filled up they are hung up on the walls. Participants can link new contributions into others' earlier ideas. Each idea is clarified if necessary and discussed. Duplicate ideas are combined. Separate ideas are numbered. The participants vote for their most important priorities from the numbered ideas using a pre-agreed voting system. The group discusses their action plan and priorities based on the voting and a consensus is reached about how they will address the original question. (Chambers, 2000, p. 65).

Open meetings: A meeting that is open to everyone who wants to attend and which provides opportunities for discussion and exchange of ideas.

Questionnaire surveys: These can be posted or distributed by hand (for example in a ward). This structured or systematic means of data collection allows information to be collected from a large sample of respondents. The relation between variables can then be examined. Questionnaire surveys are most appropriate when the issues relevant to the topic being investigated are already known in some detail.

Patient representatives: People with a general knowledge of the views and interests of patients and patient groups who can contribute general principles to the topic under discussion, search the literature, and suggest what type of further consultation or research may be needed (may also be called activists or healthcare consumerists). Patient representatives are generalists whose experience and knowledge are more extensive than those of any single patient group. Patient representatives shape the principles and ideology of the patients' side and keep in touch with individual patients and groups. Patient representatives are sometimes called patient advocates.

Patient groups: Organised groups of patients, that is, socially and politically active groups who take the patient's perspective. Collectively, these people have wider experience and more specialised knowledge than individual patients do. Members of patient groups collect patients' accounts of their experiences and identify problems relating to various health conditions/issues. Local groups compare local practice with standards developed by national professional organisations and with standards developed by patients' organisations. Patient groups also review research and assess clinical best practice, disseminating their findings to their members. Patient groups may be led by patients, dominated by health professionals, dominated by commercial interests, or may work in partnership with health professionals. Consequently, groups vary in terms of how far they will go in challenging professional ideology and practice.

Readers' panels: A group of public representatives who are asked to read plans, strategy documents etc and to then give their feedback and criticisms as well as make recommendations and identify issues from their perspective.

Consultation panels: consist of a group of local people selected as representative of the locality or population. Typically, members are rotated to ensure that a broad range of views is heard. Topics for consideration are decided in advance and members are presented with relevant information to encourage informed discussion. A moderator often facilitates meetings.

Appendix 4: Draft role description

Title:	Ward housekeeper
Responsible to:	Ward sister
Accountable to:	Dependent on organisational structure

ROLE SUMMARY

The postholder will work as an integral part of the ward team. He/she will be responsible for the co-ordination of all patient facilities services in the ward area and ensuring a clean, safe and comfortable environment.

The main elements of the role are ensuring the delivery of cleaning, catering, and minor maintenance, together with other specified tasks to meet individual patient needs as determined by the ward sister/charge nurse.

The postholder will be required to work closely with contractors and support service departments. He/she will monitor quality standards, report deficiencies and take appropriate action.

ESSENTIAL TASKS

Cleaning

- To assist in monitoring and maintaining cleaning standards on the ward.
- To carry out spot cleaning to ensure spillages are dealt with swiftly and efficiently.
- To ensure general and specialist equipment e.g. drip stands, incubators and commodes are cleaned as per cleaning policy.
- To ensure the ward is safe and tidy at all times e.g. remove clutter, tidy notice boards, signage etc.
- To maintain upkeep of patients' bed areas.
- To identify any problems with cleanliness and report to the ward sister.
- To ensure specialist cleaning of surfaces and furnishings.
- To ensure isolation nursing areas are cleaned appropriately.

Catering

- To assist patients to order food, where necessary taking into account special needs and medical requirements.
- To ensure people have any assistance they require to eat and drink and to monitor food intake in conjunction with the ward nurse.
- To prepare and serve hot/cold snacks (e.g. toast) as requested – offering a 24-hour snack service.
- To serve meals in conjunction with the nursing team, ensuring patients intake is known and that their dietary needs are met.
- To provide eating assistance, e.g. cutting up food, placing food within reach, encouraging patients to eat.
- To prepare hot/cold beverages including appropriate trolley/equipment.

- To regenerate meals as per policy.
- To ensure all food and beverages are served at the correct temperature according to food hygiene regulations.
- To prepare areas where food and beverages are served/consumed to ensure a pleasant environment for patients.
- To wash all equipment/utensils used in preparation, regenerating, serving and consuming food and beverages.
- To take responsibility for the ward kitchen, ensuring it is clean at all times e.g. discarding out-of-date food, stock rotation.
- To ensure refrigerated food is labelled and stored correctly as per policy.
- To ensure that discharged and newly-admitted patients' meal requirements are actioned in conjunction with the ward nurse.
- To co-ordinate extra meal requirements that may arise.
- To ensure patients whose fluid intake is not medically restricted have access to fresh water (e.g. jugs and glasses).

