

Scottish Health Facilities Note 01-01

National Facilities Monitoring Framework Manual

A step-by-step guide to managing and carrying out
cleaning monitoring in NHSScotland



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1. Introduction to Facilities Monitoring

Aim of the National Facilities Monitoring Framework Manual

1.1 The aim of the National Facilities Monitoring Framework Manual is to provide those involved in the audit process with a single source of information and guidance for any activity related to facilities monitoring.

It is to support the achievement of greater consistency in the approach to auditing, and to reduce variation in practice across the country. It will also address some common misconceptions of the audit process. This increase in consistency of application will also support the use of audit data for benchmarking purposes.

The process of audit is now supported by a web-based tool which, because it is a flexible tool, will be subject to more frequent change and the addition of functions and tools. The manual will therefore be reviewed and updated regularly, and the most recently updated version will be made available online.

The manual has been produced primarily for staff who carry out audits and manage the audit process, however the contents will be relevant to all staff involved in audits or managing the outcomes of audits, including:

- administrative or support staff;
- domestic services;
- estates services;
- infection and prevention control;
- members of the public involved in facilities monitoring;
- nursing;
- quality assurance and quality improvement.

Descriptions of the roles and responsibilities of key staff in the monitoring process are covered in [Section 3](#).

Other audit and inspection activity

1.2 This Audit Manual does not cover audits carried out under other frameworks, for instance SICPs (Standard Infection and Prevention Control Precautions) Audits, Environmental Audits carried out by Infection and Prevention Control Team (IPCT) for other purposes, or external inspections carried out by independent parties, such as Healthcare Environment Inspections (HEI), although there is some overlap in the audit activity and the outcomes of that activity. However, it is recommended that staff consider the data or outcomes resulting from all these audits and inspections to get a fuller understanding of the general state of their service provision.

Local and National Reporting

1.3 Data from the FMT is used for local and national reporting purposes.

Information is available to local staff following audit, and Managers are able to access their audit data in the format required at any given time. Health Facilities Scotland (HFS) extracts the data at a national level for inclusion in the quarterly compliance report without the requirement for collation or additional support.

Note: this Version 3.0 of the Monitoring Framework, has been updated following on from the online system upgrade, which took place April 2021. The screenshots used, to demonstrate the processes, have been captured from the test system and may differ slightly to the live online version.

2. Audit Generation and Scheduling

Generation of the Audit Schedule

- 2.1 The frequency and make-up of audits has been developed in conjunction with the NHS Scotland National Cleaning Services Specification (NCSS), and uses many of the codes and structures from within that specification. This means that audits are created at a frequency that is related to the level of risk of the activity being carried out within a given audit area.

The electronic system automatically schedules audits for the areas based on this background information, and will make audits available at the beginning of the audit period. Audit periods can range from 2 weeks (for the highest risk categories) to 6 months (for the very lowest risk areas).

Risk Codes

- 2.2 A 'Risk Code' is an alphabetic code which is assigned to an audit area, such as a ward or department.

The NCSS outlines risk codes for different types of healthcare settings.

The table below describes the minimum monitoring frequency for each of those codes.

Risk Code	Type of Accommodation	Minimum Frequency of Monitoring
A Code	In-Patient Acute	1 per month
B Code	High Risk In-Patient	2 per month
C Code	In-Patient Continuing Care	Every 2 months
D Code	Clinical Departments	Every 3 months
E Code	Non-Clinical Departments	Every 6 months
F Code	Residential Accommodation	Every 6 months
G Code	Clinics and Health Centres	Every 3 months
H Code	Very High Risk – Theatres, Transplant etc.	2 per month
I Code	Laboratories	Every 3 months
J Code	Patient Transport Vehicles Cleaning and Ambulance Station Accommodation	Every 6 months

Even though the NCSS was reviewed in 2015/16 and the structure of the risk assessment for the cleaning of areas has changed, we continue to use these codes within the FMT as the different frequencies for risk categories, are helpful in the appropriate scheduling of audits.

Specification Codes

- 2.3 A 'Specification Code' is an alpha-numeric code which is assigned to rooms within the healthcare setting. Each room type has a specification code. For instance, a Domestic Services Room (DSR) has the specification code A12. The NCSS

describes the type of room specification codes that exist within each type of risk code. These are replicated below for ease of reference.

Risk Code	Specification Code	Room Types
A Code	A1	Bed areas, day rooms, clinical clean and dirty utility areas, ward corridors and stairs
	A3	Sanitary areas
	A5	Ward pantry, kitchen
	A6	Offices
	A8	Store rooms
	A10	Dining Rooms
	D9	Staff changing, sanitary areas
	D17	Fire escape stairs
	A12	Domestic Services Room (DSR)
B Code	B1	Bed areas, day rooms, clinical clean and dirty utility areas, ward corridors and stairs
	A3	Sanitary areas
	A5	Ward pantry, kitchen
	A6	Offices
	A8	Store rooms
	A10	Dining Rooms
	D7	Entrance, steps, ramps
	D9	Staff changing, sanitary areas
	D17	Fire escape stairs
A12	DSR	
C Code	C11	Day rooms, day dining rooms, recreation
	A1	Bed areas, clinical clean and dirty utility areas, ward corridors and stairs
	A3	Sanitary areas
	A5	Ward pantry, kitchen
	A6	Offices
	A8	Store rooms
	A10	Dining Rooms
	D7	Entrance, steps, ramps
	D9	Staff changing, sanitary areas
	D17	Fire escape stairs
A12	DSR	

D Code	D1	Treatment rooms, patient changing, clinical clean, dirty utility areas
	D2	Sanitary areas, rehabilitation pool
	D3	Offices, reception areas, lecture rooms, meeting rooms, corridors, stairs and lifts
	D7	Entrance, steps, ramps
	D9	Staff changing, sanitary areas
	D14	Clinical workshops
	D16	Store
	D17	Fire escape stairs
	E13	Pantry
	A12	DSR
E Code	E3	Offices and computer services – non-clinical
	D3	Offices, reception areas, lecture rooms, meeting rooms, corridors, stairs and lifts
	E10	Staff dining room, coffee lounge
	E11	Tea bar, cafeteria
	E12	Shop, bank
	E13	Pantry
	E15	Workshop – works department
	D7	Entrance, steps, ramps
	D9	Staff changing, sanitary areas
	D16	Store
	D17	Fire escape stairs
A12	DSR	
F Code	F1	Bedrooms, sitting rooms, private sitting rooms, offices, sanitary flat, utility
	F2	Sanitary areas – communal
	F4	Pantry, kitchen
	F5	On-call room, relatives room
	F6	Communal stairs, corridors, entrance, sitting rooms, recreation rooms
	A12	DSR
G Code	G1	Consulting rooms, clinic treatment rooms, corridors, waiting areas, entrances, lifts and stairs, clinically clean and dirty utility areas, workshops and dispensaries
	G3	Public and patient changing sanitary areas and staff rest rooms
	G7	Offices
	G10	High risk treatment rooms
	D16	Store
	D17	Fire escape stairs
	E13	Pantry
	I4	Local decontamination room
A12	DSR	

H Code	H1	Theatres, transplant unit, bone marrow
	H2	Changing accommodation and corridors
	A3	Sanitary
	A5	Ward pantry, kitchen
	A6	Offices
	E10	Staff room
	A12	DSR
I Code	I1	Laboratory, Pharmacy
	I2	Pharmacy sterile fluid preparation, Sterile Services Department (SSD)
	D7	Entrance, steps, ramps
	D9	Staff changing, sanitary areas
	E3	Offices and computer services
	E10	Staff lounge
	I3	Clean room
	I4	Wash room
	A12	DSR
	D2	Sanitary areas
	D3	Offices, reception areas, lecture rooms, meeting rooms, corridors, stairs and lifts
	D14	Clinical workshops
	D16	Store
	E13	Staff kitchen area
	H2	Changing accommodation
J Code	J1	Transport vehicles
	D1	Treatment rooms, clinical clean, dirty utility areas
	D2	Sanitary areas
	D3	Offices, reception areas, lecture rooms, meeting rooms, corridors, stairs and lifts
	D7	Entrance
	D9	Staff changing, sanitary areas
	D16	Store
	D17	Fire escape stairs
	E3	Offices and computer services
	E10	Staff lounge
	E13	Pantry, kitchen
	A12	DSR

Note: Only the room types listed above should be assigned to their risk codes.

Audit Creation

2.4 The FMT system uses the information, in the previous table, to create each audit. For this reason, it is very important that rooms are correctly coded. If a room has been given a code which does not belong in that risk area, the system will not recognise it and the room will never appear in the audit. So for instance, if a room in an A-coded area is assigned as an H1 room, the system will never select it for an A-coded audit.

The system has been developed to randomly select a number of rooms for each audit, using the following set of rules.

A Code	Number of rooms in audit	B Code	Number of rooms in audit	C Code	Number of rooms in audit	D Code	Number of rooms in audit	E Code	Number of rooms in audit	F Code	Number of rooms in audit	G Code	Number of rooms in audit	H Code	Number of rooms in audit	I Code	Number of rooms in audit	J Code	Number of rooms in audit
A1	8	A3	4	A1	8	D1	5	E3	3	F1	6	G1	9	H1	6	I1	3	J1	4
A3	4	A5	1	A10	1	D2	3	E10	2	F2	1	G3	4	H2	4	I2	1	D7	1
A5	1	A6	1	A12	1	D3	3	D3	2	F4	1	E13	1	A3	2	I3	2	D1	1
A6	1	A8	1	A3	4	D7	1	D7	1	F5	1	G7	2	A6	1	I4	2	D2	2
A8	1	A10	1	A5	1	D9	1	D9	2	F6	1	G10	1	E10	1	D2	2	D3	2
A9	1	A12	1	A6	1	D14	1	E11	1	A12	1	D16	1	A5	1	D3	2	E3	1
A10	1	B1	8	A8	1	D16	1	E12	1			D17	1	A12	1	D7	1	D9	2
A12	1	D9	1	C11	1	D17	1	E13	1			I4	1			D9	2	E10	1
D17	1	D17	1	D17	1	E13	1	E15	1			A12	1			D14	1	E13	1
				D9	1	A12	1	D16	1							D16	1	D16	1
								D17	1							E3	1	D17	1
								A12	1							E10	1	A12	1
																E13	1		
																H2	2		
																A12	1		
Max No. of rooms in audit	19		19		20		18		17		11		21		16		23		18

Figure 1: Audit Generation Algorithm

So as an example, using the information above, this could be the possible profile for an audit on an in-patient acute ward.

Example: Risk Code A – In a Patient Acute Ward Area	
The audit will include:	
Up to 8 rooms of type A1	bed areas, day rooms, clinical clean, dirty utility areas, ward corridors and stairs
Up to 4 rooms of type A3	sanitary areas
1 room of type A5	the ward pantry or kitchen
1 room of type A6	an office
1 room of type A8	a store room
1 room of type A10	a dining room
1 room of type D17	fire escape stairs
1 room of type A12	the Domestic services room
There will be a maximum of 19 rooms in the A coded audit.	

The rooms are selected at random for the audit. The system will remember which rooms have been selected, and for the next audit, select another set of rooms on a random basis. If you are unable to complete a room or audit area and have to skip it for whatever reason, the system will select the skipped room or audit area again for the next audit.

Over time, all rooms in the audit area will be selected for audit. It depends on the size of the audit area as to how long it will take to audit all rooms in the area. For instance, if the audit area is only 30 rooms in total, you may be able to check all the rooms within two audits. If the audit area is 80 rooms in total, it will take much longer. If it is found that the generation of audits for any specific area is unsuitable, Users can contact their local administrator to consider amending the structure of their audit areas, so that more, or less, is included in each audit area. Please see [Section 8](#) of the manual for more information on changing the estate data held within the FMT.

Room Elements and Risk Scoring

2.5 Within each room there will be a number of elements to audit. This will vary from room type to room type, and the impact of the element failing on the resulting score will vary depending on the level of risk of the type of activity carried out within the room.

The complete list of room elements is as follows:

- floors;
- sanitary fittings and fixtures;
- furniture and fittings;
- low level;
- high level;
- telephones;
- paintwork;
- glasswork;
- curtains and screens;
- window blinds;
- soap/hand towels;
- refuse;
- cleaning equipment;
- appliances.

[Section 3](#) gives detailed descriptions of these elements and how they should be audited.

Each element has a risk score associated with it – the full list of risk scores for each element can be found in [Appendix B](#).

The risk score is based on a standard 5 by 5 scoring system, as shown in [Figure 2](#), where the risk is calculated on a score that has been graded by ‘severity’ and ‘likelihood. We define those terms for the purposes of healthcare monitoring as:

Severity – Severity is defined here as the level of potential impact that a failure of cleaning could cause for that specific element. For example, all the elements in a bedroom in an inpatient acute ward, an A1 type room, would all have the severity rating of 4 (Major), since the activity and vulnerability of the patients using that area are relatively high. All the elements in a bedroom in residential accommodation, an

F1 type room, would all have the severity rating of 2 (Minor), since there will be no clinical activity taking place in those areas.

Likelihood – the level of likelihood is defined here as the probability that a failure of cleaning could result in the spread of infection. In this case we are really talking about how likely it would be that the element would be touched, so as to spread any infection. For example, in an A1 coded bedroom, the element for floors has a likelihood rating of 1 where the element for furniture would have a higher likelihood rating of 3 as it would be classified as a ‘touch surface’.

Severity and likelihood are both scored from 1 (being low) to 5 (being high) and the final risk score is a multiplication of the two scores.

		Likelihood					
			Rare	Unlikely	Possible	Likely	Almost Certain
Impact	Score	1	2	3	4	5	
	Catastrophic	5	5	10	15	20	25
	Major	4	4	8	12	16	20
	Moderate	3	3	6	9	12	15
	Minor	2	2	4	6	8	10
	Negligible	1	1	2	3	4	5

Figure 2: Risk Matrix

For example, the risk for Furniture and Fittings in an A1 bedroom has been calculated as 12, because it has been assessed as having an impact score of 4 and a likelihood score of 3. So for Furniture and Fittings, the risk score is $4 \times 3 = 12$.

The scores for all elements in all healthcare settings are held within the Facilities Monitoring Tool (FMT), and are automatically applied to the scoring process when an element is failed. The risk score will be recorded alongside the rectification that will be generated for each failed item, to enable Users (whether that is Domestic or Estates Users) to prioritise higher risk issues.

Audit Scoring

2.6

The scoring of an audit is based on the scores of the elements passed and failed during the course of an audit. On completion, the FMT system will calculate a Domestic and Estates score. This resulting score is a percentage, calculated on the risk scoring of the audit.

The audit will have a potential maximum score, which is a sum of all the risk scores of all the elements present within that audit, and the actual score, which takes account of the failed elements.

Note: See [Appendix B](#) for further details on the risk scores for all elements.

When an element is failed by an Auditor, the score of that element is removed from the total score. An example of how this works for an individual room audit is shown below.

The total maximum or potential score for this room is the sum of all the elements available to audit, in the example above, the room has a total maximum score of 52 points.

If the room is audited, and the element 'Refuse' failed, that would remove the score for that element (4 points) from the total score.

So the final score of the room would be 48 (52 minus 4).

The system would calculate this score as a percentage – in this case the result would be 92.3%

$$\frac{48}{52} \times 100 = 92.3\%$$

To create a score for the entire audit, the system adds together all the risk scores from the elements passed during the audit, and calculates a percentage based on the total maximum score for all the elements available to audit.

Managing the Audit Schedule

2.7 The FMT automatically creates the audit schedule for all audit areas based on the frequencies outlined in [Section 2.2](#).

Audits are available throughout their audit period; for an A coded audit area, audits will be available from midnight on the 1st of the month (it will not be available or even visible on the system before that time), and must be completed and submitted (even if it had been started within the time period) by midnight on the last day of the month. Once that date and time has passed the audit will be removed from the system and cannot be completed.

Audit schedules need to be maintained to ensure that audits are spread evenly throughout the year and avoiding fluctuations in the volume of audit activity.

Boards are responsible for ensuring that their Supervisors have access to the audit areas they need, in the FMT system. This may be the areas for which they have supervisory responsibility, or the Manager may choose to have Auditors carry out audits on other areas (outside of their own area of responsibility), to lend a higher level of independence to the audit process.

3. Carrying out an Audit

The audit process

- 3.1 This section describes how an audit should be carried out in the healthcare setting. It gives an overview of how to prepare for an audit, how each element within the healthcare setting should be checked in a consistent way, and what type of issues would constitute a fail for Domestic or Estates, or noted as a User Issue.

Preparing for an audit

- 3.2 The majority of audits will be fully unannounced, but you may find, particularly in areas where it is more difficult to get Ward Managers to be involved in the audit process, that occasionally it is beneficial to make an appointment with the Ward Manager prior to carrying out the audit.

Before going out to carry out any audit, ensure you have any equipment you may require (for instance, to check high level surfaces that may be out of reach), and that your audit device is updated and fully charged.

You must ensure you adhere to local Infection Prevention and Control (IPC) policies including the use of Personal Protective Equipment (PPE) and hand hygiene before you commence auditing. On arriving at the audit area, contact the Senior Charge Nurse or Head of Department to notify them of the audit, invite them to take part (whilst they will often be unable to spare the time to join you on every audit, it is good practice to invite them to accompany you), and to discuss the current service provision.

You should also contact the Senior Charge Nurse or Head of Department again at the end of the audit, to discuss the findings and share the scores with them.

Types of fails during an audit

- 3.3 An element can be failed during an audit for any of the following three reasons:
- **Domestic** – a cleaning issue with a specific element. In general terms, an element would be failed as a Domestic fail if it is found to be dusty, stained, marked, or showing a build-up of residue or debris, **that can be removed through general cleaning processes**. The reporting of a Domestic Issue creates an action (called a 'rectification') from the audit for the Domestic Team to rectify;
 - **Estates** – a maintenance issue with a specific element. In general terms, an element would be failed as an Estates fail if it is found to be in a state **that impedes the effective cleaning of that element**. If it is not possible to clean an element, then it poses an infection control risk. The reporting of an Estates Issue creates an action (called a rectification) from the audit for the Estates Team to rectify.
 - **User Issue** – an issue caused by the Users of that area **that impedes the effective cleaning of the area**. The reporting of a User Issue creates an action from the audit for the Ward Team (specifically the Ward Manager) to deal with. The User Issues function can also be used as a method of communicating any

issue which is not classified as a Domestic or Estates issue (within the terms defined here) but that should be brought to the attention of the Manager responsible for the area. For instance, maintenance issues which do not pose a risk of spreading infection such as stained ceiling tiles, or permanently stained but undamaged flooring, could be noted as User issues. It is within that Manager's responsibility to report those issues on to Estates Teams or other parties as appropriate.

Note: Domestic and Estates Issues, when reported, change the resulting score of the audit, whereas User Issues are non-scoring.

Remember that the focus of this audit is to ensure that cleaning services are meeting National Cleaning Standards and identify and resolve issues that may pose an infection control risk to patients and staff using that area. Issues that are aesthetic (such as marks on paintwork that cannot be removed by standard cleaning but pose no risk to patients) should not be reported as either Domestic or Estates, but could be noted as a User Issue. This will raise awareness of the issue to Ward Staff and leave the decision with them whether they report them further to their Estates Team for rectification.

Dealing with interruptions or inaccessibility of rooms

- 3.4 During the course of an audit, you may find that you are not able to access certain rooms due to activity being carried out in those areas. If this occurs, leave that area until the end of the audit and try to access it again, before signing the audit off. If it is still not possible to gain access to the area to check it, you will need to skip the area in the FMT system, noting the reason for not completing that room audit.

It is also common to get interruptions during the course of carrying out an audit, either because the auditor is called away to deal with an urgent matter elsewhere, or because the ward area is too busy to complete the audit. You can 'pause' an audit and return to complete it at a more suitable time. The FMT system will store the rooms you have completed on the device, until you are able to finish off the audit. Try to return to complete the audit as soon as possible. You must complete the audit on the same device

Signing off the audit

- 3.5 To complete an audit it must have been signed off by the auditor, and ideally the Manager of the area. This process also gives the auditor the opportunity to verbally give a summary of the audit findings, and particularly to discuss any User Issues that have been identified which will be the responsibility of the Charge Nurse or Head of Department to resolve.

This is also an opportunity to raise any concerns the Ward Manager may have, and to deal with any challenges to the results of the audit.

Use the general comments box at the end of the sign off page to note any useful comments on the audit itself, for instance, was this a good time to audit, did you request involvement of the Charge Nurse, was there any feedback from service Users or public partners?

Post audit activity

- 3.6 Once the audit data has been gathered and signed off, and the data has been synchronised to the online system, there are further actions to carry out to complete the audit. During the audit a number of issues may have been identified that required action to resolve them; it is now necessary to make sure those actions are communicated to the correct teams. Please see [Section 5](#) for more information on post-audit activity.

The room elements

- 3.7 The following section is broken down into each of the elements you will be auditing in the rooms and wards, with a definition of the element, how you would go about checking it for Domestic, Estates or User Issues, and some examples of what would constitute a fail and require rectification.

In the following sections the method of checking generally refers to 'a visual and physical inspection' of the element, if it is safe to do so, with, for example, a paper towel or a high level duster. Move objects to check behind or under them, and if the element can be adjusted such as a bed for height.

The following photographs show typical bed areas and these are categorised within the Monitoring Framework. The example settings shown along with the sample descriptions do not provide an exhaustive list of monitoring elements for these types of settings.

It is important to note that we do not attempt to list here who is responsible for cleaning which elements as there is some local variation in practice. Refer to local policy for more information on roles and responsibilities for cleaning within the healthcare setting.

Note: There is no category, within Facilities Monitoring, for the clinical or patient equipment, such as the trolley for storing clinical equipment or clinical equipment or machinery. These items are not included within the facilities audit.

Occasionally, auditors may come across issues which could be considered as both Domestic and User issues. For instance, where the use of sticky tape has left a residue – it is both a User issue (sticky tape has been used and not properly removed) and a Domestic issue (the residue could have been cleaned through normal cleaning processes). It is helpful to notify the Ward Manager of this issue to attempt to prevent it in the future, and also the issue needs to be resolved, which can be done through identifying it as a Domestic rectification.

Note: Scottish Ambulance Service: where there is a variation in the auditing of an element for the Scottish Ambulance Service Stations this is **noted in a box in red text** beneath the elements section. The auditing of patient transport vehicles in general is covered separately in [Section 3.22](#)

Floors

3.8 **Definition:** All hard and soft flooring including thresholds (such as carpet or floor edging, and expanding joints)

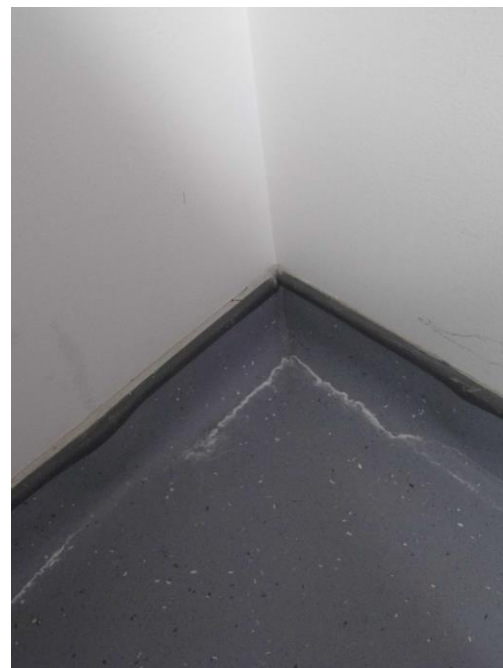
How do you check this element?

Visually and physically inspect floor area for obvious signs of stains, marks and debris
Where possible move furniture to allow full inspection to take place
Ensure corners are checked for grit and debris

Examples of how the element might fail

Domestic Fail	Stains, marks and debris build-up Dust, grit and debris in corners of floor.
Estates Fail	Damaged or split carpet and vinyl Split welds Glue residue penetrating floor causing stains and rough surfaces that can't be cleaned
User Issue	Cluttered area impedes cleaning e.g. boxes Report staining that cannot be removed e.g. iodine stains (they can be cleaned and made safe, but not removed) Report poor storage that impedes cleaning, particularly in storage areas or staff changing areas

DOMESTIC: Pay attention to the corners for grit and dust, and build-up of residue.
(These photos also show the skirting which would be classified as 'low level' during monitoring).





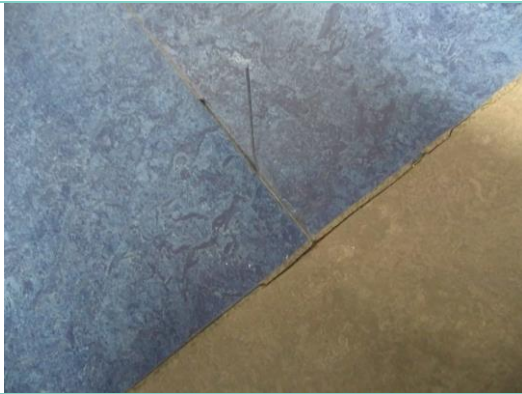
DOMESTIC: Check for a build-up around the room threshold.



ESTATES: Damage to the flooring.