Maintaining the environment

- To carry out monitoring of service delivery especially related to cleaning, food, linen and the environment at the agreed frequency.
- To inform the ward sister of outcomes of monitoring and agree action plans ensuring action is taken.
- To manage the ward's defect call log book, ensuring all defects are logged, reported, recorded and closed down as appropriate.
- To monitor and co-ordinate other ad hoc maintenance, liaising with the support service helpdesk as required for other services.
- To provide household maintenance duty in line with local policy.
 - replace light bulbs, clock batteries etc
 - unblock sinks etc
- To carry out regular equipment monitoring in accordance with procedures.
- To transport and dispose of clinical, domestic and confidential waste as per the policy e.g. taking waste to the ward disposal area.
- To clean and prepare beds and handle linen.
- To monitor the access and security and use of premises and facilities.
- To ensure the patient's space is respected including attending to patients' fruit, flowers etc.
- To respect the privacy and dignity of patients whilst carrying out housekeeping duties.
- To maintain the safety of people's property and belongings.
- To minimise the potential for adverse behaviour and security breaches.
- To use communication skills to manage any aggressive and abusive behaviour.
- To ensure equipment to be returned for reprocessing is stored safely.

General

- To receive, welcome and guide visitors on the ward, liaising with other staff as appropriate.
- To transport equipment, consumables and written information as required.

- To maintain and update paper-based records and information as required.
- To respond to requests for general information.
- To receive and pass on information to others, maintaining confidentiality.
- To handle complaints and take appropriate action.
- To assist with training of staff involved with ward housekeeping services into ward routines to achieve required standards.
- To be aware of any new food hygiene standards, changes to waste categorisation etc.

Working practices and relationships

- To ensure their own actions reduce risks to health and safety and to promote a health and safety culture within the workplace.
- To respond to emergencies as appropriate.
- To maintain effective working relationships.
- To foster people's equality, diversity and rights.
- To provide an effective customer service.
- To maintain environmental, food hygiene and personal hygiene.
- To maintain complete confidentiality with regard to all patient issues.

Support of people

- To ensure patients have adequate supplies to meet their basic needs e.g. toiletries as required.
- To ensure the ward has sufficient stocks to meet patient and staff needs.
- To assist people with accessing and interpreting written information e.g. cards and letters.
- To explain the correct use of equipment to people e.g. nurse call.
- To communicate effectively with people.
- To respond to health emergencies as appropriate.

Bibliography

- Barnes, Marion, **Care, Communities and Citizens**, Harlow, Addison Wesley Longman, 1997.
- Bond, Senga (ed.) (1997), **Eating Matters: A resource for improving dietary care in hospitals**, University of Newcastle.
- Bowell, B, 'Hands up for cleanliness', **Nursing Standard**, 1992, January, no. 8, pp. 15–16.
- Chambers, Ruth, (2000) **Involving Patients and the Public: how to do it better**, Abingdon Oxon, Radcliffe Medical Press.
- Chow-Chua, C and Goh, M, (1999) 'A quality roadmap of a restructured hospital', **The Journal of the Royal Society for the Promotion of Health**, vol. 119, no. 3, pp. 185 – 195.
- Commons Public Accounts Committee, **Forty-second Report The Management and Control of Hospital Acquired Infection in Acute NHS Trusts in England, 23 November 2000**, London, HC 620 ISBN 0 10 269500 8.
- Dancer, S, 'Mopping up hospital infection', **Journal of Hospital Infection**, 1999, vol. 43, pp. 85–100.
- Dawson, S. (1992) **Analysing Organisations**, London, MacMillan.
- Department of Health (1998), **A First Class Service**, HMSO.
- Department of Health (2000), **The NHS Plan: A plan for investment A Plan for reform**, Department of Health, July 2000, <http://www.nhs.uk/nhsplan/>
- Department of Health (2000) **A Health Service of all the talents: Developing the NHS workforce**, Department of Health, London.
- Department of Health (2001) **The Essence of Care: Patient-focused benchmarking for health care practitioners**, Department of Health, London; also available at the website www.doh.gov.uk/essenceofcare
- Department of Health NHS Estates (2000) **Standards for Environmental Cleanliness in Hospitals**, London, HSMO.
- Department of Health NHS Estates (1990) **Health Building Note 10: Catering**, London, HMSO.
- Desombre, Terry and Eccles, Gavin (1998), 'Improving service quality in NHS Trust hospitals: lessons from the hotel sector', **International Journal of Health Care Quality Assurance**, vol. 11, no. 1, pp. 21–26.
- Dolan, P, Cookson, R and B Ferguson, (1999) 'Effect of discussion and deliberation on the public's views of priority setting in health care: focus group study', **British Medical Journal**, no. 318, pp. 916–19.
- Elderfield, Graham, (2000), 'Revolution in the wards' **Nursing Times**, vol. 96, no. 34, pp. 28 – 29.
- Elkind A, (1998) 'Using Metaphors to Read the NHS', **Social Science and Medicine**, vol 47, pp. 1715–27.
- Fairley, Debra, (2000), 'Follow the Leader?' **Nursing Times**, vol. 96, no. 34, p. 28.
- Ferguson, Tom, 'Health online and the empowered medical consumer,' **Joint Commission Journal on Quality Improvement**, vol. 23, no 5, May 1997.
- Gardner, Joan and Peel, Margaret (1991) **Introduction to Sterilization, Disinfection and Infection**, 2nd edition, Melbourne, Churchill Livingstone.
- George, Pamela (2000), 'The Ward Sister's Tale' **Nursing Times**, vol. 96, no. 34, p. 29.