ESTATES: Check for damage to the joints around wall to floor joint.



ESTATES: floor welds failing and lifting.

Sanitary Fixtures and Fittings

3.9

Definition: Wash hand basins and surrounds (splash back/IPS panels), sinks, baths, showers, toilets, bidets, urinals, including taps, hinges, hoses, plugs, toilet brush and holder, seals and pipes. Includes safety bars and grab rails.

Note: the basin surround/splash back is the area around the WHB/sink up until under hand towel dispenser height, remainder is classed under paintwork.

How do you check this element?

Visual and physical inspection of toilet, wash hand basin/sink and/or shower.

Toilet:

- check cistern for dust;
- inspect flush mechanism for residue and staining;
- inspect toilet seat by lifting, looking for residue and staining on the underside and top including hinges and brackets;
- check around and behind the toilet including pipes and plumbing inspecting for dust, residue and staining;
- ensure the outside and inside of the toilet, including the flush outlet, are free from staining;
- if toilet brush and holder used, inspect inside holder and condition of brush.

Sink:

- inspect sink bowl for residue;
- inspect taps for watermarks, and any build-up of lime scale;
- check under taps for black water marks caused by build-up;
- check around and underneath sink bowl for residue and soap marks;
- check pipes and plumbing for dust;
- ensure waste is clean and free from grit;
- inspect silicone sealer around sink bowl;
- check for residue or lime scale build-up in the joints.

Shower:

- check showerhead, shower hose, and safety bars for build-up of residue or lime scale, and soap;
- check shower basin is free from residue, hair, grit or dust.

Note: removable patient aids such as seat risers, shower chairs etc., are classified as patient equipment and therefore are not audited within facilities monitoring. However, if cleaning issues are identified with patient equipment during the course of the audit, the issue should be reported to the Ward Manager verbally, as well as identifying it as a User Issue.

Examples of how the element might fail

Domestic Fail	<p>Dust, residue, staining or soap build-up on any part of sanitary fitting.</p> <p>Build-up of residue in and around waste.</p> <p>Build-up or residue/staining around shower basin.</p> <p>Discoloured silicon sealant (if the discolouration cannot be removed through cleaning, identify it as an Estates issue).</p>
Estates Fail	<p>Damaged toilet seat, or missing toilet seat hinge covers or missing rubber buffers.</p> <p>Surface damage inside toilet bowl and sink bowl that can't be removed with cleaning.</p> <p>Damaged/split silicone sealer.</p> <p>Taps missing inserts.</p>
User Issue	<p>Inappropriate storage in sanitary areas.</p> <p>Staining that cannot be removed by cleaning should be reported as a User issue to be managed by the Ward Manager.</p>

DOMESTIC: Check the underside of the toilet seat and around the hinges, as well as inside and around bowl, and behind the back rest.



DOMESTIC: Check the inside and outside of toilet brush holder and condition of toilet brush.



DOMESTIC: Check sanitary fittings are free of any stickers that will impede cleaning.

DOMESTIC: Build-up of lime scale on taps and pipes.





DOMESTIC: Build-up and soap marks on taps and sink.



DOMESTIC: Build-up in water outlet.



DOMESTIC: Build-up of dirt and marks under the sink and on pipes.



DOMESTIC: Check for build-up under grills on janitorial sinks.



DOMESTIC: Check shower head for any residue or build-up of lime scale.



DOMESTIC: Check for hair or debris collecting on the shower drain.

Note: a build-up underneath the drain cover should be reported as an Estates Issue.



ESTATES: Report any damage to veneers



ESTATES: Silicon seal splitting and coming away.

		<p>USER: Personal items left on shower room floor.</p>
		<p>USER: Check any baby change equipment and report via User issues if any cleaning problems are identified for baby change equipment within the ward environment.</p> <p>Note: issues with baby change equipment in a public area should be identified as a Domestic Issue.</p>

Furniture and Fittings

- 3.10 **Definition:** All furniture including beds (undercarriage, head and foot), tables (including over bed tables), desks, lockers, exam couches, chairs, external surfaces of cabinets, bed lights, light switches, light cords, control panels, pictures, general TV, HiFi equipment and remote controls, radiators, ledges, fire extinguishers, clocks, bump bars and buffers. Patient bedside entertainment system, exam lights and patient call buttons (as per local policy).

Note: furniture and fittings is described as touch surfaces.

How do you check this element?

- each item should be visually and physically checked including underneath in areas that may not be visible from a standing position. Particular attention needs to be paid to contact surfaces;
- hard surfaces should be free of soil, film, dust, fingerprints, sticky tape and spillage;
- soft furnishings are free from stains, soil, film and dust, sticky tape;
- furniture legs, wheels and castors are free from soil, film, dust, sticky tape and cobwebs;
- edges, corners, folds and crevices are free of dust, soil, grit, lint, cobwebs and sticky tape;
- all high surfaces on furniture and fittings are free from dust and cobwebs;
- equipment is free of sticky tape/plastic;
- underneath cushions on chairs and couches should be free from debris;
- shelves, bench tops, cupboards and wardrobes/lockers are clean inside and out and free of

dust, litter, sticky tape or stains.

NOTE: there may be local variations as to who is responsible for ensuring the specific furniture is in good repair.

Examples of how the element might fail

Domestic Fail	The furniture or fitting has soil, staining or is dusty. Fingerprints are visible. Sticky tape residue has not been removed. Cobwebs are visible. Build-up of debris in crevices or wheels. Build-up of soil on the underneath of furniture i.e. the base spars of an over bed table.
Estates Fail	Damaged surfaces which compromise the ability to clean.
User Issue	Posters/notices stuck on surfaces with sticky tape. Posters/notices which are not laminated therefore can't be cleaned. Note: as per HAI Standards (2015) Standard 9: Acquisition of Equipment, any items (including donations) must be safe for use. If an item cannot be cleaned appropriately it should not be accepted or condemned.

DOMESTIC: Check all castors and feet are free from dirt and debris.



DOMESTIC: Check the tops of over bed lighting.



DOMESTIC: Raise the bed up to effectively check the undercarriage of the bed.



DOMESTIC: extend table to full height before turning it over (so there is no sudden movement), following local risk assessment. Move and turn over furniture where possible and safe to do so, to check underside properly.



DOMESTIC: Note any splash marks, stains, or build-up of dirt on the underside of furniture.



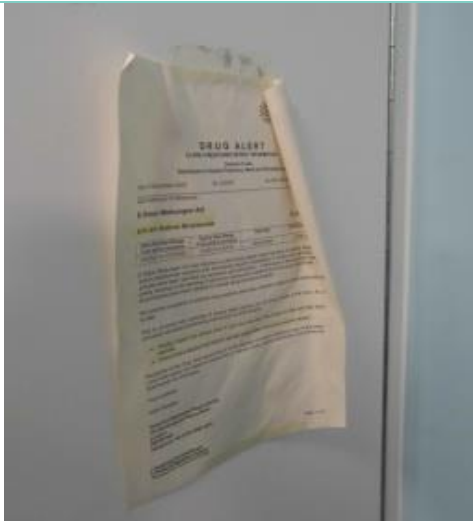
DOMESTIC: Check radiators including grills and vents.



ESTATES: Report any surfaces that do not have impermeable finishes – this is bare unvarnished wood on a low level skirting.



ESTATES: Report damage to furniture as appropriate.



USER: Report the use of non-laminated or non-wipeable signs and notices on furniture and fittings as User issues including signs secured with sticky tape

Low Level

3.11 **Definition:** Low surfaces including ledges, trunking, vents, pipes and partition ledges, skirting and sockets.

Note: Low level is described as any surface below the height of a door handle.

How do you check this element?

- A visual and physical inspection of the low level elements including skirting, low pipe work and trunking and low sockets.

Examples of how the element might fail

Domestic Fail	Soil, staining or dust. Fingerprints are visible. Sticky tape residue has not been removed. Cobwebs are visible. Build-up of debris in crevices and corners.
Estates Fail	Damaged surfaces which compromise the ability to clean. Skirting and rails which are loose and coming away from the wall.
User Issues	Blood splatters or bodily fluids. Sticky tape or tape residue.



DOMESTIC: Dust on stair rails.

	<p>ESTATES: Poorly fitting skirting or skirting that is coming away from the wall.</p>
	<p>ESTATES: Poorly fitting capping strip that is coming away from the wall.</p>

SAS Variation: Low level also includes vents, door grilles, skirting, radiators and controls, pipes, fire extinguishers and stands, top sockets and switches, trunking and windowsills.

High Level

3.12 **Definition:** High surfaces including ledges, pipes, vents, grills, direction signs, curtain rails and screen rails. High level can generally be defined as ‘harder to reach’ areas or items that require additional equipment to clean.

Note: High Level is described as any surface above the height of a door handle.

How do you check this element?

- High level surfaces should be checked by carrying out a physical and visual check (use a high dusting tool or steps if the surfaces are beyond reach).

Examples of how the element might fail


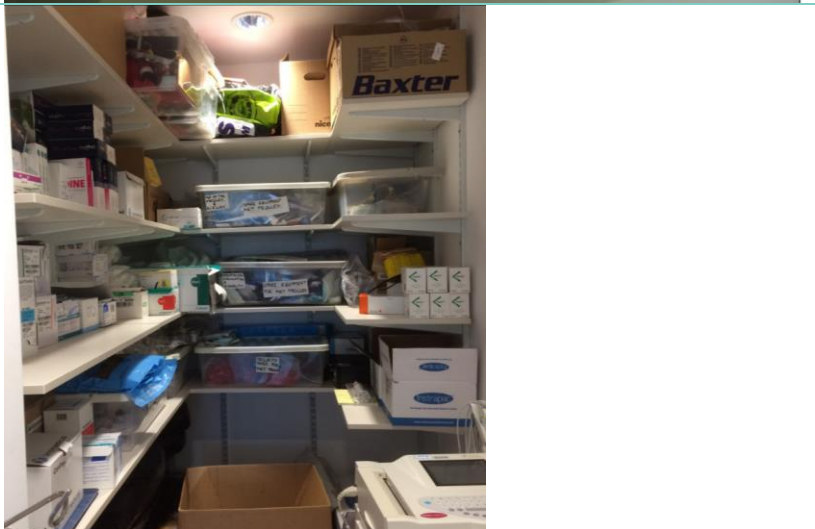
<p>Domestic Fail</p>	<p>Surfaces dusty. Visible cobwebs.</p>
<p>Estates Fail</p>	<p>Damaged surfaces and damaged or missing ceiling tiles, flaking paint,</p>

	loose rails. Build-up of dust on ceiling vents.
User Issues	Inappropriate storage of items on top of cabinets.



DOMESTIC: Dust on top of screen rails should be reported as a high level fail.

ESTATES: Broken or poorly fitting ceiling tiles should be reported as Estates issues.

		
	<p>USER: Stained ceiling tiles (not damaged) should be reported as User Issues not as Estates Issues.</p>	
	<p>USER: The top of cupboards or lockers should not be used as storage as this impedes cleaning – report this as a User Issue.</p>	

SAS Variation: High level includes vents and extractors, cubicle frames, fire exit lights, radiators, wall heaters, pipes and top switches.

Telephones

3.13 **Definition:** Desk and wall mounted telephones.

How do you check this element?

- Visibly and physically check telephone, lift receiver inspect the ear and mouth piece for smearing, checking cable for dust.

Examples of how the element might fail

Domestic Fail	Smearing or dusty on handset or cable.
Estates Fail	Not applicable.
User Issues	Sticky tape on phone. Broken equipment in use. Cable damaged.



DOMESTIC: Check under the receiver for build-up of dust or make-up.

Paintwork

3.14 **Definition:** Wall surfaces and doors and door frames (including the top of the door frame, but excluding any glass present which is classified under 'glasswork'), including handles, hinges, jambs and other door closure mechanisms, door vents, kick plates and door signs. Includes window sills and window frames.

How do you check this element?

Both a visual and physical check of the walls, doors, frames, door handles, kick plates, air vents, grilles and all contact surfaces.

Examples of how the element might fail

Domestic Fail	Any part visually marked or soiled. Any part not free from dust, grit, soil, film, sticky tape, cob webs and or scuffs. The internal frame of the door and hinges are not free of dust and build-up. Touch surfaces are visibly stained.
Estates Fail	Painted surfaces damaged, or paint flaking away.
User Issues	The use of sticky taped notices on doors. Doors being 'jammed' open. No access to clean caused by inappropriate storage of items. The door surface and or parts have damage that compromises the ability to properly clean.

DOMESTIC: Check the door fittings including door jambs and hinges. A build-up of grease, or dust, should be reported.



DOMESTIC: Check any grills or vents fitted into doors.



ESTATES: Painted surfaces damaged, or paint flaking away



ESTATES: Unvarnished or unfinished wood surfaces

ESTATES: Damage to the paintwork on walls or doors



ESTATES: Damage to the paintwork on corners; or to the woodwork on doors should be reported as an Estates fail for paintwork.



USER: Light marks on walls or doors which cannot be removed but do not present any damage to the paintwork surface **should not be reported** as either a Domestic or Estates issue. They can be reported as a User issue if the marks are significant or unsightly, since it poses no risk to patients.

Glasswork

3.15 **Definition:** All internal glass surfaces including mirrors and glass in doors.

How do you check this element?

- both a visual and physical check of the glass surfaces;
- local variation – some Boards include the interiors of external windows within this check. Please check for local policy.

Examples of how the element might fail

Domestic Fail	The surface is not free from dust, soil, smears and finger prints. Window frame and or track have grit, mark and spots caused during the cleaning process.
Estates Fail	The surface is damaged compromising the ability to clean properly. Missing screw covers on mirrors.
User Issues	Inappropriate storage that prevents access to clean. Inappropriate use of the surface for notices or use of sticky tape.

Curtains and Screens

3.16 **Definition:** All curtains and bed screens (issues relating to rails should be reported as high level).

How do you check this element?

- visual inspection of curtains/screens (both sides) checking free from stains, dust, cobwebs, pen marks, sticky labels, holes etc. – opening and closing to ensure complete surface checked;
- while opening/closing ensure curtains/screens are running smoothly on rails;
- check sufficient hooks/runners in place to ensure curtains/screens are hanging correctly and are of uniform appearance.

Examples of how the element might fail

Domestic Fail	Obvious stains, dust, cobwebs, holes etc. Please note there may be some variation in local practice for who is responsible for the replacement of bed curtains. Please check local policy.
Estates Fail	Not applicable.
User Issues	Pen marks/sticky labels attached. Damaged or missing curtain runners (meaning curtains cannot be properly hung).



DOMESTIC: Check curtains are properly hung and there are no stains or marks.

Window Blinds

3.17 **Definition:** All types of window blinds (except for enclosed blinds).

How do you check this element?

- visual inspection of blinds (both sides) checking free from stains, dust, cobwebs, pen marks, sticky labels, holes etc. – opening and closing to ensure complete surface checked;
- visual inspection of opening/closing mechanism checking free from dust, cobwebs, sticky residue and operating as required.

Examples of how the element might fail

Domestic Fail	Stains, dust, cobwebs, pen marks, sticky labels/residue etc.
Estates Fail	Opening/closing mechanism not operating as required (not running smoothly, cords/chains broken) where it impedes cleaning. Blind loose from mounting.
User Issues	Pen marks/sticky labels attached. Blind torn/holed – replacement required. Blind missing. Blood stained.

SAS Variation: The identification of the presence of blood or other bodily fluids should be noted as a Domestic Issue and as a User Issue.

Soap and Handtowels

3.18 **Definition:** Dispensers for hand hygiene and paper products and their contents.

How do you check this element?

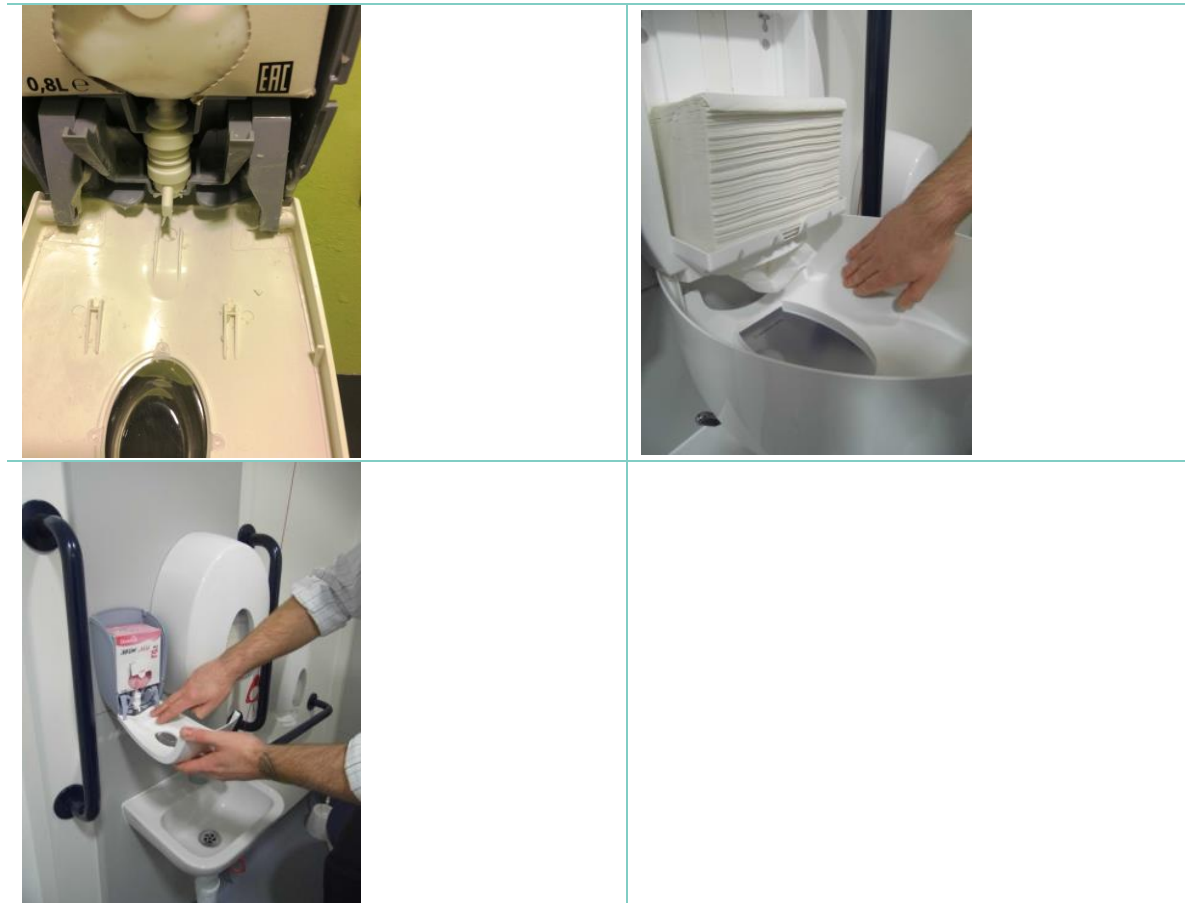
- inspect around top and underneath dispenser;
- visual and physical inspection for dust or build-up inside and outside and any damage to dispensers;
- check underneath for residue and hand wash posters are free from stains and dust;
- check sufficient supplies in dispensers. Report insufficient supplies of alcohol based hand rub as per local policy.

Examples of how the element might fail

Domestic Fail	Dirty behind lever and inside dispenser. Build-up of soap underneath. Dust/residue on dispenser.
Estates Fail	Broken – needs replacing (broken dispensers to be reported as an

	Estates fail where it is impeding cleaning).
User Issues	Hand wash posters damaged, torn, not fixed to wall.

DOMESTIC: Check in the drip trays for build-up, and open up the dispenser to check inside for dust and residue.



SAS Variation: Soap/handtowels also includes blue roll dispenser and apron dispenser.

Refuse

3.19 **Definition:** All refuse holders including recycling bins.

How do you check this element?

- remove bag from body of bin to allow for full inspection (refer to local policy);
- lift lid to inspect underside and inside for dirt or residue;
- inspect underneath and to the rear of bin for stains or dirt.

Examples of how the element might fail

Domestic Fail	Dust/organic matter on lid, base, underneath the lid, underneath the pedal or gathered around wheels, inside, or around the open/close mechanism. Refuse is overflowing.
Estates Fail	Not applicable.
User Issues	Inappropriate bin usage. Pedal or lid broken. Incorrect type of bin in use (clinical bin for general waste for

example).

DOMESTIC: Lift and check behind and under the bin for dust and dirt build-up.



USER: Check bins are in appropriate use – in this example a clinical bin is inappropriately located in a corridor, for no clinical reason.

Cleaning Equipment

3.20

Definition: All cleaning machines and equipment. (Inside and out)

How do you check this element?

- machines, vacuums, mop units, buckets, dust control, trolleys, colour code, warning cones or signs, chemical dispensers;
- inspect equipment inside and out, including attachments, blades etc.;
- ensure all equipment and attachments are clean, dry and stored correctly;

- warning cones and chemical dispensers are clean and damage free.

Examples of how the element might fail

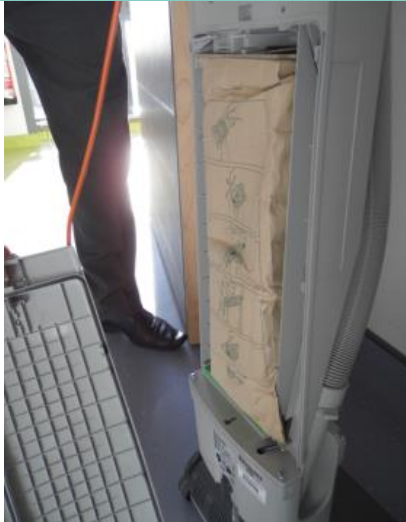
<p>Domestic Fail</p>	<p>Machines/equipment Dirty, bag full, build-up on filters. Colour code No sign available. Single use cloths being re-used. Chemical dispensers Dirty, damaged.</p>
<p>Estates Fail</p>	<p>Local Policy.</p>
<p>User Issues</p>	<p>Local Policy.</p>



DOMESTIC: Check all wheels and castors are free from debris.



DOMESTIC: Check equipment brushes and underside



DOMESTIC: Check the bag is not full.





DOMESTIC: Remove bag and check for dust inside machine.

DOMESTIC: Check under and at rear, including the filters, for dust or dirt build-up.



DOMESTIC: Check the power cable for any damage.

	<p>DOMESTIC: Check inside scrubber dryer to ensure clean and dry.</p>
	<p>DOMESTIC: Check inside buckets are clean and dry.</p>

SAS Variation: Some SAS stations do not have a separate DSR and therefore must store their cleaning equipment within other rooms. We recommend that the room DSR is added to the room list for Ambulance Stations to allow for the assessment of cleaning equipment for each audit, wherever the equipment is actually stored. The DSR room within FMT should only contain the element 'Cleaning Equipment'.

Appliances

3.21

Definition: All kitchen appliances including fridge, freezer, hot and cold water dispensers, kettles, toasters, cookers, dishwashers, microwaves, and waste disposal units.

Note: Staff fridges and microwaves are the responsibility of staff using the area or as per local policy. Any issues noted with this equipment should be reported as User Issues.

How do you check this element?

Fridge

- visually inspect fridge on the outside for dirt, dust, build-up, crumbs and marks;
- visually inspect fridge seal outside and inside for build-up and crumbs;
- check around the seal looking for splits and check into the corners where crumbs can accumulate;
- ensure the fridge is clean inside; include shelves and compartments;
- check the fan/vent inside is dust free;
- check that food is not stored too close to the fan to allow the air to circulate;
- check the fridge is not overloaded with food and it is stored. Ensure there is not too much food stored in it;
- check that opened food is stored in the correct containers and is labelled appropriately;
- check that it is free from ice build-up.

Microwave

- visually inspect the microwave on the outside for grease, dirt, dust, build-up, crumbs and marks;
- ensure the microwave is clean inside; include the ceiling;
- if the microwave has a removable door, remove it and check the inside of the door.

Cooker (mainly rehab kitchens)

- visually inspect the cooker on the outside for grease, dirt, dust, build-up, crumbs and marks;
- ensure the cooker is clean inside.

Cooker hoods

- ensure the cooker hood and filters are free of grease and dirt on inner and outer surfaces.

Dishwasher

- visually inspect the dishwasher on the outside for grease, dirt, dust, build-up and marks;
- check around the inside of the door for build-up;
- check the door seal is not split or perished;
- check the underside of the door where build-up can accumulate.

Water boiler

- visually inspect the water boiler on the outside for dirt, dust, build-up of lime scale and marks;
- visually inspect the water boiler for leaks;
- check the drip tray for build-up and stains.

Water chiller

- visually inspect the water chiller on the outside for dirt, dust and build-up of lime scale;
- ensure the filter on the tap is clean;
- check the drip tray for build-up and stains.

Kettle

- visually inspect the kettle on the outside for dirt, dust and build-up of lime scale;
- ensure the kettle is clean inside.

Examples of how the element might fail

Domestic Fail	Dirt, dust, build-up, grease, crumbs or marks/stains on all appliances (inside and out). Lime scale on water boiler, water chiller and kettle.
Estates Fail	Fridge seal split/damaged. Dusty fans/vents on equipment. Cooker hoods dirty/damaged.
User Issues	Fridge overloaded (patient & staff). Food not stored or labelled appropriately (patient & staff). Dirty inside staff microwaves or fridges.



DOMESTIC: Check behind and under appliances where possible. For larger appliances follow local policy.



DOMESTIC: Check tops of appliances for dust and build-up

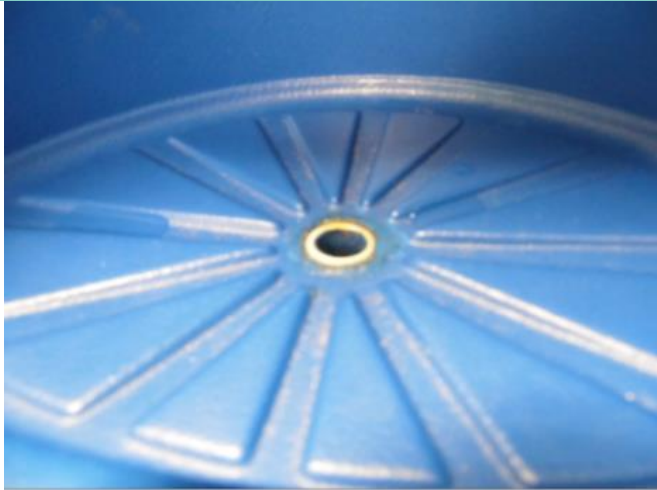
Dishwasher

DOMESTIC: Check for build-up in the frames, hinges and filters of dishwashers.



Ice Machine

DOMESTIC: Check drip trays, inside and underneath



Water chiller

DOMESTIC: Check for splashes on the casing. Check for build-up around drain and on the taps. Check for lime scale.



DOMESTIC: Check all vents and grills on appliances, for dust and build-up.



USER: Microwave, inside food splashes.

	<p>USER: overloaded fridge</p>
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SAS Variation: The element 'appliances' covers kitchen appliances only. In the case of Ambulance Stations, washing machines and dryers will be present in the laundry or sluice and should therefore be audited as furniture and fittings.

In Ambulance Stations any issues with the staff fridges or microwaves would also be recorded as a Domestic fail rather than a User Issue.

Ambulances

- 3.22 The descriptions and methods for auditing ambulances are slightly different than for cleaning the general patient healthcare setting. In this section we have described how the elements should be assessed within this different environment. Note that consideration should be given to the weather conditions at the time of audit. The conditions may affect the appearance of the vehicle floor (wet or muddy) and therefore this should be allowed for during audit.

The following photographs show typical ambulance settings and equipment. They have been annotated to show the common elements and how those elements are categorised within the monitoring framework.



Interior Ambulance



Interior Ambulance

Ambulance: Floors

- 3.23 **Definition:** Ambulance floors includes all hard floor surface areas including steps, all metal floor tracking, interior ramp surfaces, metal floor plate in Urgent Tier vehicles (U/Tier) and Patient Transport Vehicles (PTVs) and cab flooring.

How do you check this element?

- inspect floor area for stains, marks and debris;
 - inspect floor tracking for debris, dirt or stains;
 - inspect interior ramp surface to ensure free from stains, dust and dirt;
-

- ensure cab flooring is free from stains, dust and debris.

Examples of how the element might fail

Domestic Fail	Dust, dirt and debris in corners and edges of floor, steps, floor tracking. Stains, spillages, dust, debris on cab floor. Interior ramp surface dirty, dusty or stained.
Estates Fail	Flooring damaged – split, holes, lino lifting. Damaged metal floor tracking - rusting or parts of tracking missing. Floor mounted stretcher and seating fixings rusty or damaged. Ramp surface damaged. Holes in cab flooring.
User Issues	Equipment on the floor.

Ambulance: Furniture and Fittings

3.24

Definition: Ambulance furniture and fittings includes stretcher frames and mattresses, restraining harness and belts, saloon seating and seat belts, and seating and seat belts.

How do you check this element?

- visually check the stretcher frame is free from stains and dust;
- visually check the top surface of the mattress, including the corners and folds of the mattress are free from stains, dust or debris;
- lift mattress to inspect the underside is free from stains and dust;
- visually check all stretcher restraining harness straps, belts and belt housings are clean, and free of staining and dust;
- visually check the seating surfaces are free from stains, dust and debris;
- visually check metal ledge on underside of seat pad is free from dust;
- check seating arm rests are stain free;
- pull out seat belts and visually check they are free from stains and are clean;
- visually check seat belt housing units are free from stains and dust;
- visually check cab seating surfaces are free from stains, dust and debris;
- pull out cab seat belts and visually check they are free from stains and are clean.
- visually check seat belt housing units are free from stains and dust.

Examples of how the element might fail

Domestic Fail	Stretcher frame stained or dusty. Stretcher mattress stained, dusty or debris. Stretcher restraining harness straps stained, dirty. Stretcher belts and housings stained, dirty or dusty. Seats surfaces and arm rests stained or dirty. Metal ledge on underside of seat pads dusty. Seat belts stained or dirty. Cab seating stained, dusty or dirty.
Estates Fail	Any part of stretcher frame or mechanism has broken which is preventing cleaning. Holes in any part of the mattress. Stretcher restraining harness torn/holes.

	<p>Stretcher belts, worn, torn, holes. Seating surfaces torn, holes. Seating belts worn, torn, holes. Seating belt housings broken. Arm rests broken, top come off arm rest, fixing loose. Cab seating surfaces torn, worn through or stained. Cab seat belts worn, torn, holes. Cab seat belt housings broken.</p>
User Issues	<p>Tape on stretcher frame or mattress. Arm rests taped.</p>

Ambulance: Low Level

- 3.25 **Definition:** Low level includes the bulk unit, all floor mounted cupboards situated below the window ledge level, storage cupboard accessed from the exterior of the vehicle next to the saloon sliding door, floor mounted stretcher and seating brackets window ledges and inside ledges of exterior doors, fire extinguisher and bracket, floor mounted heater units (where applicable), O2 cylinder brackets, hand rails, low ledges around attendant seat, low ledge at side of stretcher, top of floor mounted cupboards, pillars, shelves, cab dashboard and door pockets.

How do you check this element?

- bulk unit – visually check the surfaces of the bulk top and outer casing surfaces of the unit are free from stains, dust and debris. Inspect the inside of the bulk cupboards, doors, top of doors, door ledges and drawers to ensure they are free from stains, dust and debris;
- visually check floor mounted cupboards and doors outside and inside to ensure they are free from stains, dust and debris;
- visually inspect inside of exterior accessed cupboard to ensure free from stains, dust and debris.



- visually inspect stretcher and seating brackets are free from stains, dust and debris;
- inspect window and exterior door ledges check dust and stain free;
- inspect fire extinguisher and bracket to check dust and stain free;
- inspect top floor mounted heater check dust and stain free;
- visually check O2 floor mounted brackets are free from dust and debris;

- visually check hand rails are free from stains and dirt;
- inspect all other low ledges to ensure dust and stain free;
- visually check cab dashboard and door pockets are free from stains, dust and debris.

Examples of how the element might fail

Domestic Fail	<p>Stains, dust dirt on top or casing of the bulk unit. Build-up in the corners and edges on the top of the bulk unit. Stains, dust, dirt or debris inside the bulk or floor mounted cupboards, doors and drawers. Stains, dust, dirt or debris in exterior accessed cupboards. Dust, stains, debris on window and exterior door ledges. Stains or dust on fire extinguisher or bracket. Dust or debris on top of the floor mounted heater unit. Build-up of dust or debris in or around the O2 cylinder brackets. Dirt stains on hand rails. Stains, dust, dirt or debris on low ledges. Stains, dust, dirt or debris on cab dashboard or interior cab door panels and door pockets.</p>
Estates Fail	<p>Bulk unit top surface and casing - screw holes, uncovered screw heads, doors or drawer fronts broken, damaged or missing, door catches or handles damaged. Floor mounted cupboards - doors broken, damaged or missing, door catches. Exterior accessed cupboard shelving units damaged. Floor mounted stretcher and seating fixings rusty or damaged. O2 cylinder brackets damaged / fixings loose. Hand rail damaged or fixing loose or broken. Any surfaces of the low level ledges damaged. Damage to the surfaces of the cab dashboard or interior door panel and door pockets.</p>

Ambulance: High Level

3.26 **Definition:** High level includes vents and grilles, ceiling mounted cupboards and units, all high ledges which are situated above window ledge level – glove box storage unit, ledge above sliding door, ceiling hand rails, swivel lights and enclosed light panels.

How do you check this element?

- visually check vents and grilles are stain and dust free;
- visually check exterior and interior ceiling mounted unit doors are stain, dirt and dust free;
- visually check interior cupboard walls, top and base are stain, dirt and dust free;
- visually check the exterior under side of all ceiling mounted units are stain free;
- inspect high ledges check for dust, visually check for stains;
- inspect hand rails check for dust, visually check for stains;
- visually check ceiling spot lights and enclosed light covers are stain free, rotate swivel lights and check they are clean.

Examples of how the element might fail

Domestic Fail	<p>Vents and grilles stained or dusty. Ceiling mounted unit doors stained, dirty or dusty. Interior of cupboards walls, top or base stained, dusty or dirty.</p>
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	Underside of ceiling wall units stained or dirty. Hand rails dusty or stained. High ledges stained or dusty. Spot lights or light covers stained, dirty or dusty.
Estates Fail	Vents or grilles broken or missing. Cupboard doors or handles broken or missing. Ceiling mounted hand rail fixings loose. Ceiling spot light fixings, light covers loose.
User Issues	Broken vents taped. Ceiling spot lights or light covers taped.

Ambulance: Telephones

3.27 **Definition:** Telephones to include cab radio and microphones, cab based terminal screen.

How do you check this element?

- visually check the equipment is dust and stain free

Examples of how the element might fail

Domestic Fail	Equipment dusty or dirty
Estates Fail	N/A - Crew report

Ambulance: Paintwork

3.28 **Definition:** Paintwork to include interior walls and ceiling of the vehicle, interior panels of the external doors.

How do you check this element?

- visually check the walls are free from stains and dirt;
- visually check exterior doors inside panels are free from stains and dirt.

Examples of how the element might fail

Domestic Fail	Walls stained, marked (if the marks or stains could have been removed through cleaning). Walls grubby or stains from fumes. Inside of exterior door panels stained, marked or dirty.
Estates Fail	Wall or ceiling panels damaged. Drill holes in wall or ceiling panels. Uncovered screw heads, screw caps missing. Wall panel surface scored.
User Issues	Scraping wall panel with swivel chairs.

Ambulance: Glasswork

3.29 **Definition:** Glasswork to include interior windows and interior glass door panels of exterior doors, sliding glass panel.

How do you check this element?

- visually check all interior windows and glass door panels are free from stains, finger marks and smears;
- visually check sliding glass as above.

Examples of how the element might fail

Domestic Fail	Stains, finger prints and smears on glass.
Estates Fail	Sliding glass panel missing. Window or door glass cracked or chipped.

Ambulance: Window Blinds

3.30

Definition: Window blinds to include interior window and door blinds. In some vehicles the door blinds are encased within the window panes but the door blinds are not.

How do you check this element?

- pull the blinds out from housing and visually check both sides of the blind for stains and dirt;
- visually check the blind housing unit for stains or dust.
-

Examples of how the element might fail

Domestic Fail	Stains or dust on the blinds. Stains or dust on the blind housing unit.
Estates Fail	Blinds torn, holes or frayed. Blind fixing mechanism broken. Rod missing.
User Issues	Tape on blinds.

Ambulance: Soap/Handtowels

3.31

Definition: Soap/handtowels to include paper towel dispenser, bottle of alcohol hand rub and wall mounted bracket.

How do you check this element?

- visually check the out and inside of the paper towel dispenser is stain and dust free;
 - remove the alcohol hand rub bottle from the dispenser, check the exterior of the bottle is clean and there is no product build-up on or around the nozzle. Check wall mounted bracket is clean.
-



Examples of how the element might fail

<p>Domestic Fail</p>	<p>Outer casing of paper towel dispenser dusty. Interior of paper towel dispenser stained or dirty. Exterior of the alcohol hand rub bottle dusty, dirty, stained or dried in product on the bottle. Build-up product around the nozzle of the bottle. Dust or dried in product on the hand rub bracket.</p>
<p>Estates Fail</p>	<p>Paper towel dispenser fixing loose, casing cracked, chipped. Hand rub bracket missing, bracket fixing loose.</p>
<p>User Issues</p>	<p>No paper towel roll in the dispenser. Hand rub out of date.</p>

Ambulance: Refuse

3.32

Definition: Refuse includes the clinical waste bin housing unit, walls, ledges and inner side of the bin lid, clinical waste bin, foot operating pedal (where applicable). Area Station Managers are responsible for replacing damaged bins that are fixed in ambulances – they should be reported as a User Issue within FMT (there is no field for reporting as an Estates fail) since the Station Manager manages both Domestic and Estates fails for all elements.

How do you check this element?

- open bin housing lid and visually check for stains and dirt;
- visually check bin housing ledge and walls for stains, dust and debris;
- where the clinical waste bin bag is empty, remove clinical waste bin from housing and check the outside and inside of the bin is clean.



Examples of how the element might fail

Domestic Fail	Bin housing lid stained or dirty. Bin housing ledges and walls stained, dirty or debris. Clinical waste bin stained, dirty. Clinical waste bin full or overflowing.
Estates Fail	Bin lid foot operating mechanism broken. Bin lid broken. Uncapped screw heads on bin lid or screw holes. Clinical waste bin cracked or damaged.
User Issues	Over filling clinical waste bin. Full clinical waste bag tied off in the vehicle.

4. Data Capture - Recording the Audit

Introduction

- 4.1 The Facilities Monitoring Tool (FMT) is the web-based tool which has been developed to support the gathering of audit data.

The system can be accessed in two ways:

Online: on a PC or internet enabled device. You can access all areas of the system (inputting data, accessing scores and reports, and the administrative function) on the online system.

Offline: the system is also available offline (not connected to the internet) using an application on an iOS (Apple) device.

This offline version is for the inputting of data only, and is the primary method for inputting audit data, so only the '**data capture**' section of the tool is available offline. This system has been developed to operate without a connection to the internet, which means it can be used in areas which have no wireless network available. It will store the data collected on the hard drive of the mobile device, until a connection can be accessed and the information sent over to the live online system.

Audits are created using a different method online and offline so can differ in the rooms that are selected for an audit. For this reason, never use the room list on the offline application to guide your audit with the intention of completing the audit online (or attempt to complete an audit from a room list from the online system, on your mobile device), as you will find that the rooms you have checked are not the ones available to complete in the system.

This section gives an overview of the types of audits that can be carried out, and gives a step by step guide to recording the audit data on the offline and online FMT applications. The guide has been developed as a generic guide for use by all health Boards in Scotland using the national FMT tool. This means that the screen shots used in the guide to illustrate the steps are not localised for each health board and may therefore contain Zones, Hospitals, Audit Areas and Rooms that may not appear in your board.

Overview – Audit Types

- 4.2 There are different types of audits that can be recorded in the FMT.

Scheduled audits: These are audits generated by the audit schedule as outlined in [Section 2](#) of the manual. The audits are available from the start to the end of the audit period for that audit area. The audit will be removed from the schedule if it has not been completed, once the due date has passed.

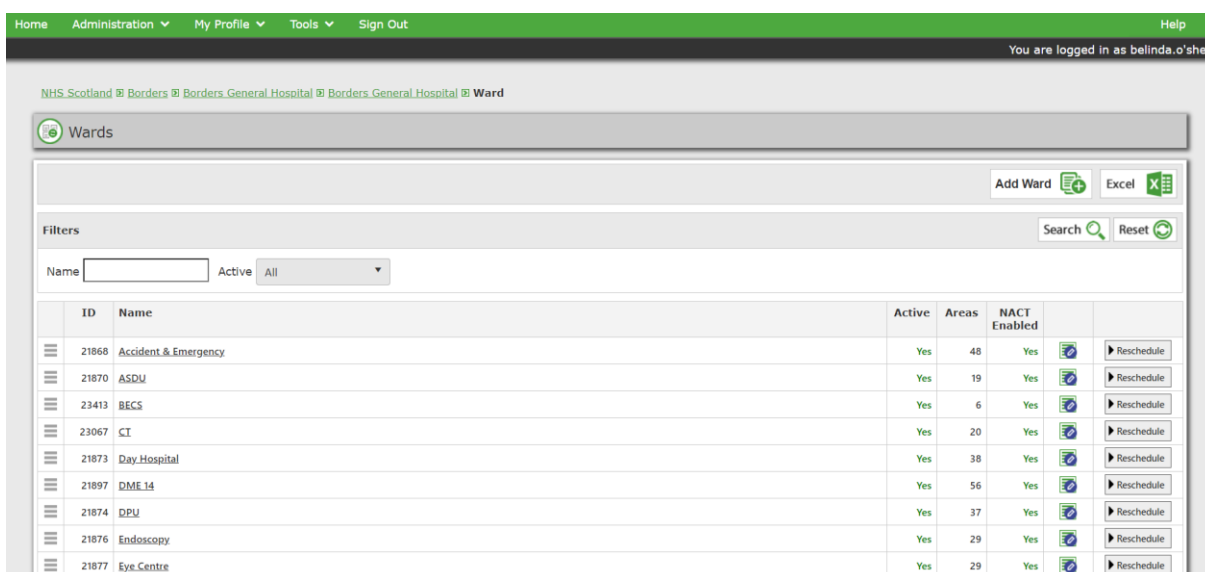
Non-scheduled audits: These audits can be carried out once the scheduled audit, and any outstanding Domestic rectifications resulting from that audit, have been completed. The unscheduled audit function allows for auditors to carry out audits

above and beyond the minimum number of audits scheduled for an area. An unscheduled audit follows the same rules as scheduled audits in terms of the type and number of rooms randomly selected for audit (See [Section 2.4](#) for more information). There is no scope within the existing system to generate a full audit (an audit showing every single room in an audit area) or for creating an audit with specified or chosen rooms included.

Re-audits: These audits are generated by the system if the original scheduled audit that has been completed for an area scores a Domestic score less than 90%. They will only become available on the system once all outstanding Domestic rectifications have been completed. A re-audit will be identical to the original audit (the same rooms will be generated) to allow for direct comparison of results.

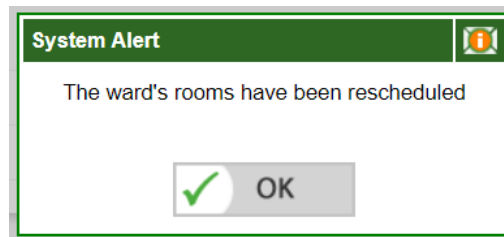
Verification audits: These audits can be completed in FMT as a method to check the consistency of audit practice in your board. Verification audits can be completed after any normal scheduled audit, non-scheduled audit or re-audit and should be identical in terms of structure to the original audit, showing the exact same rooms, identifying any that were skipped in the original audit. The completed verification audit is then accessed via a separate dashboard to your board's other scheduled audit/non-scheduled audit/re-audit data, and the results do not count towards the reported scores for those areas. For this reason, the verification audit tool can also be used for training purposes.

Re-scheduled audits: Any changes to a ward area (including the adding or removal of rooms or the changing of detail for existing rooms) will take effect at the start of the next audit period for that ward area. If you want the changes to be available immediately (i.e. the outstanding audit to have the new room details) then you can force the system to delete the outstanding audit and replace it with a newly created audit by returning to the ward list for that site, finding the ward in question and clicking on the button 'reschedule' to the far right of the screen. This is accessed through **Tools>Facilities Monitoring Tool>Administration>Manage Areas>** and then drilling down to the wards administration page.



ID	Name	Active	Areas	NACT Enabled	
21868	Accident & Emergency	Yes	48	Yes	Reschedule
21870	ASDU	Yes	19	Yes	Reschedule
23413	BECS	Yes	6	Yes	Reschedule
23067	CT	Yes	20	Yes	Reschedule
21873	Day Hospital	Yes	38	Yes	Reschedule
21897	DME 14	Yes	56	Yes	Reschedule
21874	DPU	Yes	37	Yes	Reschedule
21876	Endoscopy	Yes	29	Yes	Reschedule
21877	Eye Centre	Yes	29	Yes	Reschedule

When you click this button the message “*the ward’s rooms have been rescheduled*” will appear, letting you know that the new audit has been created.



Carrying out a Scheduled Audit - OFFLINE (iOS application)

- 4.3 The primary method for data input is offline, on an Apple mobile device.

Launching the Application

- 4.3.1 To access the FMT application, look on the main screen of your mobile device for this icon, and tap it to open.



The application will open and show you the log on screen. Ensure that the correct version number is showing on the screen.

Synchronising the Application

- 4.3.2 Before you log on, synchronise the application with the online system, to make sure the information is fully up to date. Synchronising the application will update the audit schedule, making sure any recently added audits or re-audits are available on your mobile device, and any audits recently completed by other Users are taken off the schedule. Synchronising also sends any audits that have been completed on that device to the online system (and removes them from the device). It will also pick up information about any new Users allocated to your board. The message on the log-on screen will tell you if there are any audits stored on the device that need to be synchronised.

Note: You must be connected to your local board network to synchronise.

Note: the method for this varies from Board to Board (and depends on the type of mobile device you are using), you may have connection to plug into your device (an 'Ethernet' cable), you may be able to connect via Wifi, or you may have a docking station compatible with your device that is physically connected to your network.

To synchronise your device, while on the log-on screen, select '**System**' from the toolbar at the top of the screen, and select '**Synchronise Audits**'.



Once you have started the synchronisation, the device will connect and pass the relevant data via the local network. The time it takes to do this will vary from board to board, depending on the strength of the network connection and the volume of data being passed. The screen will look like this during synchronisation:



Once this process has finished, you are ready to start the audit.

Log In

4.3.3 Type in your Username (this should take the format of firstname. surname) and your password.

Please note that if you are a new FMT User, with a new account, you must log on to the online system for the first time, before you can use an offline application. This is because you need to select your own password and save it to the online system.



If you have forgotten your password or Username, please contact your local board FMT Administrator for support.

Audit Schedule

- 4.3.4 Once logged on, you will be able to see the audits scheduled for your area. The areas that will be visible to you are dependent on the areas you have been allocated. Please contact your local board FMT administrator if you cannot see the sites you need to audit.

The audit schedule will look something like this:

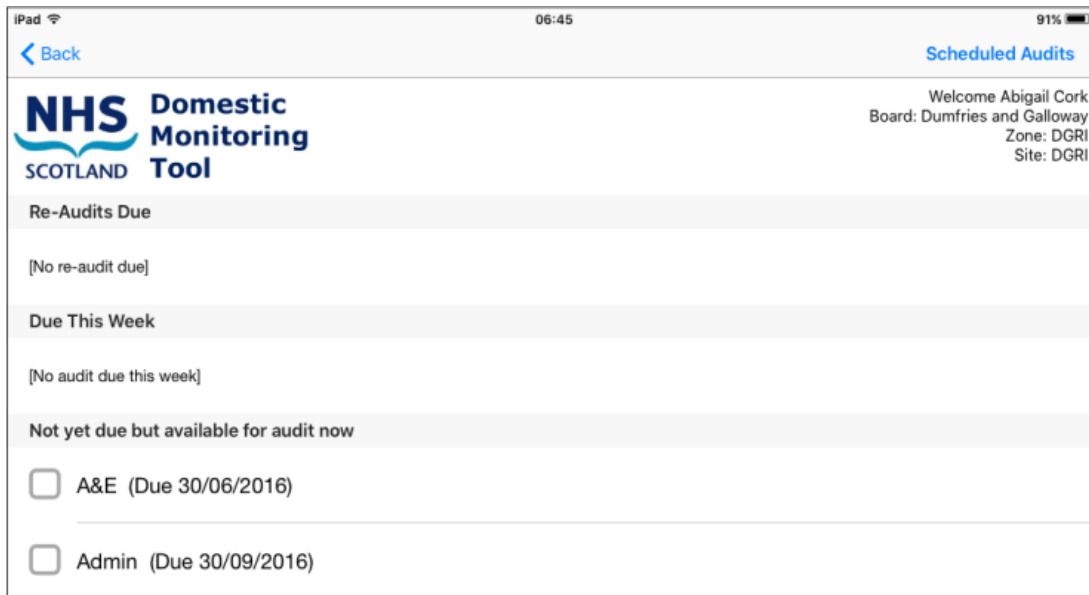


Zone	Outstanding RE-Audits Due	Outstanding Audits Due this Week 08/05/2016 - 14/05/2016	Outstanding Audits Due this Month 01/05/2016 - 31/05/2016	Outstanding Audits Due this Quarter 01/04/2016 - 30/06/2016
CRH	0	0	6	7
DGRI	0	0	23	70
PCCD East	0	0	5	15
PCCD West	0	0	10	30

The example above shows a screen for a User who has the whole board allocated to them, they can see all the zones, and can therefore access all the sites and wards within them. You may see the same level, or you may just have access to specific zones or sites.

The audit schedule will tell you how many audits are available for carrying out in your assigned areas. In the example above, there are 5 audits available and due this month for the zone 'East'.