- Handy, Charles (1990) **Inside Organizations: 21 ideas for Managers** London, BBC Books.
- Harris A, et al, 'A survey on handwashing practices and opinions of healthcare workers', **Journal of Hospital Infection**, 2000, vol. 45, pp. 318–321.
- Hickey, G and Kipping, C, (1998) 'Exploring the concept of user involvement in mental health through a participation continuum', **Journal of Clinical Nursing**, no. 7, pp. 83–88.
- Hornby, Sally, (1993) **Collaborative Care: Interprofessional, Interagency and Interpersonal**, Oxford, Blackwell Scientific Publications.
- Infection Control Nurses Association (ICNA) and Association of Domestic Management (ADM), **Standards for Environmental Cleanliness in Hospitals**, ICNA/ADM, 1999.
- Jordan, J., Dowswell, T. Harrison, S., Lilford, R.J. and Mort, M., (1998) 'Whose priorities? Listening to users and the public', **British Medical Journal**, 30 May, no. 316, pp. 1668–1670.
- Loveridge, Ray and Starkey, Ken (eds) (1992), **Continuity and Crisis in the NHS**, Buckingham, Open University Press.
- Lupton, Carol, Stephen Peckham and Pat Taylor, (1998), **Managing Public Involvement in Healthcare Purchasing**, Buckingham, Open University Press.
- McIver, S. (1998) 'Public involvement in the NHS' in P. Spurgeon (ed.) **The new face of the NHS**, London, Royal Society of Medicine Press.
- Midley, Carol, (2001), 'Undercover Cleaner: Life on the NHS front line', **the Times**, 7 February, pp. 2, 3.
- Millar, Barbara, (2000), 'Coming clean' **Nursing Times**, vol. 96, no. 47, pp. 24 – 26.
- NHS Executive (1997) **The New NHS: Modern, Dependable**, Department of Health, London.
- NHS Executive (2000) '**Guide: Ward Environment Budgets**', <http://tap.ccta.gov.uk/doh/point.nsf>
- Nursing Times, (2000) 'Does the NHS need celebrity chefs to spice up hospital food?' **Nursing Times**, vol. 96, no. 36, p. 18.
- Nursing Times, (2000) 'Should ward leaders have direct control over domestic services?' **Nursing Times**, vol. 96, no. 34, p. 18.
- Nursing Times, (2000) 'The mother of all nurses' **Nursing Times**, vol. 96, no. 31, pp. 28 – 29.
- Office for Public Management (2000), '**Shifting Gears**' Towards a 21st Century NHS: A report on the NHS National Plan public consultation for the Department of Health, 14 June.
- Poulton, B, (1999) 'User involvement in identifying health needs and shaping and evaluating services: is it being realised?' **Journal of Advanced Nursing**, 1999, vol. 30, no. 6, pp. 1289–1296.
- Rogers, Anne, Hassell, Karen and Nicolaas, Gerry (1999), **Demanding Patients? Analysing the use of primary care**, Buckingham, Open University Press.
- Sarangi, J and Rowsell, R. (1995) 'Cleaning of carpets and soft furnishings', **Journal of Hospital Infection**, no. 30, no. 2.
- Scholefield, Hilary et al (2000) 'The Mother of all Nurses' **Nursing Times**, vol. 96, no. 31, pp. 28– 29
- Shepherd, Eileen, (2001) 'You can't manage without us', **Nursing Times**, vol. 97, no. 3, p. 26.,
- Spencer, Angela (2001), 'Thoroughly modern matrons', **NHS Magazine**, February, pp. 18 – 19.
- Stewart, Rosemary (1996) **Leading in the NHS A Practical Guide**, 2nd edition, London, Macmillan.
- Whitfield, Lyn, (2000) 'Clean sweep', **Health Service Journal**, 10 August, pp. 12-13.
- Wilson, Judy, (1999) 'Acknowledging the expertise of patients and their organisations', **British Medical Journal**, no. 319, pp. 771–774.