Navigate to the area you want to audit by clicking on the names of the zones and sites as appropriate.



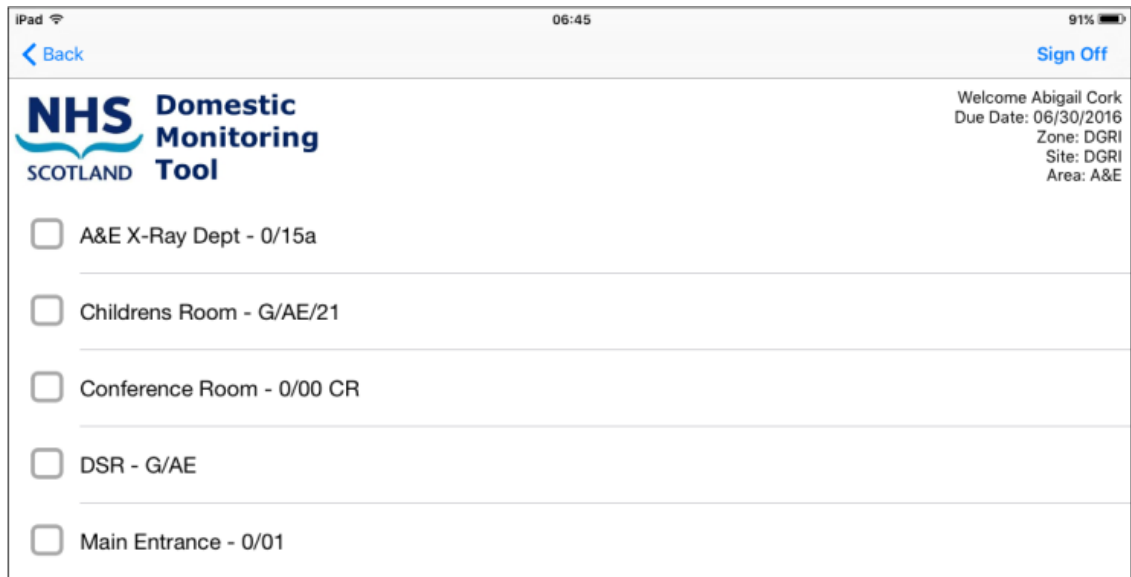
In the example above, there are no re-audits or audits available and due this week, but there are audits available but not due. Choose an audit area to audit, by tapping on the name of the area.

The audit areas in a site are organised into three categories:

1. **Re-audits Due** – these are the highest priority so they are positioned at the top of the screen with their due date visible. Re-audits must be completed by their due date and time of original audit; if they are missed they will be removed from the schedule and will be stored as a missed re-audit. They will only become available for completion once all of the outstanding rectifications for the audit area have been completed.
2. **Due this week** – these are audits that are due by the Sunday of the current week. It's important to remember that audits are given a specific due date which is always clearly visible on the audit label. Remember if you are looking at the system on a Sunday, there may be audits due on Monday which don't appear in the category 'audits due this week' since the system is looking for audits due by Sunday, not within the next 7 days. Always check in all sections to find the most urgent audits for completion.
3. **Not yet due but available for audit now** – these are all the rest of the audits that are available, with their due dates. They are listed in alphabetical order. Audits become available at the start of the audit period assigned to them, and are removed from the schedule once the date has passed. Audits in this category could still be available and due for completion soon, dependent on the date and time you are checking the system. Always read the date due on the audit label to be sure of the most urgent audits available in the system.

Select an audit area

- 4.3.5 You will be shown a list of rooms that have been selected for audit. For more information on how the audit is created, please see [Section 2](#).



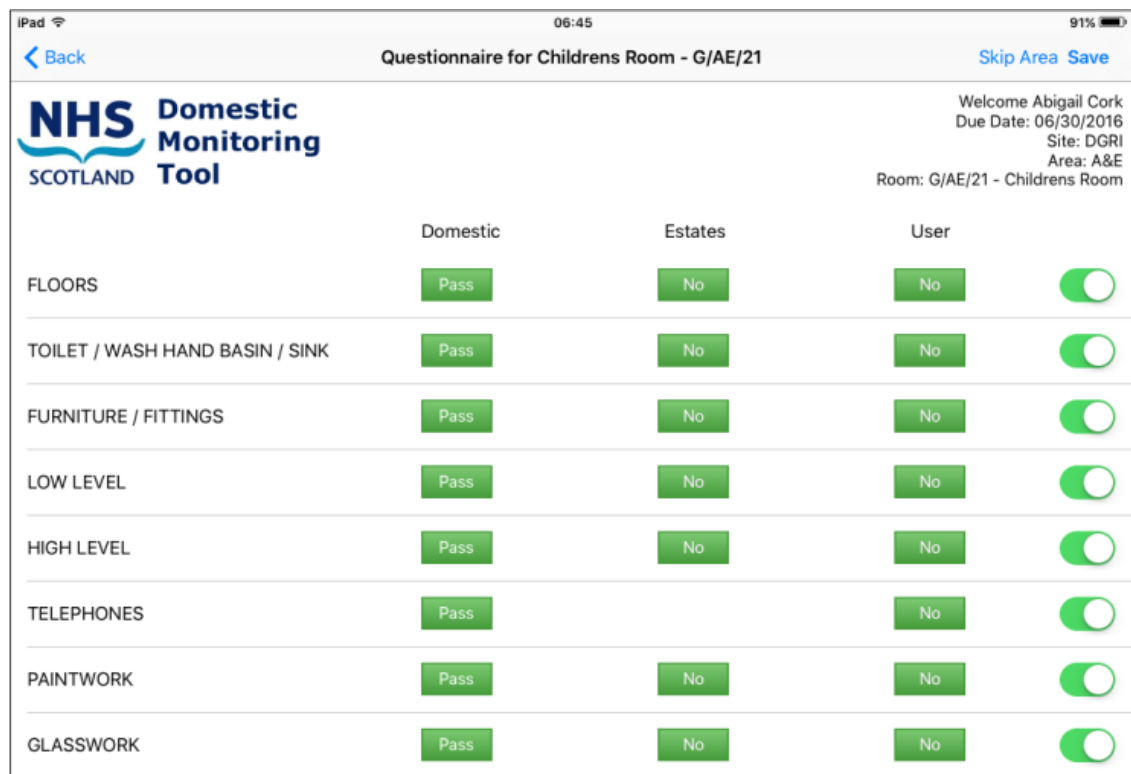
The room list shows available rooms to audit, with incomplete rooms showing with a grey box.

To get started on your audit, select a room for auditing by tapping on the room name. You can audit the rooms in any order.

The audit screen

4.3.6

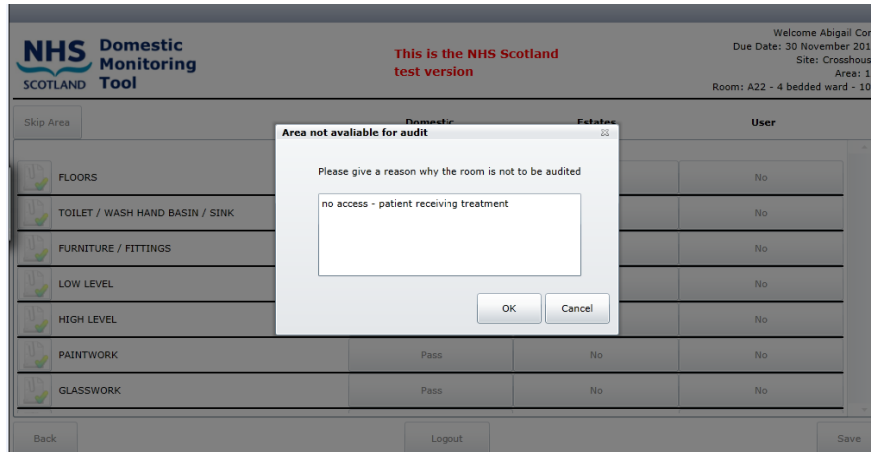
The application will now take you to the audit screen for that room. The audit screen is where the auditor can enter any Domestic, Estates or User Issues for that specific room.



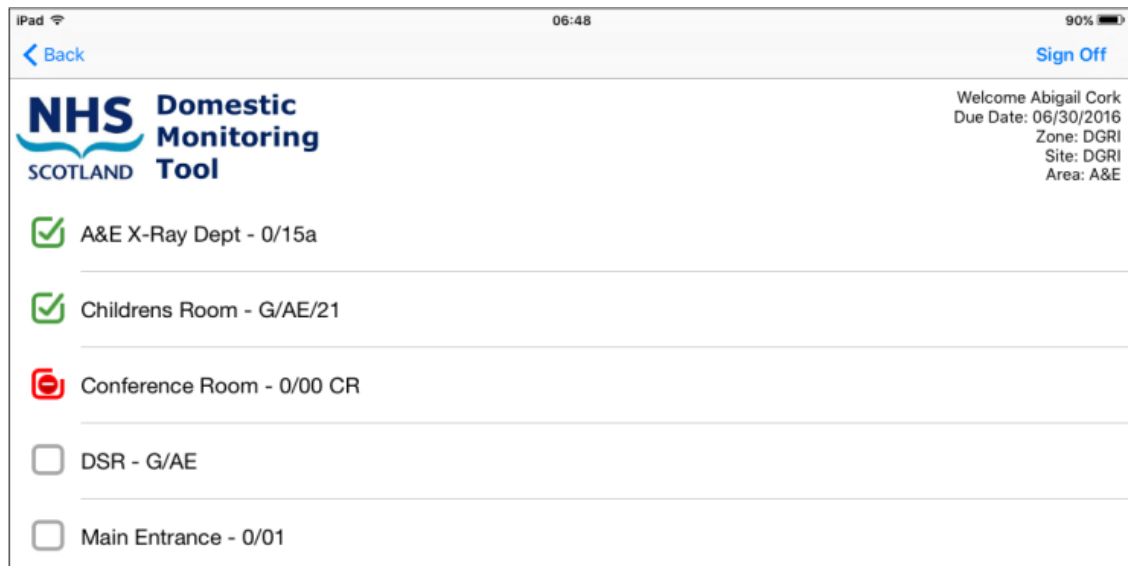
Skipping a room

- 4.3.7 You may not be able to complete an audit on a room, because you cannot get access. If this happens, you can skip the room, this will remove the scoring for the room from the audit total. To skip a room, tap on the button '**skip room**' at the top left of the audit screen.

This will open a text box asking for the reason for skipping the room.




You must give a valid reason here; the system will not allow you to skip a room without adding an explanation. Once you have typed in the reason for skipping the room, you will return to the room list. The symbol for the room will have changed from a red cross to a 'no entry' symbol.

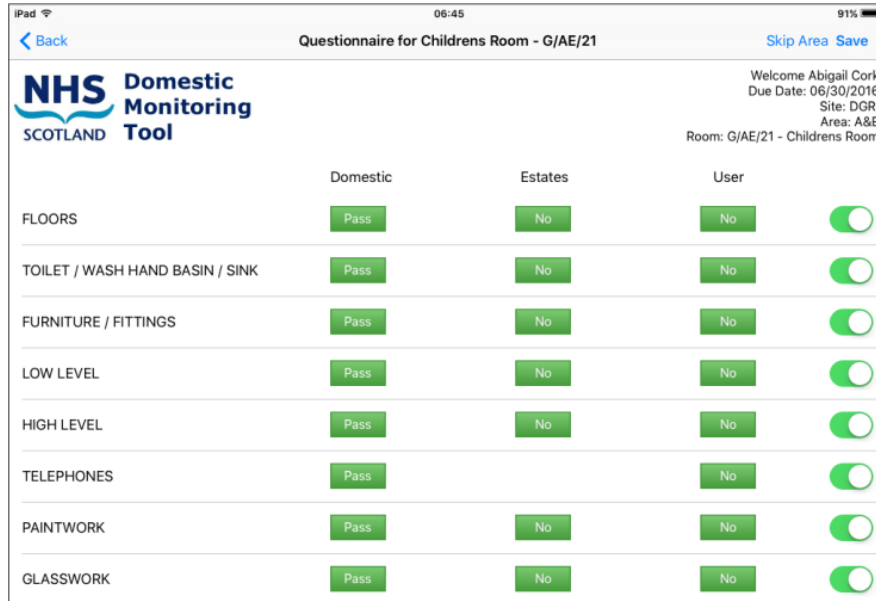










Changes to the available elements for a room


- 4.3.8 Sometimes the set-up of a room can change, and the system needs to reflect exactly the correct makeup of the room to ensure the scoring is accurate. For instance, a telephone might have been installed into an office where there had not been a telephone before.

You can add or remove elements to match the physical make-up of a room. It is important to do this to keep the system up to date and get the most accurate output.

You will see a toggle  symbol to the right of each element in the room.



	Domestic	Estates	User	
FLOORS	Pass	No	No	
TOILET / WASH HAND BASIN / SINK	Pass	No	No	
FURNITURE / FITTINGS	Pass	No	No	
LOW LEVEL	Pass	No	No	
HIGH LEVEL	Pass	No	No	
TELEPHONES	Pass		No	
PAINTWORK	Pass	No	No	
GLASSWORK	Pass	No	No	

The green toggle  means that an element is available in the room and can be audited.

If an element is not present in the room, and cannot be audited, you can pull the toggle to the left and the toggle will change from a green to grey and you will not be able to select a fail, the options will be 'greyed out', they have been disabled. This removes the potential score for that element, from the total audit.

Domestic Fails

4.3.9 Detailed description of all types of Domestic fails can be found in [Section 3](#).

You will see that initially on the room audit all the elements available in the room are already set to 'pass' as a default. This enables an 'audit by exception' process whereby only the issues that require reporting need to be amended, if there are no Domestic Issues to be reported, nothing needs to be changed and they can remain as passed.

Questionnaire for Childrens Room - G/AE/21

Welcome Abigail Cork
Due Date: 06/30/2016
Site: DGRI
Area: A&E
Room: G/AE/21 - Childrens Room

	Domestic	Estates	User	
FLOORS	Pass	No	No	<input checked="" type="checkbox"/>
TOILET / WASH HAND BASIN / SINK	Pass	No	No	<input checked="" type="checkbox"/>
FURNITURE / FITTINGS	Pass	No	No	<input checked="" type="checkbox"/>
LOW LEVEL	Pass	No	No	<input checked="" type="checkbox"/>
HIGH LEVEL	Pass	No	No	<input checked="" type="checkbox"/>
TELEPHONES	Pass		No	<input checked="" type="checkbox"/>
PAINTWORK	Pass	No	No	<input checked="" type="checkbox"/>
GLASSWORK	Pass	No	No	<input checked="" type="checkbox"/>

To 'fail' an element, tap on the green button as appropriate. The button will change to a 'fail' and the colour will change from green to red. Options to describe the reason for the fail will appear, along with a text box to add further detail. The keyboard will appear automatically when you tap in the text box.

Questionnaire for Childrens Room - G/AE/21

Welcome Abigail Cork
Due Date: 06/30/2016
Site: DGRI
Area: A&E
Room: G/AE/21 - Childrens Room

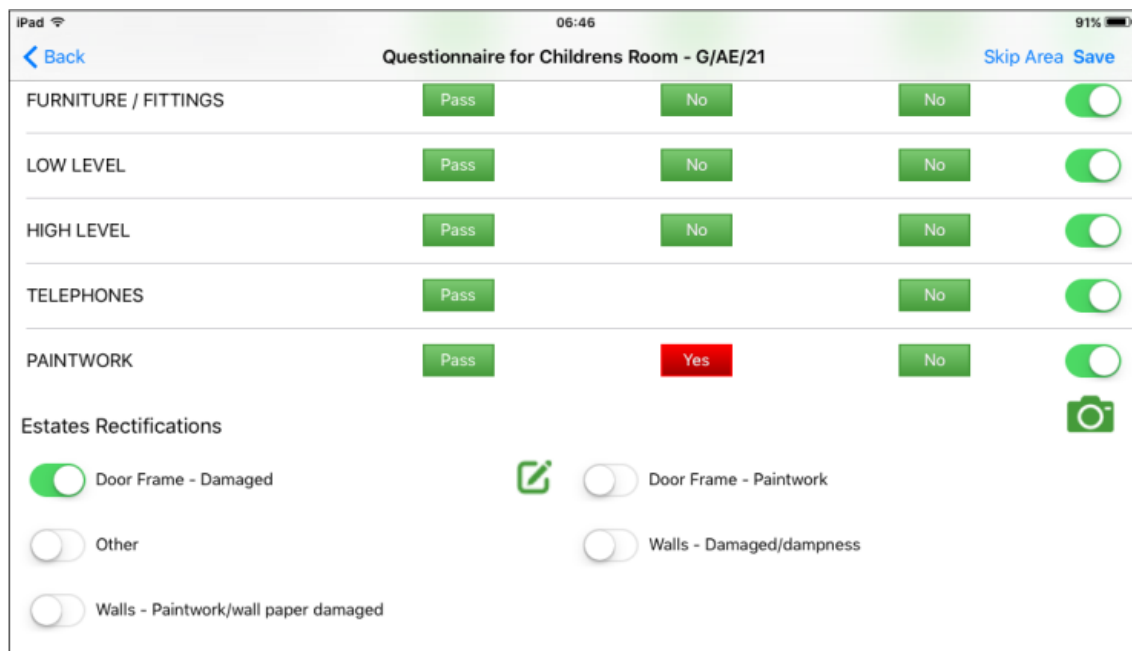
	Domestic	Estates	User	
FLOORS	Fail	No	No	<input checked="" type="checkbox"/>
Domestic Rectifications				
	<input checked="" type="checkbox"/> Dirty	<input type="checkbox"/> Marked	<input type="checkbox"/> Other	<input type="checkbox"/>
	<input type="checkbox"/> Stained	<input type="text" value="Grit in corners"/>		
TOILET / WASH HAND BASIN / SINK	Pass	No	No	<input checked="" type="checkbox"/>
FURNITURE / FITTINGS	Pass	No	No	<input checked="" type="checkbox"/>
LOW LEVEL	Pass	No	No	<input checked="" type="checkbox"/>

Once you have added all the information about that fail, move onto the next element.

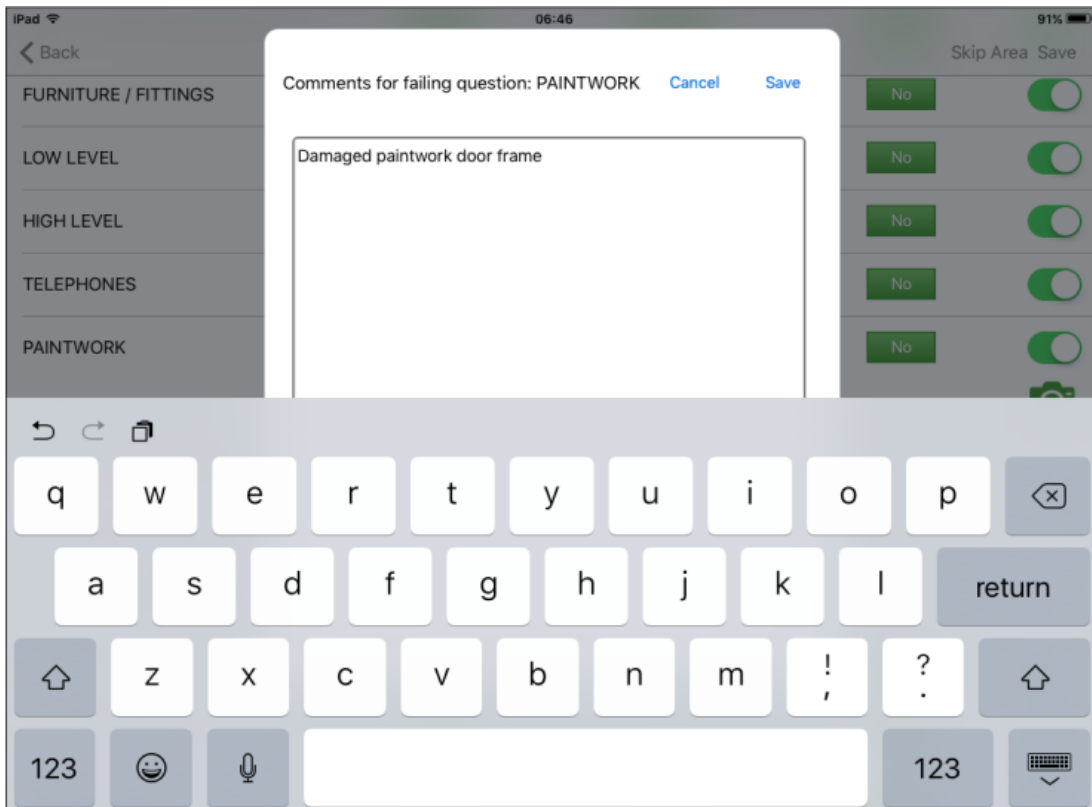
Note: Using Text Boxes and the Keyboard, to type into a text box you will need to use the mobile device virtual keyboard. Each model of mobile device has a different way of accessing the keyboard, but usually if you click a cursor into the text box, a small symbol like a keyboard will appear next to the box, which, if you tap on it, will show the keyboard. Use the keyboard to enter the text required to describe the issue. Once you have finished, close the keyboard.

Estates Fails

- 4.3.10 To 'fail' an element for an Estates issue, tap the appropriate button and select the slider button that best describes the issue. To add more text to the issue, tap on the 'pencil' symbol and a text box will appear.

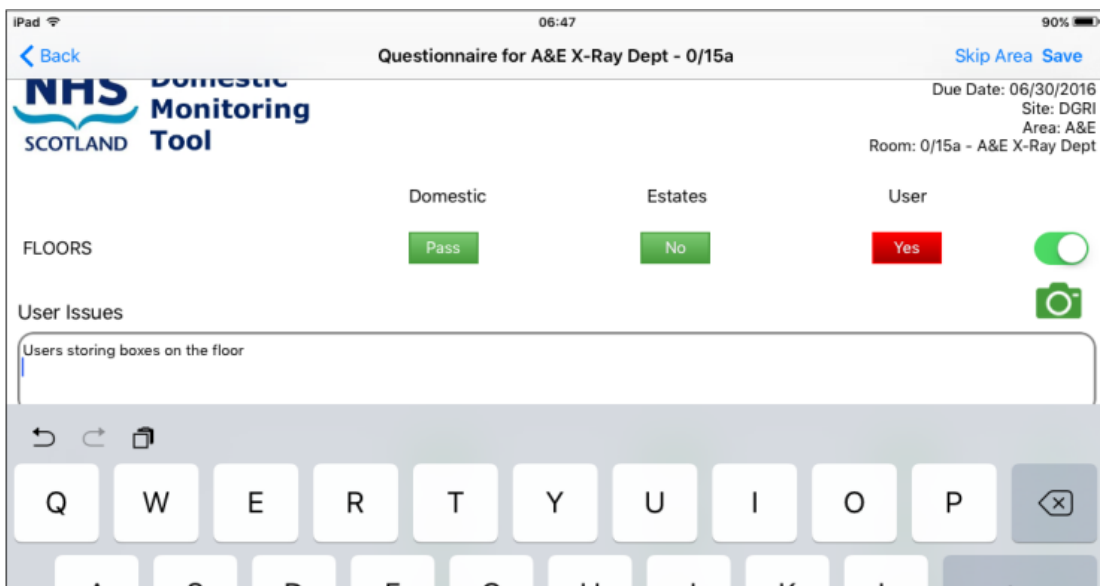


Enter the text to describe the Estates issue into the text box that appears. The keyboard will be automatically available. When you have finished typing, tap '**Save**'.



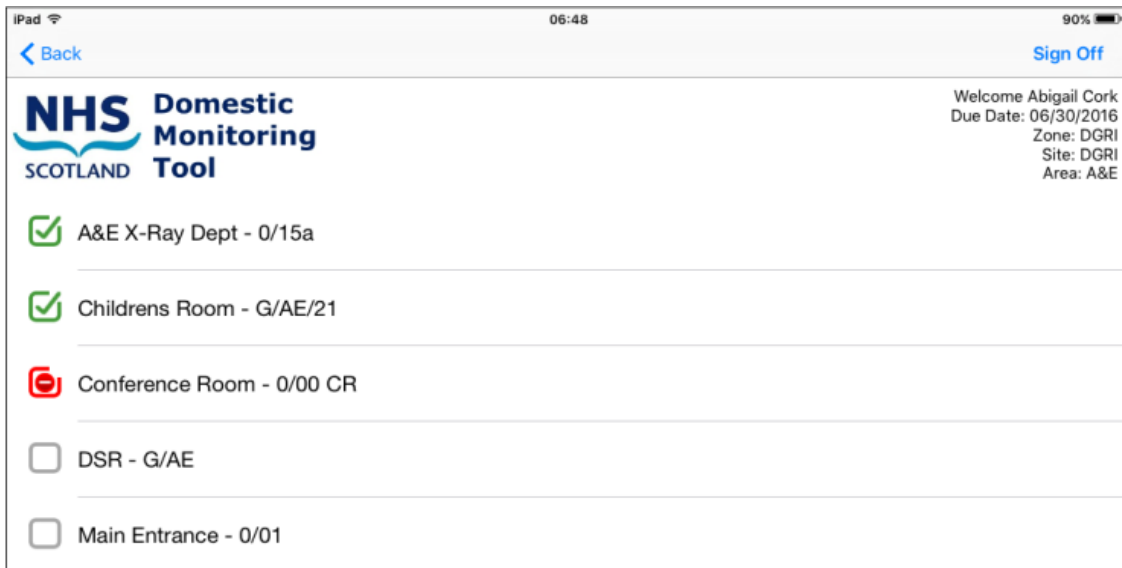
User Issues

- 4.3.11 To add a User issue, tap the appropriate button and add text to describe the issue.



Saving the room audit

- 4.3.12 When you have completed adding information for that room, click the button **'Save'** at the top right of the screen. You will return to the list of rooms in the audit. Completed rooms will show as a green box with a tick; rooms that have yet to be audited will display a grey empty box next to them, and rooms which have been skipped will show as a 'no' entry sign.



iPad 06:48 90%

< Back Sign Off

NHS Domestic Monitoring
SCOTLAND Tool

Welcome Abigail Cork
Due Date: 06/30/2016
Zone: DGRI
Site: DGRI
Area: A&E

A&E X-Ray Dept - 0/15a

Childrens Room - G/AE/21

Conference Room - 0/00 CR

DSR - G/AE

Main Entrance - 0/01

Signing off the room audit

- 4.3.13 When you have completed all of the rooms in the audit, tap on the button '**Sign Off**' at the top of the room list screen.



iPad 06:48 90%

< Back Sign Off

NHS Domestic Monitoring
SCOTLAND Tool

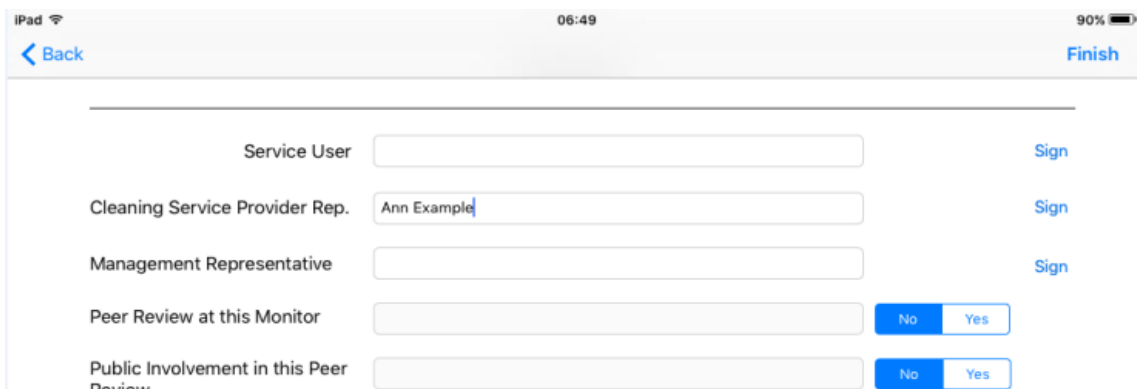
Welcome Abigail Cork
Due Date: 06/30/2016
Zone: DGRI
Site: DGRI
Area: A&E

A&E X-Ray Dept - 0/15a

Childrens Room - G/AE/21

Conference Room - 0/00 CR

You will progress to the sign off screen as below. Enter the names of all the participants in the audit.



iPad 06:49 90%

< Back Finish

Service User Sign

Cleaning Service Provider Rep. Sign

Management Representative Sign

Peer Review at this Monitor No Yes

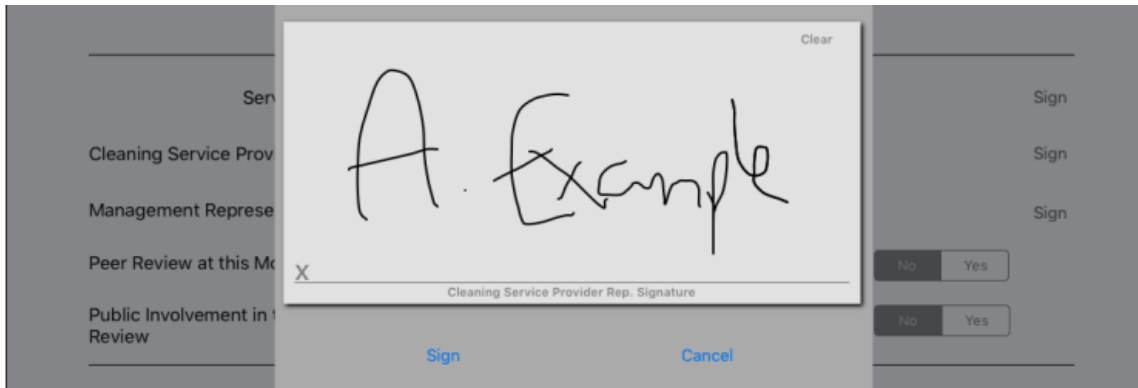
Public Involvement in this Peer Review No Yes

The system offers room for three standard signatures:

- Service User: the Charge Nurse or Head of Department should sign this, if available;
- Cleaning Service Provider Rep: the auditor should sign this;

- Management Representative: the Domestic Manager (or similar) would sign this if they were present.

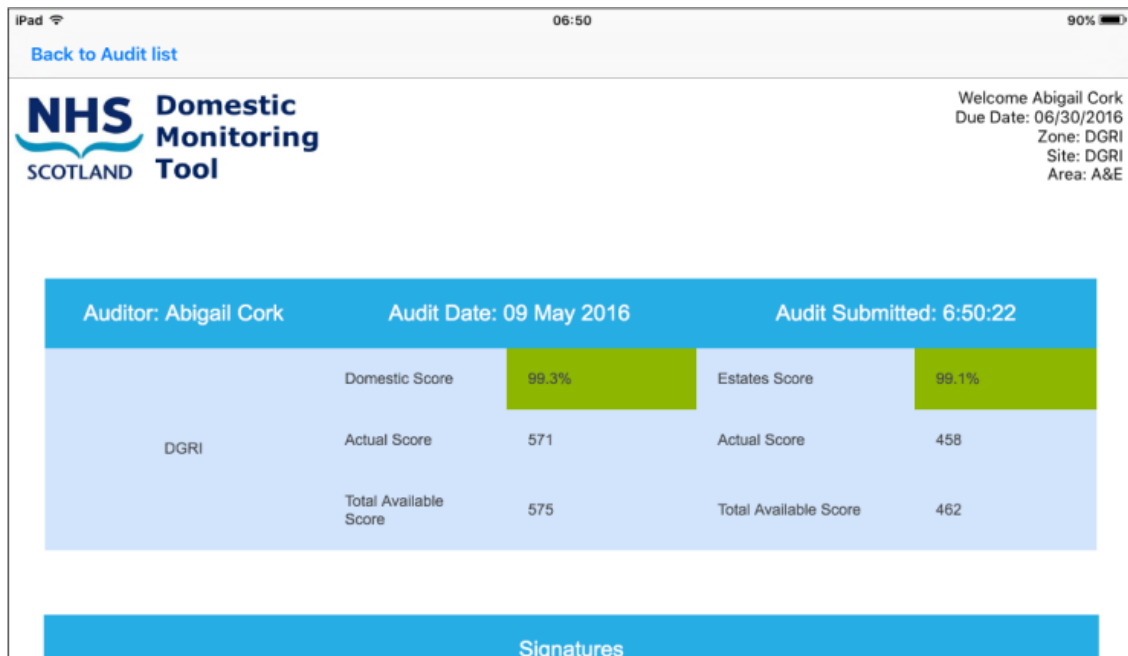
If you are adding the name of a participant in any of the fields here, the system will expect you to also add a signature. To add a signature, click on the button **'Sign'** to the right of the name. The system will show a signature box. Enter the signature here and click **'Sign'** to store the signature and return to the finishing screen.



Add peer and public reviewer information here if present.

Finally, add any general comments about the audit, and tap on the **'Finish'** button on the top right of the screen.

As with other data capture methods, you will immediately see the scores for the audit you have just completed, alongside all the other information about the audit.



To return to the audit list, click on **'Back to Audit list'** at the top left of the screen. You will see that the audit you have just completed is now showing with a green tick. This will be visible until the audits have been synchronised to the online system.



Synchronising completed audits

4.3.14 To synchronise your completed audit to the online system, return to the audit schedule and click on the '**Synchronise Audits**'.

This will send the audit data to the online system ready for further management.

Once the audits have synchronised correctly, the message will be removed from the log-on screen.

The screenshot shows the 'Synchronise Audits' screen on an iPad. At the top, it says 'NHS Domestic Monitoring SCOTLAND Tool'. On the right, it says 'Welcome Abigail Cork Board: Dumfries and Galloway'. Below this is a table with the following data:

Zone	Outstanding RE-Audits Due	Outstanding Audits Due this Week 08/05/2016 - 14/05/2016	Outstanding Audits Due this Month 01/05/2016 - 31/05/2016	Outstanding Audits Due this Quarter 01/04/2016 - 30/06/2016	C
CRH	0	0	6	7	2
DGRI	0	0	23	70	1
PCCD East	0	0	5	15	3
PCCD West	0	0	10	30	7

Photographs

4.3.15 Most mobile devices that are used for FMT are equipped with a camera. It will depend on your board's security policy whether the camera has been disabled or is available for use.

If your mobile device has an enabled camera, you will be able to take a photograph of the fail, if it will be helpful to whoever will be required to find and fix the issue, to enable them to quickly locate the issue and get a good idea of the size and severity of the issue.

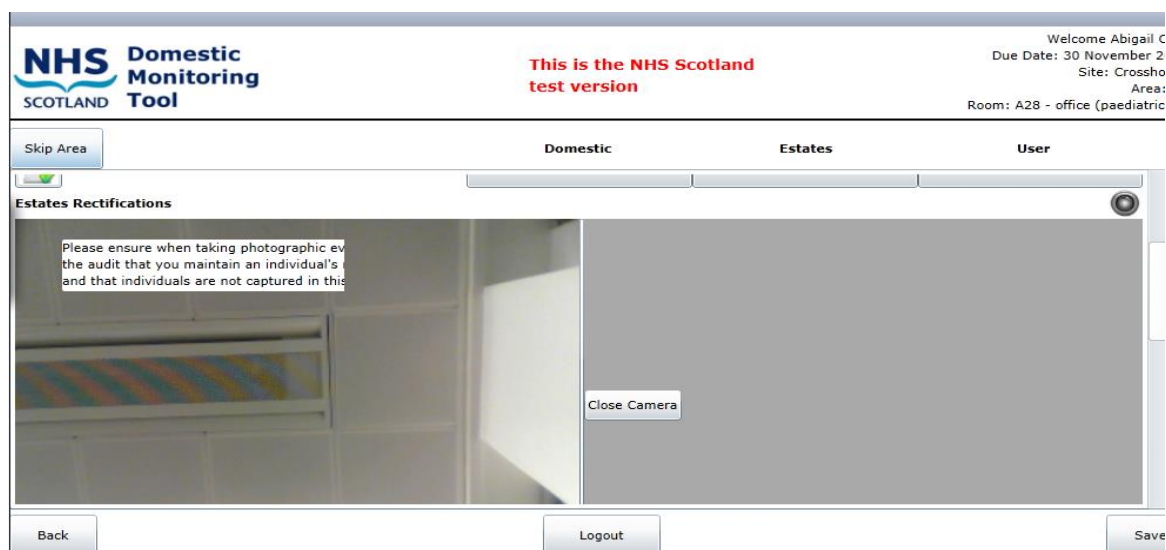
To take a photograph, select the photo symbol which appears once you have selected a fail for a Domestic, Estates or User issue. The symbol is of a camera lens, and looks like this:



Tapping on this symbol will open the camera function. To take a photograph, position the mobile device correctly with the fail clearly visible on the screen.

You will see a message on the screen reminding Users to:

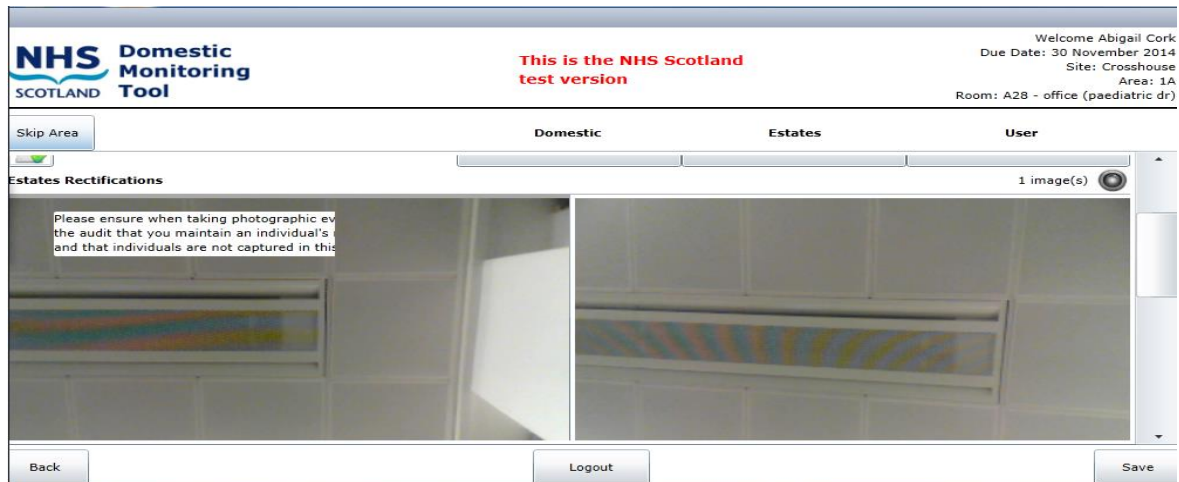
Make sure there is absolutely no patient identifiable objects or text visible on the screen. If in any doubt, do not take a photograph.



It is a legal requirement that we ensure that no patient identifiable information is visible in the images we are capturing in this system, so if you are in any doubt, do not take a photograph.

If you wish to continue to record an image, position the camera with the issue visible, you will be able to see the moving image on the screen on the left. Tap the screen over the picture that appears, when you are ready. The picture will save and move to the right of the screen. Check the picture, and if you are happy, continue with your audit.

If you are not happy with the picture, reposition the mobile device, and take another picture. The new picture will replace the previously stored picture on the left of the screen. You can only store one picture for a fail.



Carrying out a Non-Scheduled Audit - OFFLINE

4.4 Non-scheduled audits may be carried out for a number of reasons. There is a facility within the offline and online systems to carry out these non-scheduled audits.

Non-scheduled audits are available, offline or online, as soon as the scheduled audit and all outstanding Domestic rectifications for an audit area have been completed. You will not be able to carry out non-scheduled audits in any area if there are outstanding Domestic rectifications to be managed and completed.

Non-scheduled audits are not automatically downloaded to the offline application whenever they become available. The reason for this is because of the huge volume of potential non-scheduled audits that could be generated. If they were sent to your device every time you synchronised the tablet, it would require a large amount of information that is not required to be transferred and would slow the process down considerably. Instead, the auditor must generate the non-scheduled audit as required.

To create a new non-scheduled audit, follow the instructions below. You must be connected to the network to create a new non-scheduled audit.

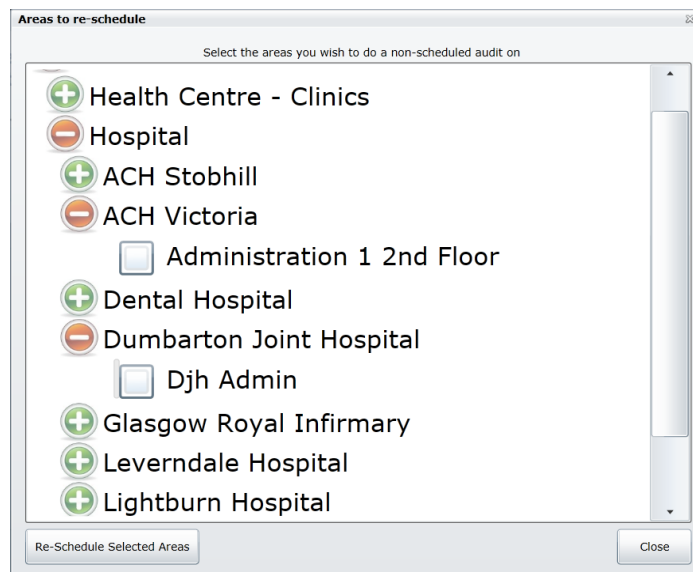
1. **Synchronise the offline application** – the system will then check to see which areas are eligible for non-scheduled audit. You can now log in to FMT.
2. **Find available Non-scheduled audits** – from the data capture page, click the button on the bottom right of the screen '**Prepare non-scheduled audits**'

Welcome Abigail Cork
Trust: GGC

This is the NHS Scotland test version

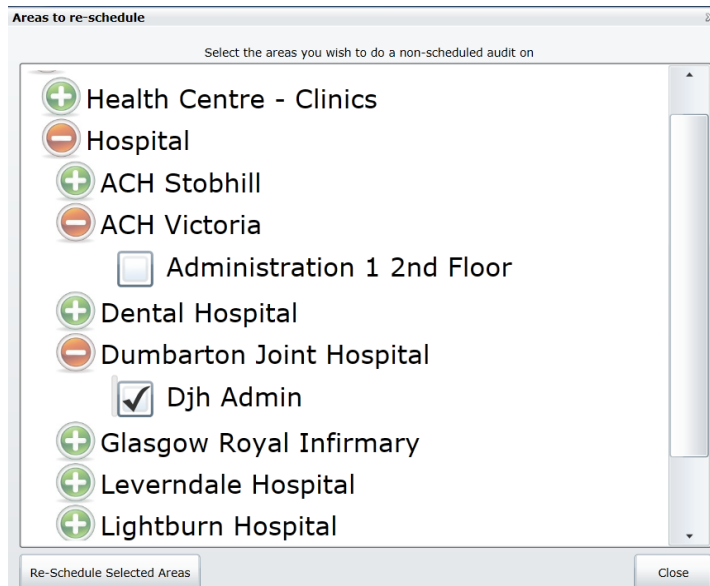
Zone	Outstanding RE-Audits Due	Outstanding Audits Due this Week 13/1/2013-19/1/2013	Outstanding Audits Due this Month 1/1/2013-31/1/2013	Outstanding Audits Due this Quarter 1/1/2013-31/3/2013	Outstanding Audits Due 6 Months 1/10/2012-31/3/2013	Outstanding Audits Due this Year 1/4/2012-31/3/2013
Admin Bases	0	0	0	4	4	
Health Centre - Clinics	0	0	4	98	98	
Hospital	0	0	390	1962	1962	11
Resource Centre	0	0	0	19	19	
South West Division	0	0	0	2	2	
West Central Division	0	0	0	6	6	

3. **Select audit areas** – a list of all the areas that have non-scheduled audits available will show, using the same location hierarchy as usual (zone, site, audit area). Click on the green crosses to expand the list and drill down to the audit area you are looking for.



To select an audit area, tick the box next to the audit area name. You can select as many audit areas as you want to set up non-scheduled audits on that device.

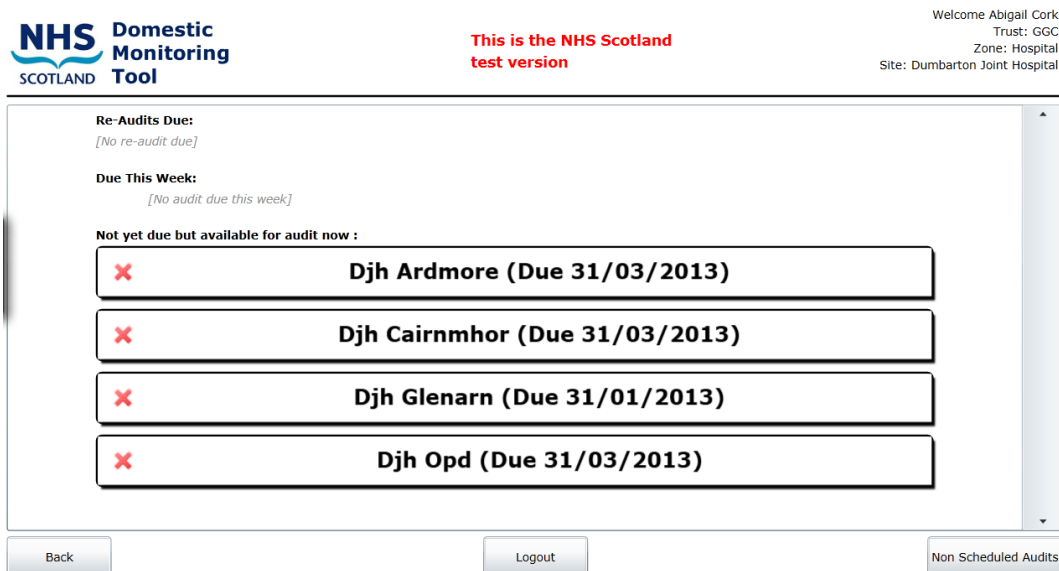
When you have selected the audit area(s), click the button on the bottom left of the box **'Re-schedule selected areas'**.



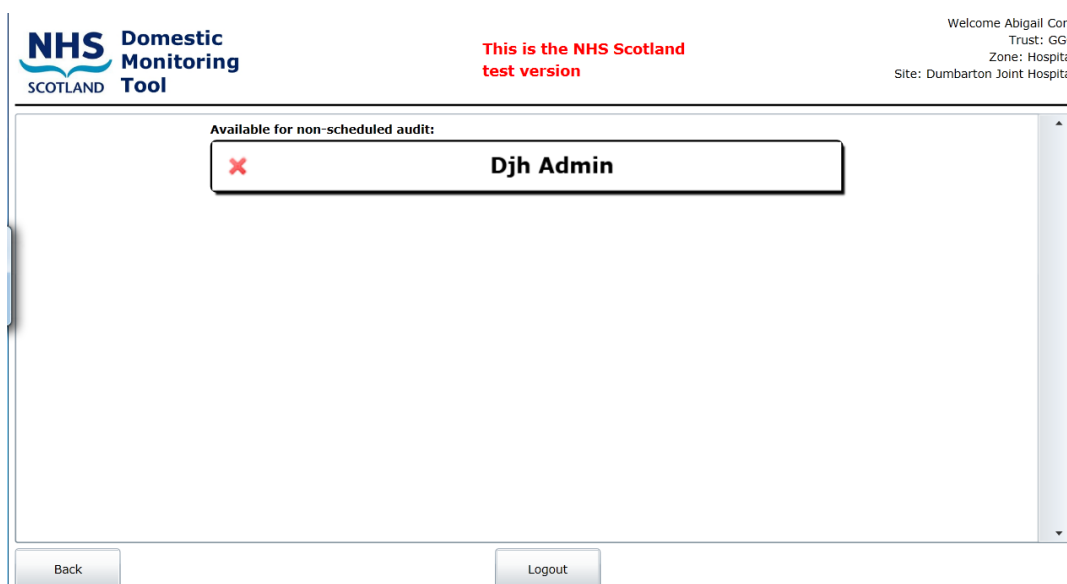
The words ‘rooms rescheduled’ will appear next to the audit areas you have selected. This means that the offline application has contacted the online system and downloaded a randomised selection of rooms (following the standard set of rules for that audit area risk code) from the audit area to create a new audit.

4. **Access the non-scheduled audit** – You can now disconnect from the network as the **new** non-scheduled audits are now saved to your device. To access the new audit for completion, navigate through the data capture screens as usual to the site you need.

The screen below shows a number of scheduled audits available on the schedule for the site.



To access the new non-scheduled audit, click on the ‘**Non-scheduled audits**’ button at the bottom right of the screen. The screen will then show any non-scheduled audits available on that device.



5. **Complete the audit** – you can now carry out the audit in exactly the same method as you would a scheduled audit. The audit will be stored as ‘non-scheduled’ once it has been synchronised to the online system, and scores from the audit will contribute to the overall score for that audit area. Remember that any rectifications from non-scheduled audits should be managed in the same way as those created during the scheduled audit process. The rooms selected for non-scheduled audits created for offline input will differ from those visible on the online system for audit. As with scheduled audit, use one method of data entry to complete your audits, never a combination of online and offline, to avoid problems caused by differing room lists in either method.

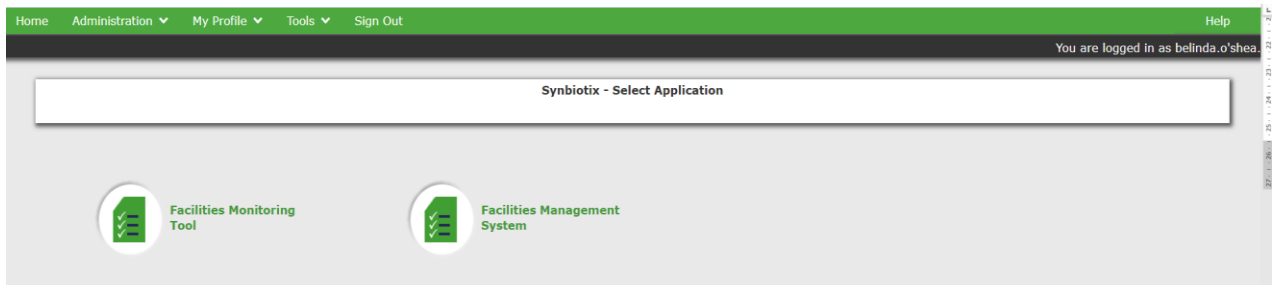
Carrying out a Scheduled Audit - ONLINE

- 4.5 The online system also has the data capture tool available. You can use this function if for any reason you are unable to use a mobile device. To carry out an online audit you will need to print off the room list before you go out to the audit area to ensure you check the correct rooms. You will then need to note the Domestic, Estates and User Issues you identify in each room, and once you can access the online system, type your findings into the online tool.