About NHS Estates guidance and publications

The Agency has a dynamic fund of knowledge which it has acquired over 40 years of working in the field. Our unique access to estates and facilities data, policy and information is shared in guidance delivered in four principal areas:

Design & Briefing

These documents look at the issues involved in planning, briefing and designing facilities that reflect the latest developments and policy around service delivery. They provide current thinking on the best use of space, design and functionality for specific clinical services or non-clinical activity areas. They may contain schedules of accommodation. Guidance published previously under the headings Health Building Notes (HBNs), Design Guides and design-related Health Facilities Notes (HFNs) are found in this category.

Examples include:

Facilities for cancer care centres
Facilities for cardiac services
Diagnostic and Treatment Centres: ACAD, Central Middlesex Hospital – an evaluation
Maternity department
Infection control in the built environment: design and planning

Operational (Engineering, Facilities Management, Fire, Health & Safety and Environment)

These documents provide guidance on the design, installation and running of specialised building service systems and also policy guidance and instruction on Fire, Health & Safety and Environment issues. Health Technical Memoranda (HTMs) and Health Guidance Notes (HGNs) are included in this category.

Examples include:

Electrical services supply and distribution
Sterilization: operational management with testing and validation protocols
The control of legionellae in healthcare premises – a code of practice
Fire safety – alarm and detection systems

Strategic

These are documents which deal with areas of broad strategic concern and planning issues, including capital and procurement.

Examples of titles published under this heading are:

Estatecode
How to Cost a Hospital
Capital Investment Manual
Developing an Estate Strategy
Sustainable Development

NHS Estates Policy Initiatives

In response to some of the key tasks of the NHS Plan and the Modernisation Agenda, NHS Estates has implemented, project-managed and monitored several programmes for reform to improve the overall patient experience. These publications document the project outcomes and share best practice and data with the field.

Examples include:

National standards of cleanliness for the NHS
NHS Menu and Recipe Books
Sold on Health

The majority of publications are available in hard copy from The Stationery Office Ltd (TSO):

The Stationery Office Publications Centre
PO Box 276
London
SW8 5DT
Telephone: 0870 600 5522
Fax: 0870 600 5533
<http://www.tso-nhse.co.uk>

Publication lists and selected downloadable publications can be found on our website:
<http://www.nhsestates.gov.uk>

For further information please contact our Information Centre:
e-mail: nhs.estates@doh.gsi.gov.uk
tel: 0113 254 7070



Published by The Stationery Office and available from:

HMSO Publications Centre

(mail, fax and telephone orders only)

PO Box 276, London SW8 5DT General enquiries 0171-873 0011 Telephone orders 0171-873 9090

Fax orders 0171-873 8200

The Stationery Office Bookshops

123 Kingsway, London WC2B 6PQ 0171-242 6393 Fax 0171-242 6394

68-69 Bull Street, Birmingham B4 6AD 0121-236 9696 Fax 0121-236 9699

33 Wine Street, Bristol BS1 2QB 0117-926 4306 Fax 0117-929 4515

9-21 Princess Street, Manchester M60 8AS 0161-834 7201 Fax 0161-833 0634

16 Arthur Street, Belfast BT1 4GD 01232 238451 Fax 01232 235401

The Stationery Office Oriel Bookshop 01222 395548 Fax 01222 384347

71 Lothian Road, Edinburgh EH3 9AZ 0131-228 4181 Fax 0131-622 7017

The Stationery Office's Accredited Agents

(see Yellow Pages)