If you have chosen a room list from an audit on the online system, you **must** enter the results online and not using the offline application – the offline application is likely to have randomly selected different rooms in that audit area to the online version, so you will not be able to complete the audit correctly.

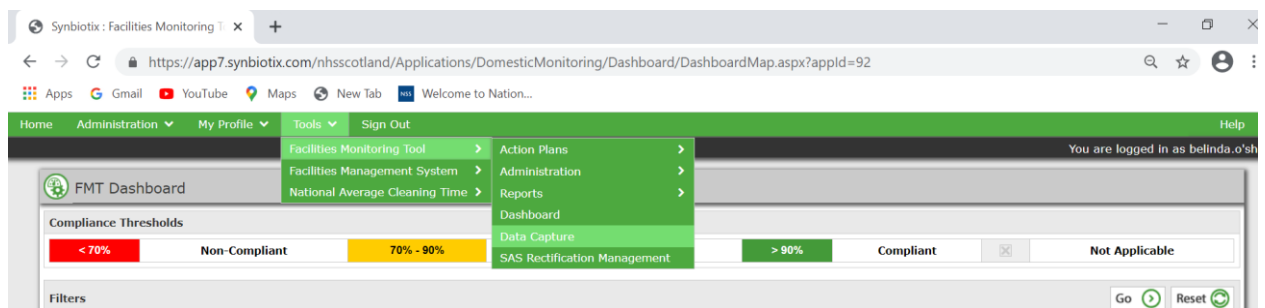
The process for completing an audit online is very similar to the process offline, with the major difference being the visual aspect of the online system pages.

Note: if you have access to both the FMT and FMS Benchmarking tool, your landing page will look similar to the below.



Click on the Facilities Monitoring Tool icon and this will take you to your Board screen.

To access the data capture section of the online tool, launch the FMT website and log-in to the system. Choose the 'Tools' menu item at the top of the screen, and select 'Data Capture' from the options available.



Your screen will load to show the audit schedule for the areas you have been allocated to view. Select the area you wish to audit in the same way as the offline and carry out the audit, keeping in mind that visually, the pages will look different to the offline system.

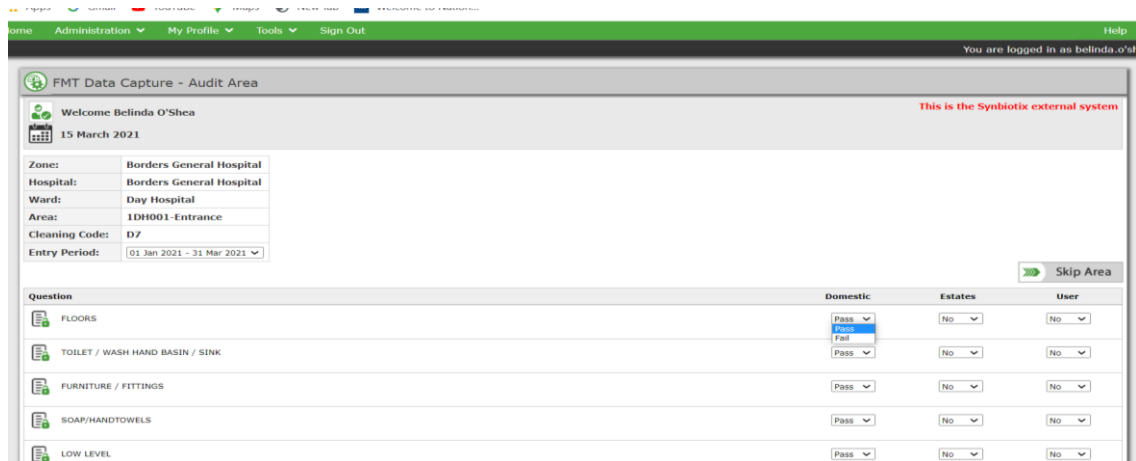
Trust	Outstanding RE-Audits Due	Outstanding Audits Due this Week	Outstanding Audits Due this Month	Outstanding Audits Due this Quarter	Outstanding Audits Due 6 Months	Outstanding Audits Due this Year
		14/3/2021-20/3/2021	1/3/2021-31/3/2021	1/1/2021-31/3/2021	1/10/2020-31/3/2021	1/4/2020-31/3/2021
Borders	0	10	95	95	95	95
Highland	0	38	385	385	385	385

The only differences with the online data capture are as follows:

- how to select a fail and record the data;
- photographs;
- sign-off page.

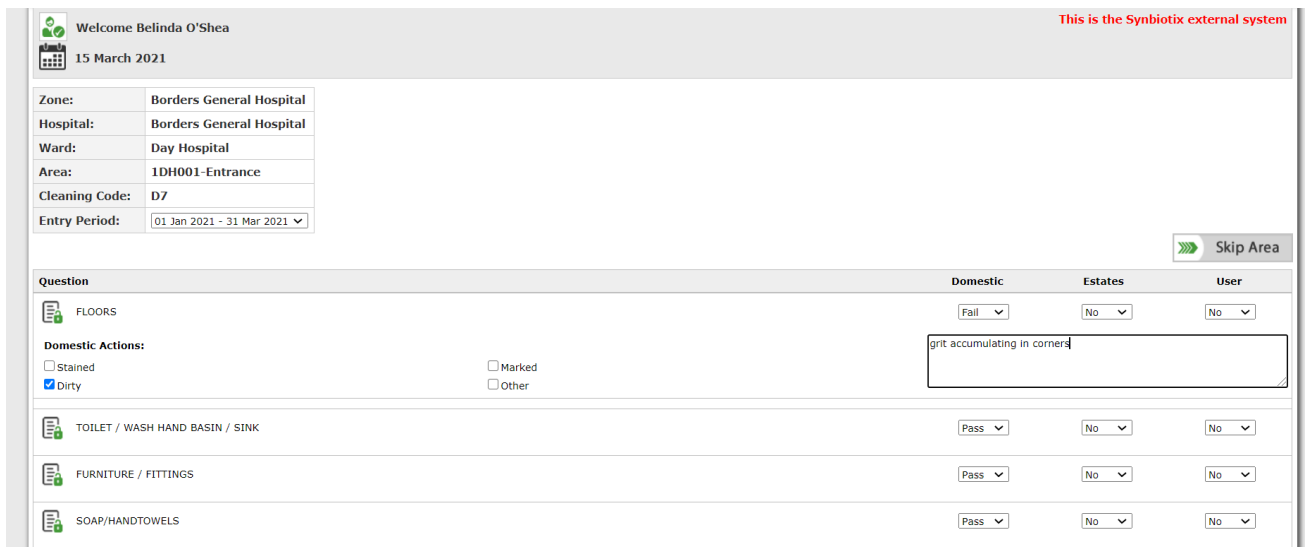
The differences are described below:

4.5.1 **Method of selecting a fail:** instead of a button to tap, to select a fail, the screen shows drop-down boxes under each category, as below:



As you can see, all of the drop-down menus for the room are set to the positive. The Domestic elements are set to **'Pass'**, and the Estates and User issues boxes are set to **'No'**. You only have to change them if you are recording a fail for any of those elements.

To record a Domestic fail, change the value in the drop down box to **'Fail'**. Once that has been selected, a number of options with tick boxes to describe the fail appear, just as the offline system, select an option or options and add text in the text box, if required.



To record an Estates fail, change the value from **'No'** to **'Yes'** – this will reveal some options for describing the fail, with tick boxes.



The screenshot shows the 'FMT Data Capture - Audit Area' interface. At the top, there is a navigation bar with 'Home', 'Administration', 'My Profile', 'Tools', and 'Sign Out'. Below this, a header area displays 'Welcome Belinda O'Shea' and the date '15 March 2021'. A table on the left lists audit details: Zone (Borders General Hospital), Hospital (Borders General Hospital), Ward (Day Hospital), Area (1DH001-Entrance), Cleaning Code (D7), and Entry Period (01 Jan 2021 - 31 Mar 2021). The main section is titled 'Question' and 'FLOORS'. It features a grid of checkboxes for various defect types under 'Estates Actions', such as 'Hard - Vinyl/Lino - Damaged Surfaces/stained', 'Hard - Vinyl/Lino - Poor welds/joints', 'Soft - Damaged surfaces/stained', and 'Tiles - Terracotta/Terrazzo - Cracked/missing'. To the right of the checklist are three dropdown menus labeled 'Domestic', 'Estates', and 'User', with 'Pass', 'Yes', and 'No' selected respectively. A 'Skip Area' button is located at the bottom right of the question section.

Select the option that best describes the fail – once the tick box has been filled, a text box will appear under the ticked option for you to enter more information, if required.

This screenshot shows the same 'FMT Data Capture - Audit Area' interface as the previous one. In this view, the checkbox for 'Hard - Vinyl/Lino - Poor welds/joints' is selected. A text input field has appeared below this option, containing the text 'coming loose by door frame'. The other checkboxes remain unselected, and the dropdown menus for 'Domestic', 'Estates', and 'User' are still set to 'Pass', 'Yes', and 'No' respectively.

To record a User issue, change the value of the box for the element from 'No' to 'Yes' – once selected a text box will appear for you to describe the User issue. There are no options available to tick for User issues.

This screenshot shows the 'FMT Data Capture - Audit Area' interface with the 'User' dropdown menu for the 'FLOORS' question set to 'Yes'. A text input field has appeared below the 'User Comments' section, containing the text 'boxes stored underneath cupboards, can't access for cleaning'. Below the 'FLOORS' section, there are three more question sections: 'TOILET / WASH HAND BASIN / SINK', 'FURNITURE / FITTINGS', and 'SOAP/HANDTOWELS', each with its respective dropdown menu set to 'Pass'.

The elements listed down the left hand side can be 'locked' or unlocked', depending if they are available, within the area where the audit is being carried out. This can be done by simply clicking on the lock. If the item is available it will show  and if not available will show .

Once you have identified and recorded all of the Domestic, Estates, and User issues for a room, scroll to the bottom and click '**Save**'. You will return to the room list to continue your audit.

4.5.2 There is no option for taking or entering a photograph: to illustrate a rectification identified.

4.5.3 **The sign off screen:** On the online system, the sign off screen automatically becomes available below the room list, once all rooms have been completed.

Signatures	
Service User	<input type="text"/> <input type="button" value="Choose file"/> No file chosen
Cleaning Services Provider Rep	<input type="text"/> <input type="button" value="Choose file"/> No file chosen
Management Representative	<input type="text"/> <input type="button" value="Choose file"/> No file chosen
Peer review at this monitor?	<input type="button" value="No"/> <input type="button" value="Yes"/>
Public involvement in this peer review?	<input type="button" value="No"/> <input type="button" value="Yes"/>

General Comments
<div style="border: 1px solid #ccc; height: 40px;"></div>

Complete the information as you would offline. You will not be able to add physical signatures, but you can type the names of those involved in the audit.

Signatures	
Service User	<input type="text" value="B O'Shea"/> <input type="button" value="Choose file"/> No file chosen
Cleaning Services Provider Rep	<input type="text" value="A Test"/> <input type="button" value="Choose file"/> No file chosen
Management Representative	<input type="text" value="B Test"/> <input type="button" value="Choose file"/> No file chosen
Peer review at this monitor?	<input type="button" value="Yes"/> <input type="button" value="No"/>
Peer Reviewer	<input type="text" value="P Reviewed"/> <input type="button" value="Choose file"/> No file chosen
Public involvement in this peer review?	<input type="button" value="No"/> <input type="button" value="Yes"/>

General Comments
<div style="border: 1px solid #ccc; height: 40px;"></div>

Add any general comments and click on the '**Finish**' button, which will take you to the completed audit summary as with the offline version.

Carrying out a Non-Scheduled Audit - ONLINE

4.6 The method for carrying out an audit online differs from the offline method, since the online system has instant access to the rooms available for any audit.

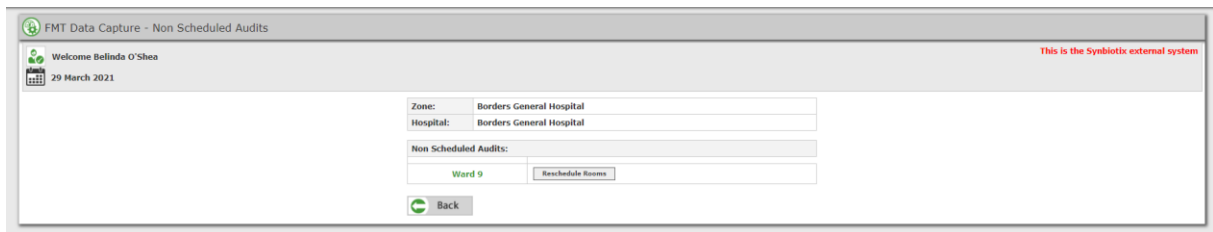
To carry out a non-scheduled audit online, follow the instructions below.

4.6.1 **Access available non-scheduled audits** - Navigate to the site for the audit area for which you want to carry out a non-scheduled audit, by going to **'Tools'** and then **'Data Capture'**.

Ward 15	
Ward 17	
Ward 4	
Ward 5	
Ward 6	
Ward 7	
Not yet due but available for audit now :	
N/A	

Back
Validation Non Scheduled Audit
Conduct Non Scheduled Audit

Click on the button to the bottom right of the page **'Conduct Non-Scheduled Audit'**. The next page will show you all the audit areas where a non-scheduled audit is available.



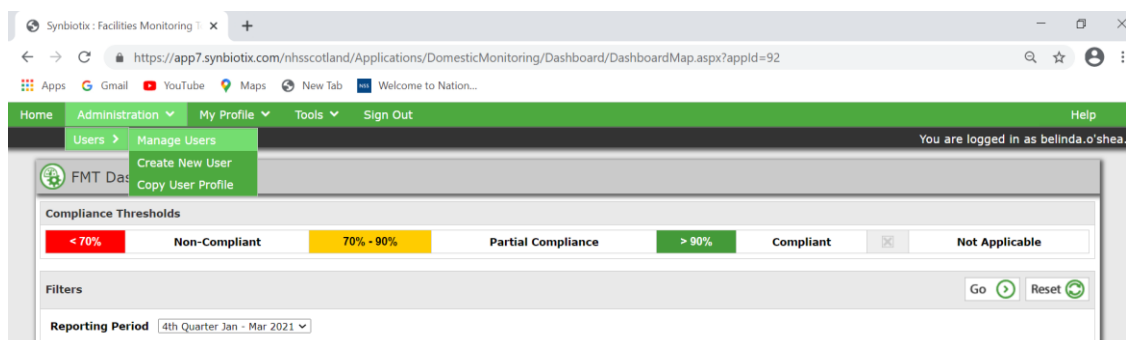
4.6.2 **Select a non-scheduled audit** – click on the name of the audit area to open the audit, and then carry out the audit as usual. If the room list that has been generated does not fit your requirements, you can click on the button **'Reschedule Rooms'** which will create a new random selection of rooms for the audit.

Carrying out a Verification audit

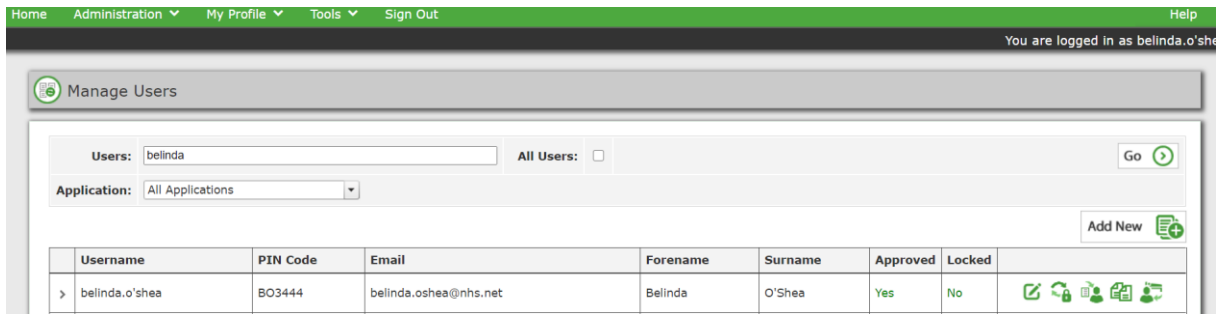
Assigning permission to conduct verification audits

4.7 A User must be assigned a specific role within the system to be allowed to carry out a verification audit. Your local board system administrator can make this change on behalf of those staff.

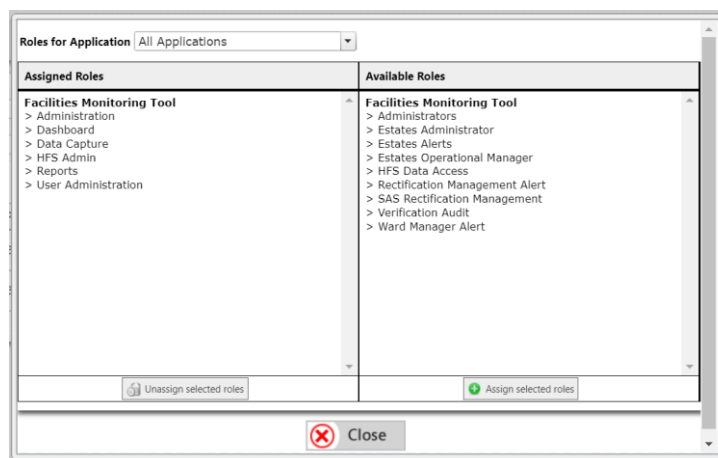
4.7.1 In order to add the permission to an existing User account, go to **'Administration>Users>Manage Users'** on the toolbar, as below.



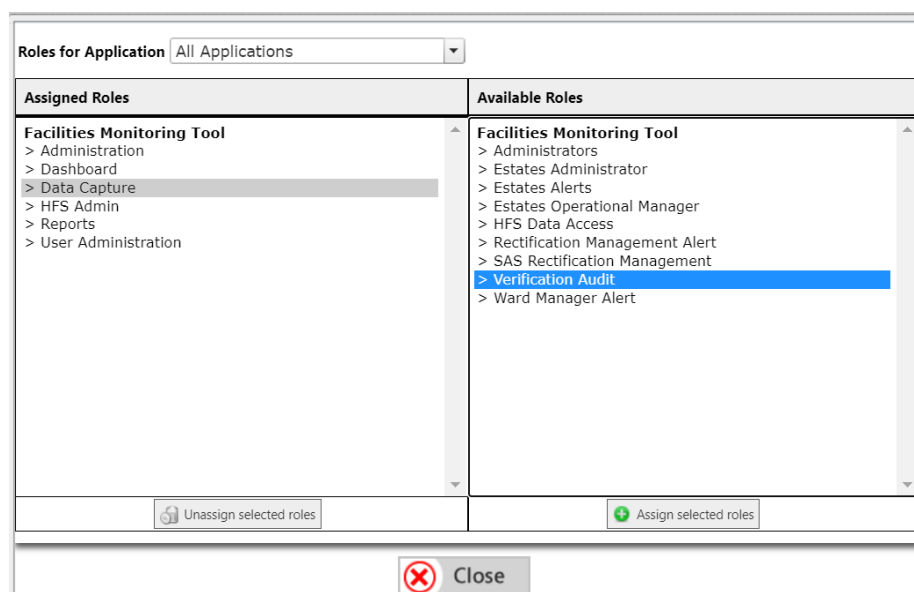
- 4.7.2 Search for your User by typing in their name, and then click the 'Go' link to the right of the User's name.

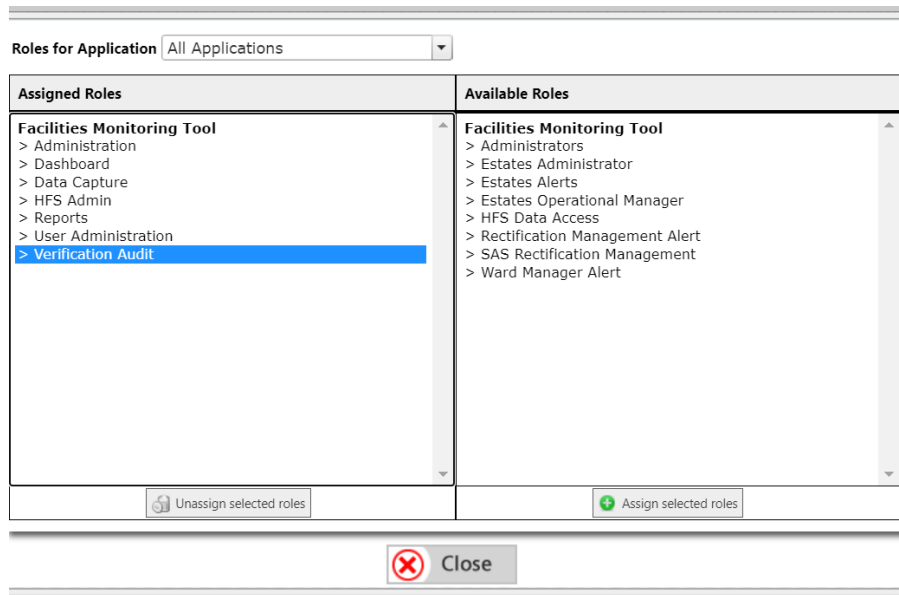


- 4.7.3 Click on the 'roles' icon  and the following page will load.



- 4.7.4 A screen will pop up showing the Users existing permissions on the left, and other available permissions on the right. Select the role 'Verification Audit', and click on the button '**Assign selected roles**' underneath that box.



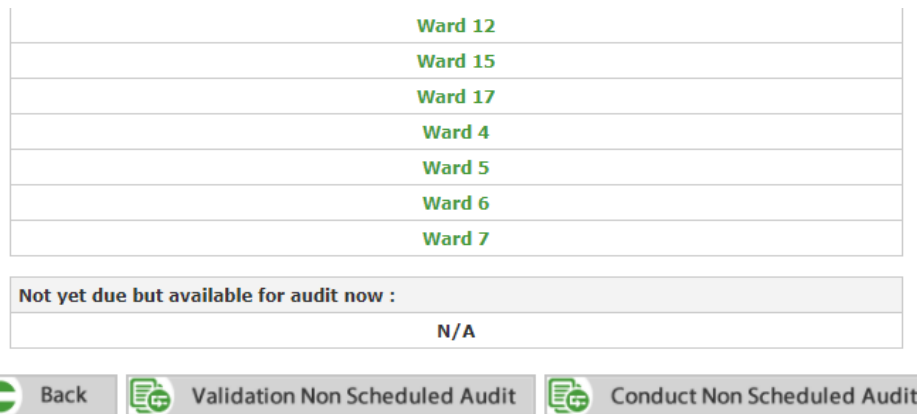


4.7.5 The role will then move to the left of the screen as a role that has been assigned to the User. The User will now be able to carry out verification audits for all the sites and audit areas they have been assigned within FMT.

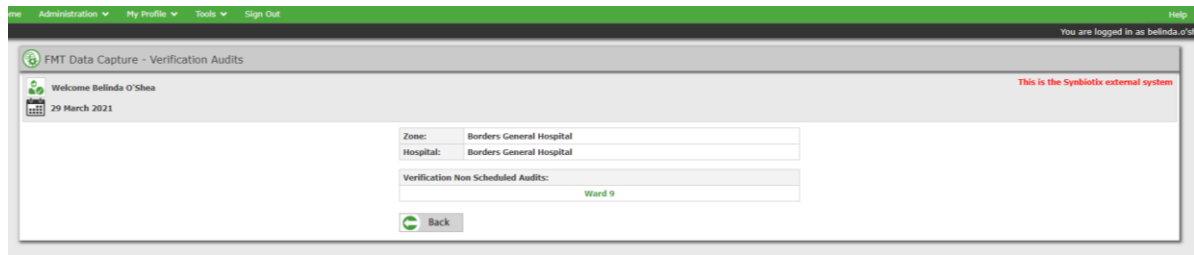
Carrying out a verification audit

4.8 Verification audits can be completed online and offline. The method for completion is the same for either method.

4.8.1 Access data capture, and locate the site where you want to carry out a verification audit.



4.8.2 At the bottom of the list of available scheduled audits there are two buttons, click on the one on the left called '**Validation Non-Scheduled Audit**' to see all of the areas that are available to be audited as a verification audit (areas for which the latest audit has been completed within the last 7 days). You should only complete a verification audit in an area where a scheduled audit has recently been completed. In order to get a realistic view of the scheduled audit's accuracy, we would recommend completing verification audits no more than a few hours after the original audit was completed.



4.8.3 Select an area for verification from the list of available audit areas. You will be shown a list of rooms that is identical to those checked in the previous audit. If a room was skipped in the previous audit, it should also not be audited in the verification. To identify any skipped areas, you will see that they will show as a 'skipped room' with the no entry symbol to the left of the room description.



4.8.4. Complete the audit as you would normally, identifying the Domestic, Estates and User issues within the rooms audited. The audit should be saved, submitted and synchronised to the live online system as you would for any other audit.

You can complete multiple verification audits for the same audit area, as long as the latest audit has been completed within the last 7 days.

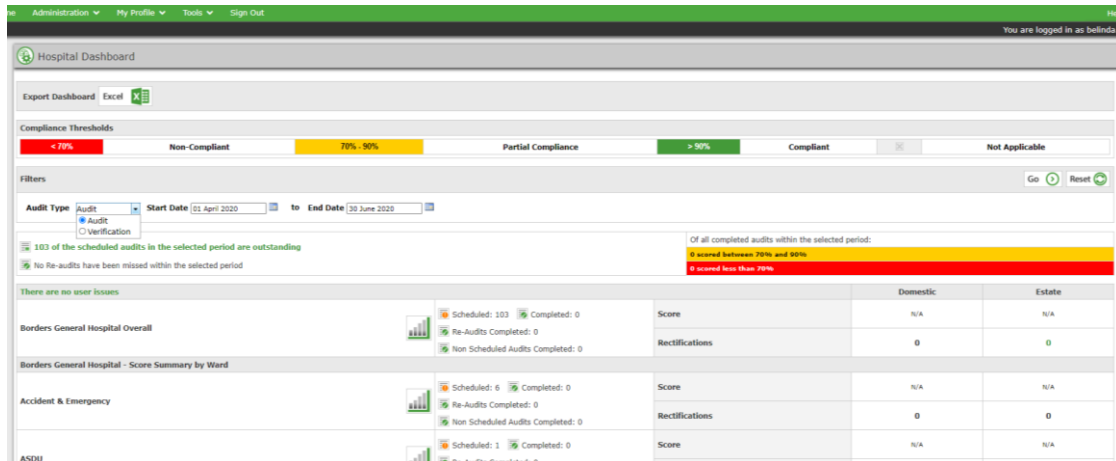
Comparing verification and scheduled audit results

4.9 The key purpose of the verification audit is to identify any variation in practice compared to the nationally consistent standard of auditing, so take some time to assess not just the final scores of the audit, but also where there was variation in the identification and description of issues in the original and verification audit.

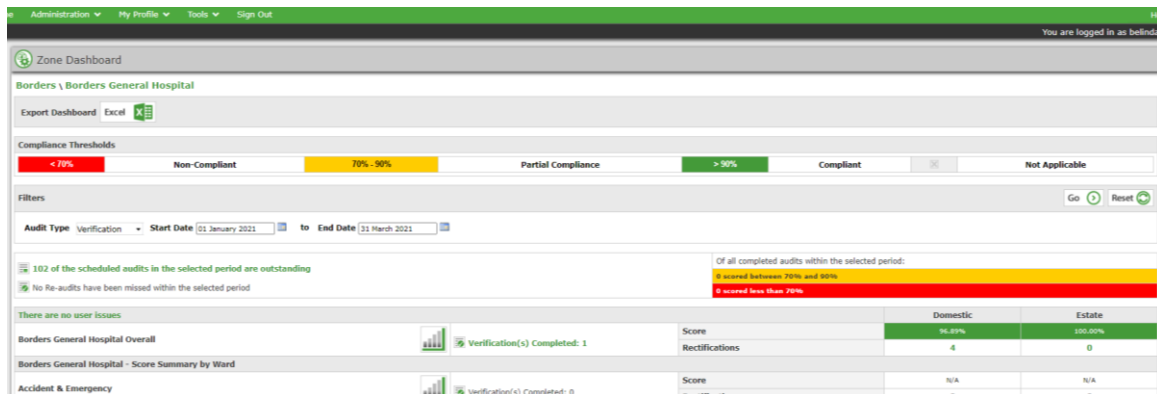
We would expect some small variation in the results of the audits, some time has inevitably passed since the original audit and some issues may have been addressed, or new issues arisen during that time period. However, we would not expect to see a greater variation than around 5% between the scores. Greater than 5% may suggest significant variation in audit practice, and may indicate the need for action to address the variation, such as training, clarification of audit practice or performance management.

4.9.1 To access the verification scores in your board areas, follow the steps outlined below:

- navigate to the board dashboard relevant to the location. As a User with permission to verify audits, you will now see a drop-down box at the top of the dashboard screen with the option to change the value of the audit type from 'audit' to 'verification'. Change the value to 'verification' and click on 'Go';



- a new dashboard will load showing you only the completed verification activity for that board area. Navigate to the completed verification audit as you would for any other audit;



- open the completed audit summary for the audit area in question. You will see the audit summary in a different format from any scheduled/non-scheduled/re-audit. In the case of verification audits, the results will be shown alongside the results for the original audit, as demonstrated below.

Completed Audit with Verification																				
Compliance Thresholds																				
< 75%			Non-Compliant			75% - 95%			Partial Compliance			> 95%			Compliant			Not Applicable		
Ward 9																				
Area Risk Code: B Code																				
Audit						Verification														
Auditor: Belinda O'Shea						Auditor: Belinda O'Shea														
Audit Date: 29/03/2021						Audit Date: 29/03/2021														
Audit Submission Time: 10:10						Audit Submission Time: 10:29														
		Domestic		Estates				Domestic		Estates										
		100%		100%				96.8%		100%										
Actual Score:		644		544		Actual Score:		624		544										
Total Available Points:		644		544		Total Available Points:		644		544										
Signatures																				
Peer Review at this Monitor ? No			Public Involvement in the Peer Review ? No			Peer Review at this Monitor ? No			Public Involvement in the Peer Review ? No											
Nat 1			Nat 2			Nat 1			Nat 2											
Nat 2			Nat 3			Nat 2			Nat 3											
Overall Comments																				
N/A						N/A														
3AW085-Corridor																				
FURNITURE / FITTINGS	Domestic Score:	PASS	Estates Score:	NO	FURNITURE / FITTINGS	Domestic Score:	PASS	Estates Score:	NO	FURNITURE / FITTINGS	Domestic Score:	PASS	Estates Score:	NO						
SOAP/HANDTOWELS	Domestic Score:	PASS	Estates Score:	NO	SOAP/HANDTOWELS	Domestic Score:	FAIL	Estates Score:	NO	SOAP/HANDTOWELS	Domestic Score:	PASS	Estates Score:	NO						
LOW LEVEL	Domestic Score:	PASS	Estates Score:	NO	LOW LEVEL	Domestic Score:	PASS	Estates Score:	NO	LOW LEVEL	Domestic Score:	PASS	Estates Score:	NO						
HIGH LEVEL	Domestic Score:	PASS	Estates Score:	NO	HIGH LEVEL	Domestic Score:	PASS	Estates Score:	NO	HIGH LEVEL	Domestic Score:	PASS	Estates Score:	NO						
BIOTHORX	Domestic Score:	PASS	Estates Score:	NO	BIOTHORX	Domestic Score:	PASS	Estates Score:	NO	BIOTHORX	Domestic Score:	PASS	Estates Score:	NO						
REFUSE	Domestic Score:	PASS	Estates Score:	N/A	REFUSE	Domestic Score:	PASS	Estates Score:	N/A	REFUSE	Domestic Score:	PASS	Estates Score:	N/A						
FLOORS	Domestic Score:	PASS	Estates Score:	NO	FLOORS	Domestic Score:	FAIL	Estates Score:	NO	FLOORS	Domestic Score:	PASS	Estates Score:	NO						
3AW087e-6 bed bay bed e																				
SKIPPED																				
3AW088-Entry																				
FLOORS	Domestic Score:	PASS	Estates Score:	NO	FLOORS	Domestic Score:	PASS	Estates Score:	NO	FLOORS	Domestic Score:	PASS	Estates Score:	NO						
SOAP/HANDTOWELS	Domestic Score:	PASS	Estates Score:	NO	SOAP/HANDTOWELS	Domestic Score:	PASS	Estates Score:	NO	SOAP/HANDTOWELS	Domestic Score:	PASS	Estates Score:	NO						
LOW LEVEL	Domestic Score:	PASS	Estates Score:	NO	LOW LEVEL	Domestic Score:	PASS	Estates Score:	NO	LOW LEVEL	Domestic Score:	PASS	Estates Score:	NO						
HIGH LEVEL	Domestic Score:	PASS	Estates Score:	NO	HIGH LEVEL	Domestic Score:	PASS	Estates Score:	NO	HIGH LEVEL	Domestic Score:	PASS	Estates Score:	NO						
FURNITURE / FITTINGS	Domestic Score:	PASS	Estates Score:	NO	FURNITURE / FITTINGS	Domestic Score:	PASS	Estates Score:	NO	FURNITURE / FITTINGS	Domestic Score:	PASS	Estates Score:	NO						
BIOTHORX	Domestic Score:	PASS	Estates Score:	NO	BIOTHORX	Domestic Score:	PASS	Estates Score:	NO	BIOTHORX	Domestic Score:	PASS	Estates Score:	NO						
GLASSBORX	Domestic Score:	PASS	Estates Score:	N/A	GLASSBORX	Domestic Score:	PASS	Estates Score:	NO	GLASSBORX	Domestic Score:	PASS	Estates Score:	NO						
REFUSE	Domestic Score:	PASS	Estates Score:	N/A	REFUSE	Domestic Score:	PASS	Estates Score:	N/A	REFUSE	Domestic Score:	PASS	Estates Score:	N/A						
APPLIANCES/FITURES / FITTINGS	Domestic Score:	PASS	Estates Score:	NO	APPLIANCES/FITURES / FITTINGS	Domestic Score:	PASS	Estates Score:	NO	APPLIANCES/FITURES / FITTINGS	Domestic Score:	PASS	Estates Score:	NO						
3AW092-6 bed bay bed e																				
FLOORS	Domestic Score:	PASS	Estates Score:	NO	FLOORS	Domestic Score:	PASS	Estates Score:	NO	FLOORS	Domestic Score:	PASS	Estates Score:	NO						
FURNITURE / FITTINGS	Domestic Score:	PASS	Estates Score:	NO	FURNITURE / FITTINGS	Domestic Score:	PASS	Estates Score:	NO	FURNITURE / FITTINGS	Domestic Score:	PASS	Estates Score:	NO						
LOW LEVEL	Domestic Score:	PASS	Estates Score:	NO	LOW LEVEL	Domestic Score:	PASS	Estates Score:	NO	LOW LEVEL	Domestic Score:	PASS	Estates Score:	NO						
HIGH LEVEL	Domestic Score:	PASS	Estates Score:	NO	HIGH LEVEL	Domestic Score:	PASS	Estates Score:	NO	HIGH LEVEL	Domestic Score:	PASS	Estates Score:	NO						
TELEPHONES	Domestic Score:	PASS	Estates Score:	N/A	TELEPHONES	Domestic Score:	PASS	Estates Score:	N/A	TELEPHONES	Domestic Score:	PASS	Estates Score:	N/A						
BIOTHORX	Domestic Score:	PASS	Estates Score:	NO	BIOTHORX	Domestic Score:	PASS	Estates Score:	NO	BIOTHORX	Domestic Score:	PASS	Estates Score:	NO						
GLASSBORX	Domestic Score:	PASS	Estates Score:	NO	GLASSBORX	Domestic Score:	PASS	Estates Score:	NO	GLASSBORX	Domestic Score:	PASS	Estates Score:	NO						
CURTAINS/SCREENS	Domestic Score:	PASS	Estates Score:	N/A	CURTAINS/SCREENS	Domestic Score:	PASS	Estates Score:	N/A	CURTAINS/SCREENS	Domestic Score:	PASS	Estates Score:	N/A						
SOAP/HANDTOWELS	Domestic Score:	PASS	Estates Score:	NO	SOAP/HANDTOWELS	Domestic Score:	PASS	Estates Score:	NO	SOAP/HANDTOWELS	Domestic Score:	PASS	Estates Score:	NO						
REFUSE	Domestic Score:	PASS	Estates Score:	N/A	REFUSE	Domestic Score:	PASS	Estates Score:	N/A	REFUSE	Domestic Score:	PASS	Estates Score:	N/A						
3AW100-Dechery Station																				
LOW LEVEL	Domestic Score:	PASS	Estates Score:	NO	LOW LEVEL	Domestic Score:	PASS	Estates Score:	NO	LOW LEVEL	Domestic Score:	PASS	Estates Score:	NO						
HIGH LEVEL	Domestic Score:	PASS	Estates Score:	NO	HIGH LEVEL	Domestic Score:	PASS	Estates Score:	NO	HIGH LEVEL	Domestic Score:	PASS	Estates Score:	NO						
FURNITURE / FITTINGS	Domestic Score:	PASS	Estates Score:	NO	FURNITURE / FITTINGS	Domestic Score:	PASS	Estates Score:	NO	FURNITURE / FITTINGS	Domestic Score:	PASS	Estates Score:	NO						

You can now study the original and verification results for variation in recording or reporting.

5. Post Audit Activity

Introduction

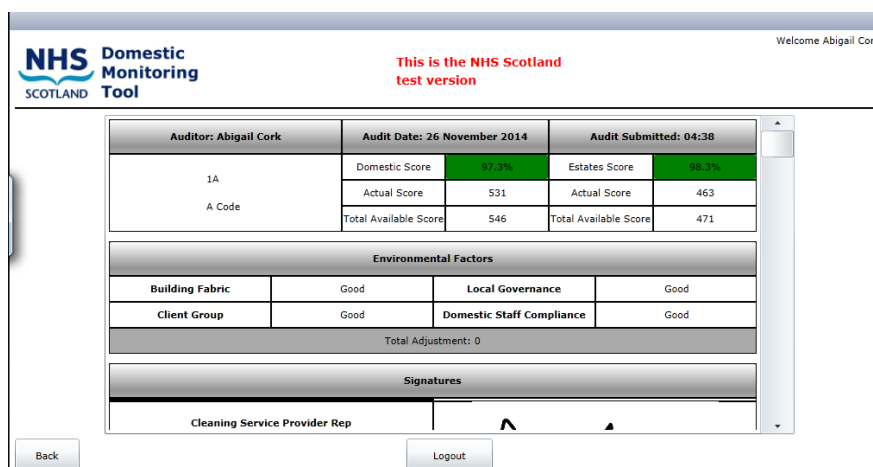
5.1 Once you have completed an audit and it has been synchronised into the live system, there will be actions to complete as outcomes of the audit. The key outputs of an individual audit are:

- Domestic and Estates scores;
- Domestic rectifications;
- Estates rectifications;
- User issues.

These outputs may need further management by the auditor or other relevant parties.

Domestic and Estates Scores

5.2 The scores for Domestic and Estates for the audit are generated automatically by the FMT system. These are available immediately on the offline application once the audit has been signed off, either offline on the tablet or online on a PC.



Auditor: Abigail Cork		Audit Date: 26 November 2014		Audit Submitted: 04:38	
1A A Code	Domestic Score	97.3%	Estates Score	98.3%	
	Actual Score	531	Actual Score	463	
	Total Available Score	546	Total Available Score	471	
Environmental Factors					
Building Fabric	Good	Local Governance	Good		
Client Group	Good	Domestic Staff Compliance	Good		
Total Adjustment: 0					
Signatures					
Cleaning Service Provider Rep					

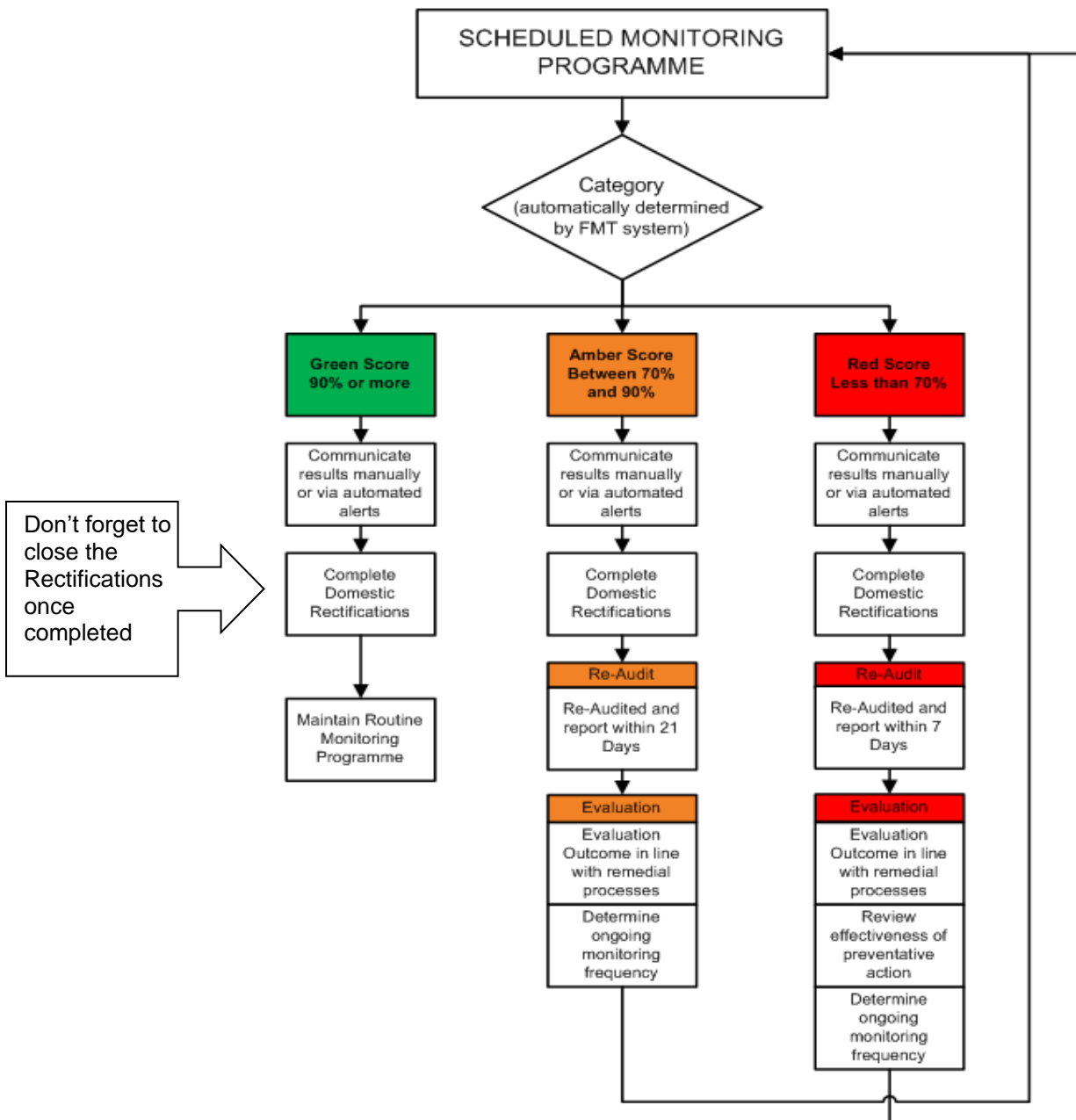
For more information on how to access scores from audits, see [Section 7](#).

Managers of areas (Heads of Department or Charge Nurses) are able to access scores for their areas themselves. For more information on how to give those staff the appropriate access, please see [Section 8](#).

Domestic Process

5.3 The Flow Chart below gives an overview of the Domestic process that should be followed after an audit has been completed.

Domestics Red, Amber, Green System (RAGS)



Don't forget to close the Rectifications once completed

Figure 3: Domestic Red, Amber and Green Process

Regardless of the final Domestic score of the audit, the Domestic rectifications must be carried out, and the status changed to ‘complete’ in the FMT, within the agreed timelines.

In the case of a compliant (Green 90% or more) or partial compliant (Amber between 70% and 90%) Domestic score, the rectifications should be carried out and completed within 21 days of the initial audit. In the case of a non-compliant (Red less than 70%) score, the deadline for completion is 7 days from the date and time of the original audit.

If the audit has resulted in a partial compliant or non-compliant Domestic score, a re-audit must be carried out for the area. The re-audit must be completed within the

same timescales as the rectifications: 21 days (for a partial compliant Domestic score) or 7 days (for a non-compliant).

It is important to note that the timescales for re-audit are precise – the re-audits will only be available for exactly 21 or 7 days from the original audit. So if the original audit was carried out on Monday 9 March 2016 at 2pm, and resulted in a partial compliant score, the rectifications must be completed and the re-audit carried out, signed off and completed by 2pm on Monday 30 March 2016. A re-audit will be removed from the system after that timescale, and will be recorded as a missed audit.

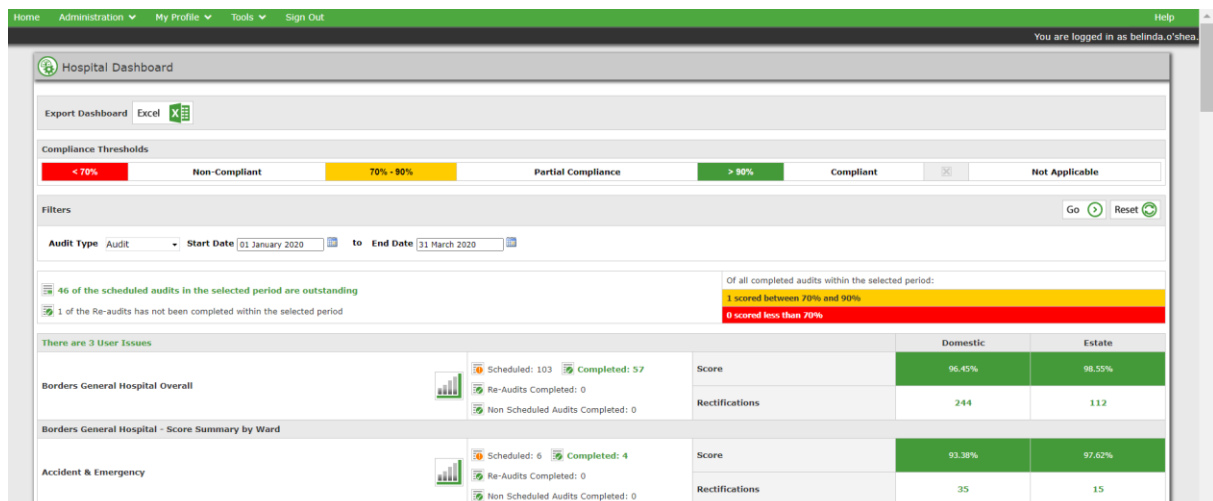
There may be some local variation as to how the identified Domestic rectifications are communicated to the relevant team member to resolve, and report back once completed. The most common approach is for the Supervisor responsible for the audit area to print off the list of Domestic rectifications from FMT, pass those actions to their Domestic Assistants for action, and for the Domestic Assistant to report back to the Supervisor once completed. The Supervisor then checks that the actions have been completed to a satisfactory level and updates the status of those rectifications in FMT (see following section). Some areas are now moving to an entirely paper-free process. Your local Domestic Services Management can explain the local process for this communication.

Management of Domestic Rectifications in FMT

- 5.4 When an audit is completed in FMT (either online or offline) you are shown the completed audit summary showing all of the responses that were given throughout the audit.

The easiest way to view the actions that have arisen from the audit is to use the dashboards to navigate to the area and then view the Domestic rectifications in a list form. You can view rectifications at any level and for any time period, as required. More information on how to navigate the dashboards can be found in [Section 7](#).

To access rectifications in list form, navigate to the area in question. The example shown below is a site level dashboard for Borders General Hospital. An audit has been completed in Accident & Emergency generating 35 Domestic rectifications and 15 Estates rectifications. To view all 35 Domestic rectifications, click on the green number 35 in the Domestic column.



The following screen will load. This lists all Domestic rectifications, showing the unique ID for the rectification, the location, description, due date, responsible person (this is automatically assigned to the auditor that reported the issue), and the risk score associated with the rectification. In the screenshot below, the responsible person's name has been intentionally blanked out.

ID	Location	Description	Rectification	Date Due	Responsible Person	Status	5 x 5 Risk Score
1675019	Hospital:Borders General Hospital, Area:Accident & Emergency, Room:1AE007 Charge nurse office	Dusty legs chairs and tables dusty	Domestic Actions: FURNITURE / FITTINGS	11 March 2020		Not started	12
1675017	Hospital:Borders General Hospital, Area:Accident & Emergency, Room:1AE002 DSR	Not Cleaned sink not clean	Domestic Actions: TOILET / WASH HAND BASIN / SINK	11 March 2020		Not started	12
1665235	Hospital:Borders General Hospital, Area:Accident & Emergency, Room:1AE002 DSR	Other sink needing cleaned	Domestic Actions: TOILET / WASH HAND BASIN / SINK	24 February 2020		Not started	12
1661671	Hospital:Borders General Hospital, Area:Accident & Emergency, Room:1AE002 DSR	Not Cleaned sink dirty	Domestic Actions: TOILET / WASH HAND BASIN / SINK	20 February 2020		Not started	12
1650800	Hospital:Borders General Hospital, Area:Accident & Emergency, Room:1AE002 DSR	Not Cleaned sink	Domestic Actions: TOILET / WASH HAND BASIN / SINK	05 February 2020		Not started	12
1661693	Hospital:Borders General Hospital, Area:Accident & Emergency, Room:1AE050 Waiting Area and Corridor	Chairs all chairs need wash down	Domestic Actions: FURNITURE / FITTINGS	20 February 2020		Not started	8

The rectifications all have the status 'Not started' when they have been identified. The status of the rectifications needs to be managed in order to close them off, and allow any further audit activity in that area.

To amend the rectification status, click on the button to the left of the rectification with a pencil editable symbol that looks like this:

A dialogue box showing a number of editable items for the rectification will then open. You can use the drop down box for status to open and select another status such as 'In Progress' or 'Complete'.

Editing Rectification	
Title	Domestic Actions: FURNITURE / FITTINGS
Location	Hospital:Borders General Hospital, Area:Accident & Emergency, Room:1AE007 Charge nurse office
Status	Not started
Responsible Person	
Due Date	11 March 2020
Description	Dusty legs chairs and tables dusty
Image	
<input type="button" value="Save"/> <input type="button" value="Cancel"/>	

You can edit other aspects of the rectification, such as the due date or responsible person (you may wish to re-assign the actions to another member of staff, for instance, if you are going to be on annual leave), and you can add comments into the description if required.

Editing Rectification

Title	Domestic Actions: FURNITURE / FITTINGS		
Location	Hospital:Borders General Hospital, Area:Accident & Emergency, Room:1AE007 Charge nurse office	Responsible Person	<input type="text"/>
Status	Complete	Due Date	11 March 2020
Description	Dusty legs chairs and tables dusty		
Image			

Once you have made your changes, click on save and you will be returned to the rectifications list. You will see the rectification has accepted the changes.

Home Administration My Profile Tools Sign Out Help

You are logged in as belinda.o'shea

Rectifications

Export

Filters Go

Rectification Status All Start Date 01 January 2020 to End Date 31 March 2020

ID	Location	Description	Rectification	Date Due	Responsible Person	Status	5 x 5 Risk Score
1675019	Hospital:Borders General Hospital, Area:Accident & Emergency, Room:1AE007 Charge nurse office	Dusty legs chairs and tables dusty	Domestic Actions: FURNITURE / FITTINGS	11 March 2020		Complete	12
1675017	Hospital:Borders General Hospital, Area:Accident & Emergency, Room:1AE002 DSR	Not Cleaned sink not clean	Domestic Actions: TOILET / WASH HAND BASIN / SINK	11 March 2020		Not started	12

You must ensure that all rectifications are completed by the due date.

You will see that you can access rectifications from any of the dashboard levels. If you wanted to view a list of all the actions that have been reported for a whole site, choose the rectifications at that level.

If you are viewing a higher volume of rectifications on the same page, you may find it helpful to reorder the information as required. You can list the rectifications alphabetically (or by numerical value) for any category. In the previous example, the rectifications are listed alphabetically by date (you can see this from the symbol that is visible in the column header for 'Date Due'). To list by any other aspect, click on the column headers.

Re-audit Process

- 5.5 A re-audit will become available within the FMT system as soon as the Domestic rectifications from the sub-90% Domestic scoring audit have been completed. The re-audit will be available in the data capture section, and will be visible at the top of the list of audits, with a due date visible next to the audit area name.

Action Planning and Evaluation

- 5.6 The Domestic process in the Framework ([Figure 3](#)) outlines that as well as carrying out Domestic rectification management and a re-audit for audits that score less than 90%, the service should also carry out an action plan. The purpose of action planning is to systematically investigate the cause of the non-compliant or partially-compliant audit and to identify actions that will provide solutions to the issues identified. Action Plans can also be used as an improvement tool for any compliant audit as appropriate.

The following Domestic remedial process diagram gives a more detailed overview of the action planning process, and gives some suggestions for ‘reasons’ for a partial- or non-compliant audit. This is not intended as an exhaustive list of potential reasons but may assist in the identification of reasons for poorer performance, during the development of action plans. We would recommend analysing the list of Domestic rectifications that were identified during the audit as a starting point to identifying potential improvements to systems and processes, seeking a long-term solution to the issues that have arisen.

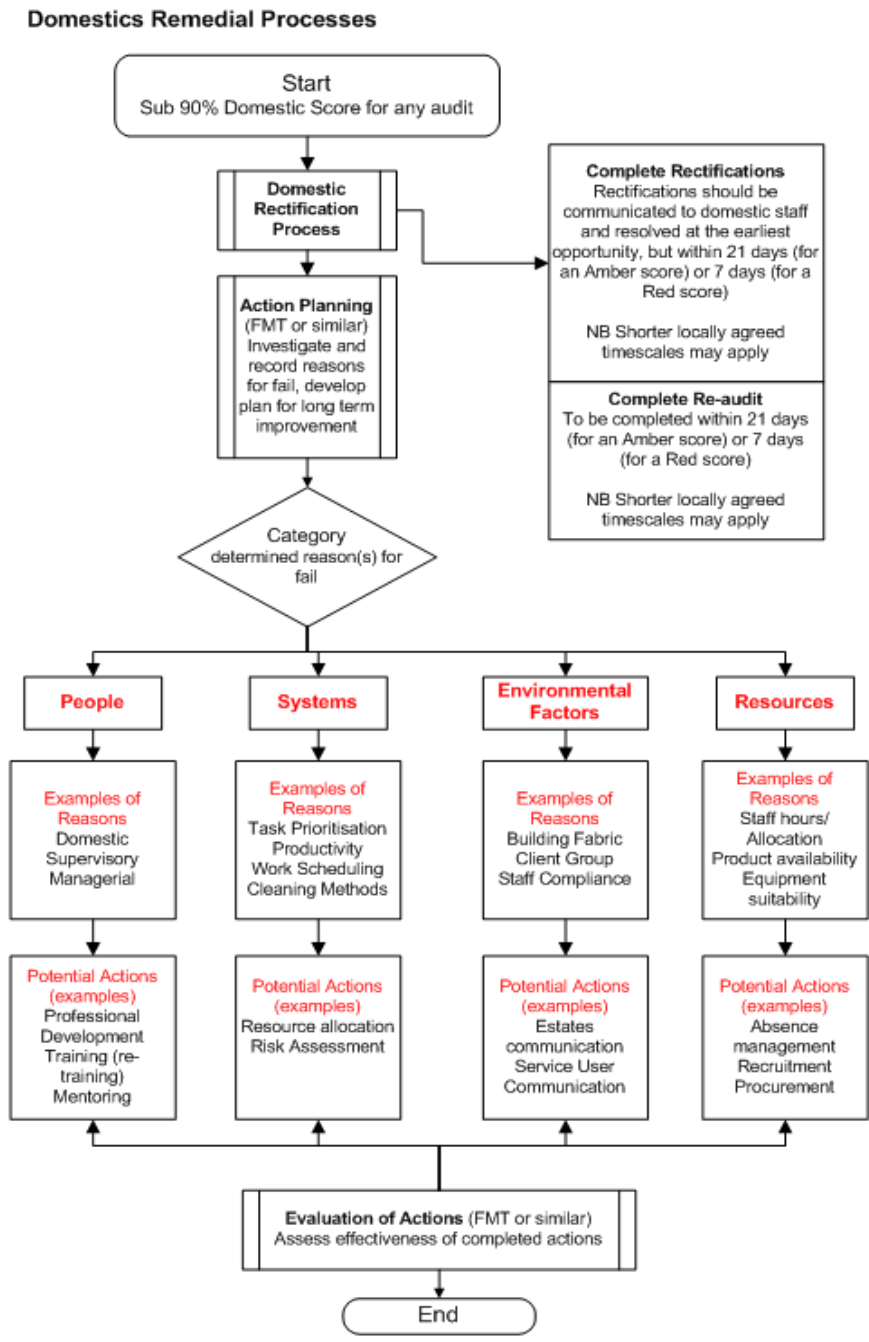


Figure 4: Domestic Remedial Processes

One of the outcomes of action planning may be the increase of monitoring frequency within that specific area. To carry out audits more often than the schedule for that area type, auditors will need to use the non-scheduled audit process.

FMT Action Planning Tool

5.7

Action planning can be carried out on paper-based forms, but there is also an Action Planning function for use within FMT. Using this function will ensure that information being developed and stored in relation to action planning will be available to staff across your board and can be analysed through the FMT.

In order to create an action plan in FMT, take the following steps.

Access the completed audit summary for the audit in question, via your dashboard. In the Completed Audit Summary page, you will see a button **'Add an Action Plan'** under the audit information.

Click on **'Add an Action Plan'**. The system will gather the information about the audit to populate a template:

FMT will then open a new dialogue box which shows an overview of the Domestic rectifications alongside the audit information such as scores, date of audit, auditor etc.

98.43%

REMEDIAL ACTION PLAN FOR MONITORING FAIL

Borders General Hospital
Area: Accident & Emergency
Auditor: Belinda O'Shea

Audit Date: 29/03/2021

Rectification Summary:

ID	Location	Rectification	Description	Date Due	Responsible Person	Title	5 x 5
1682636	1AE004 Resuscitation Room	FLOORS	Dirty dust build up in corners	19-Apr-21	Belinda O'Shea	Not started	4
1682637	1AE004 Resuscitation Room	REFUSE	Overflow bin is full and requires emptying	19-Apr-21	Belinda O'Shea	Not started	4

Reason(s) for fail

Recorded by

No Entries Found

Action(s)

Problem Categories

Status

Date Due

Responsible

No Entries Found

Add Reason for Fail
Close

At the bottom of the dialogue box is a button to **'Add Reason for Fail'** – select this button and add an overview of the reasons you think the audit had a lower score. Add this information in the text box and click on **'Save Reason'**. You can add more than one reason for fail to your action plan.

98.43%

REMEDIAL ACTION PLAN FOR MONITORING FAIL

Borders General Hospital
Area: Accident & Emergency
Auditor: Belinda O'Shea

Audit Date: 29/03/2021

Rectification Summary:

ID	Location	Rectification	Description	Date Due	Responsible Person	Title	5 x 5
1682636	1AE004 Resuscitation Room	FLOORS	Dirty dust build up in corners	19-Apr-21	Belinda O'Shea	Not started	4
1682637	1AE004 Resuscitation Room	REFUSE	Overflow bin is full and requires emptying	19-Apr-21	Belinda O'Shea	Not started	4

Reason(s) for fail

Recorded by

No Entries Found

Action(s)

Problem Categories

Status

Date Due

Responsible

No Entries Found

Reason for Fail:

Attention to detail and check schedule for emptying bin - might require adjustment for bin checks

Save Reason
Cancel

Once saved, the 'Reason for Fail' will show on the form under the rectifications list, as below.

98.43%

REMEDIAL ACTION PLAN FOR MONITORING FAIL
Borders General Hospital
Area: Accident & Emergency
Auditor: Belinda O'Shea

Audit Date: 29/03/2021

Rectification Summary:

ID	Location	Rectification	Description	Date Due	Responsible Person	Title	5 x 5
1682636	1AE004 Resuscitation Room	FLOORS	Dirty dust build up in corners	19-Apr-21	Belinda O'Shea	Not started	4
1682637	1AE004 Resuscitation Room	REFUSE	Overflow bin is full and requires emptying	19-Apr-21	Belinda O'Shea	Not started	4

Reason(s) for fail

1. Attention to detail and check schedule for emptying bin - might require adjustment for bin checks

Recorded by
Belinda O'Shea

Action(s)	Problem Categories	Status	Date Due	Responsible
No Entries Found				

You can now add an action to the action plan. To add an action, click on **'Add Action'** at the bottom of the dialogue box.

98.43%

REMEDIAL ACTION PLAN FOR MONITORING FAIL
Borders General Hospital
Area: Accident & Emergency
Auditor: Belinda O'Shea

Audit Date: 29/03/2021

Rectification Summary:

ID	Location	Rectification	Description	Date Due	Responsible Person	Title	5 x 5
1682636	1AE004 Resuscitation Room	FLOORS	Dirty dust build up in corners	19-Apr-21	Belinda O'Shea	Not started	4
1682637	1AE004 Resuscitation Room	REFUSE	Overflow bin is full and requires emptying	19-Apr-21	Belinda O'Shea	Not started	4

Reason(s) for fail

1. Attention to detail and check schedule for emptying bin - might require adjustment for bin checks

Recorded by
Belinda O'Shea

Action(s)	Problem Categories	Status	Date Due	Responsible
No Entries Found				

ACTION:

Category of Problem:

Action Title:

Action Description:

Status: Due Date: Responsible Person:

A number of fields will then be shown. Complete the fields to create the action.

The following options will become available to describe the type of action you are creating:

- Resource – Staff
- Resource – Equipment
- Systems – Work Schedules

- Systems – Productivity
- Systems – Cleaning methods
- People – Training issues
- People – Performance
- Other

Give the action an appropriate title and describe the action in the text box available. You can also select a status option (from ‘not started’, ‘in progress’, or ‘complete’), a due date and a person who is responsible for completing the action.

98.43%

REMEDIAL ACTION PLAN FOR MONITORING FAIL
 Borders General Hospital
 Area: Accident & Emergency
 Auditor: Belinda O'Shea

Audit Date: 29/03/2021

Rectification Summary:

ID	Location	Rectification	Description	Date Due	Responsible Person	Title	5 x 5
1682636	1AE004 Resuscitation Room	FLOORS	Dirty dust build up in corners	19-Apr-21	Belinda O'Shea	Not started	4
1682637	1AE004 Resuscitation Room	REFUSE	Overflow bin is full and requires emptying	19-Apr-21	Belinda O'Shea	Not started	4

Reason(s) for fail

1. Attention to detail and check schedule for emptying bin - might require adjustment for bin checks

Recorded by

Belinda O'Shea

Action(s)	Problem Categories	Status	Date Due	Responsible
No Entries Found				

ACTION:

Category of Problem: Systems - Cleaning Methods

Action Title:

Action Description:

Status: Not started

Due Date: 05/04/2021

Responsible Person: Belinda O'Shea

Save Action
Cancel

Click on '**Save Action**'. The action will be saved as follows.

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98.43%

REMEDIAL ACTION PLAN FOR MONITORING FAIL

Borders General Hospital
Area: Accident & Emergency
Auditor: Belinda O'Shea

Audit Date: 29/03/2021

Rectification Summary:

ID	Location	Rectification	Description	Date Due	Responsible Person	Title	5 x 5
1682636	1AE004 Resuscitation Room	FLOORS	Dirty dust build up in corners	19-Apr-21	Belinda O'Shea	Not started	4
1682637	1AE004 Resuscitation Room	REFUSE	Overflow bin is full and requires emptying	19-Apr-21	Belinda O'Shea	Not started	4

Reason(s) for fail

1. Attention to detail and check schedule for emptying bin - might require adjustment for bin checks

Recorded by

Belinda O'Shea

Action(s)	Problem Categories	Status	Date Due	Responsible
1. Floor cleaning	Systems - Cleaning Methods	Not started	05/04/2021	Belinda O'Shea

Add Action Add Reason for Fail Close

You can continue to add new reasons or actions until you have completed the action plan. Once complete you can either close the action plan (the plan and actions will now be saved in the system) or print it off if required. Click on the printer symbol to the bottom left of the dialog box to print the action plan.

The document will open in Microsoft Word where you can print or save the document as required. The completed action plan will look like the following, when printed.

Facilities Management Tool
 ACTION PLAN

Borders General Hospital

98.43%

Area: Accident & Emergency
Auditor: Belinda O'Shea

Audit Date: 29/03/2021

Rectification Summary:

Location	Rectification	Description	Date Due	Responsible Person	Status
1AE004 Resuscitation Room	FLOORS	Dirty dust build up in corners	19-Apr-21	Belinda O'Shea	Not started
1AE004 Resuscitation Room	REFUSE	Overflow bin is full and requires emptying	19-Apr-21	Belinda O'Shea	Not started

Reason(s) for fail

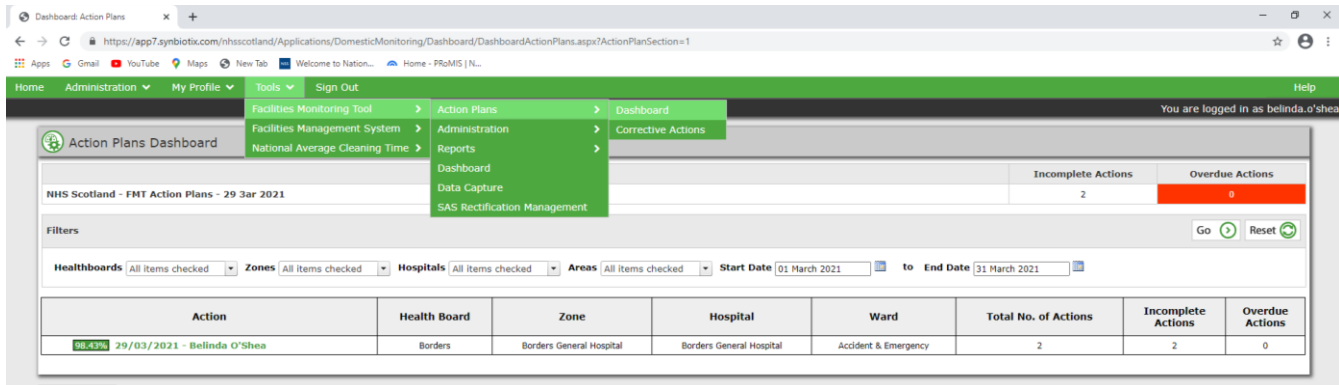
1. Attention to detail and check schedule for emptying bin - might require adjustment for bin checks

Recorded by

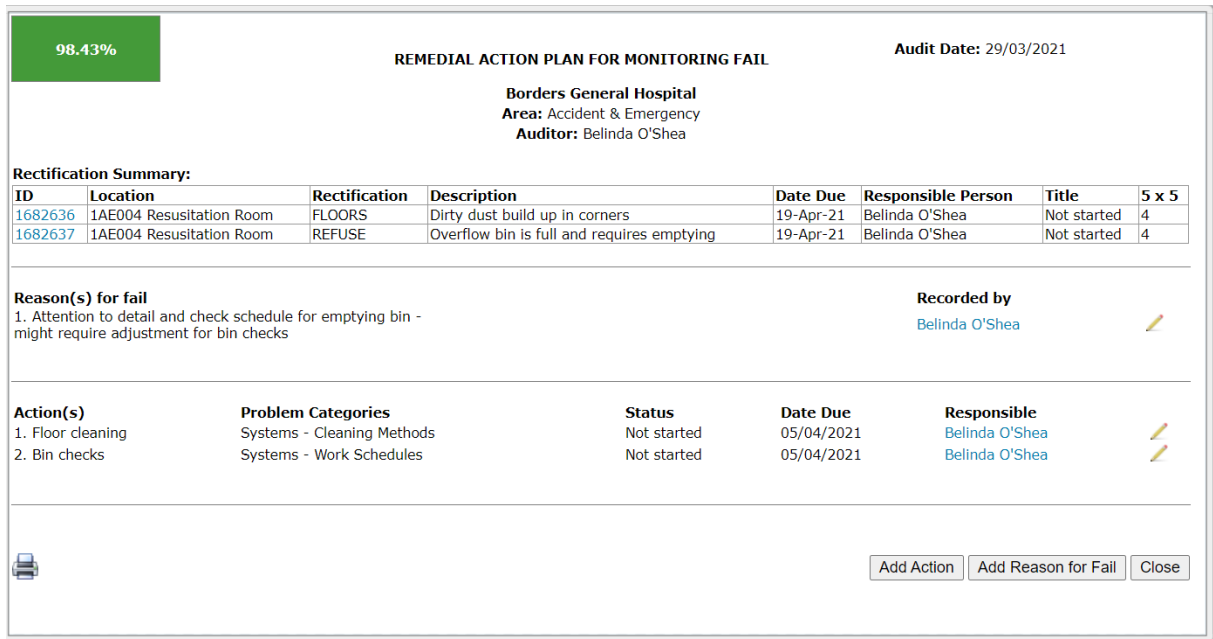
Belinda O'Shea

Action(s)	Description	Problem Categories	Status	Date Due	Responsible
1. Floor cleaning	check process for floor cleaning is robust and staff understand the process	Systems - Cleaning Methods	Not started	05/04/2021	Belinda O'Shea
2. Bin checks	check schedule for emptying bins within the area - might require adjustment	Systems - Work Schedules	Not started	05/04/2021	Belinda O'Shea


You can now access information about the saved actions for your area. To access a list of all action plans that have been developed: click on **Tools>Facilities Monitoring Tool>Action Plans>Dashboard**.



You can access any action plan that has been developed for your area. Click on the green link, under the Action column to edit or view its contents.



Here you can access all of the individual actions in order to efficiently manage them.

Actions can be managed or updated by clicking on the  next to the action, which will open a dialogue box with editable fields for that action. To amend the status of the action, use the drop down list to change the status from 'not started', to in 'progress' or complete'.



Estates Process

- 5.8 The Flow Chart below gives an overview of the Estates process that should be followed after an audit has been completed.

Estates Red, Amber, Green System (RAGS)

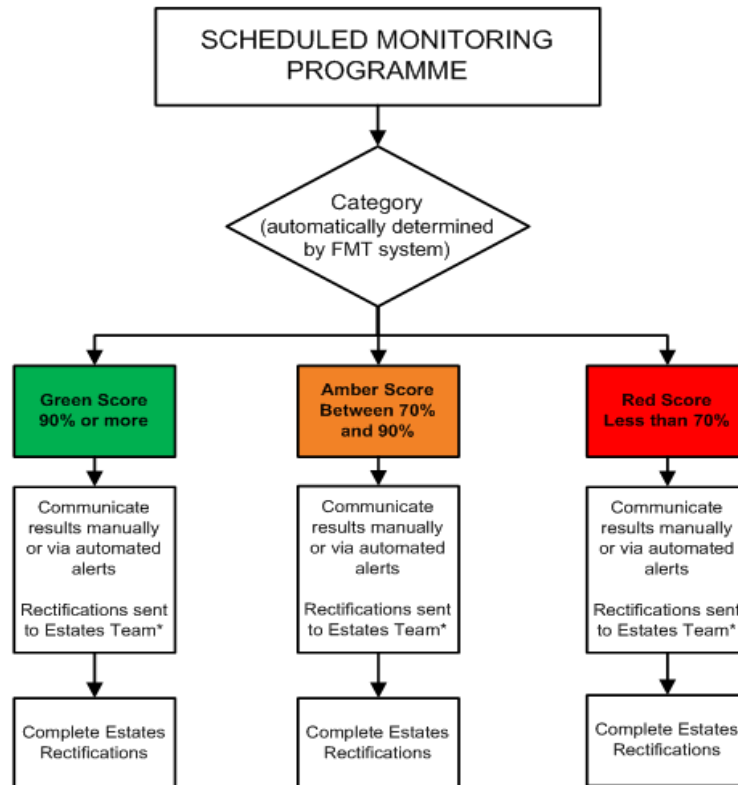


Figure 5: Estates Red, Amber and Green Process

Estates rectifications need to be communicated to the relevant Estates Teams (or the relevant Station Manager in the case of the Scottish Ambulance Service) to enable them to take action on the auditor's findings.

In previous guidance we have included guidelines for Estates defect guidance, decision making and priority code response timescales. Since these processes are led by policies and procedures for local Estate Management Teams and do not form part of the Monitoring Framework, they have been excluded here.

For more information, please contact your local Estates Management Team.

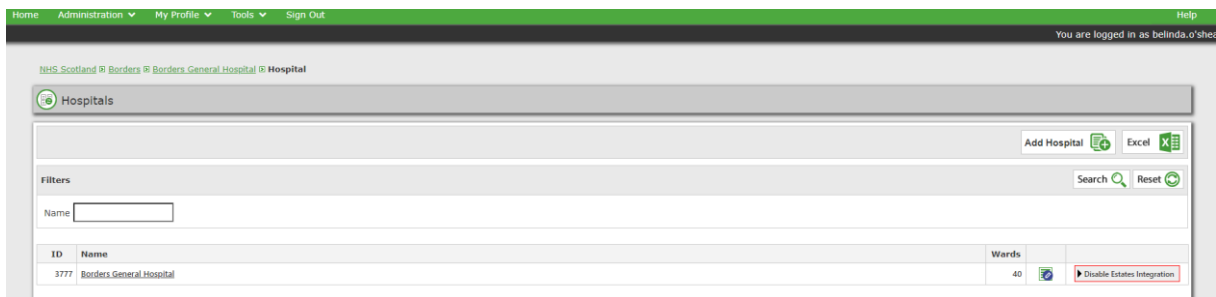
Integrated link to Estates

- 5.9 NHS Boards have worked with HFS and system suppliers to create a more robust link between the FMT and local Estates systems. Each health Board has a locally hosted system with different requirements, so the integration between the systems has been tailored to suit these requirements and the different communication practices in each Board.

For those Boards that have electronic integration with their Estates system, no further actions to the Estates rectifications are required of the Auditor once the audit has been entered into the FMT system. The Estates rectifications are sent automatically

to the Estates system and the Estates system returns information back to the FMT such as the Estates reference and the status of the action.

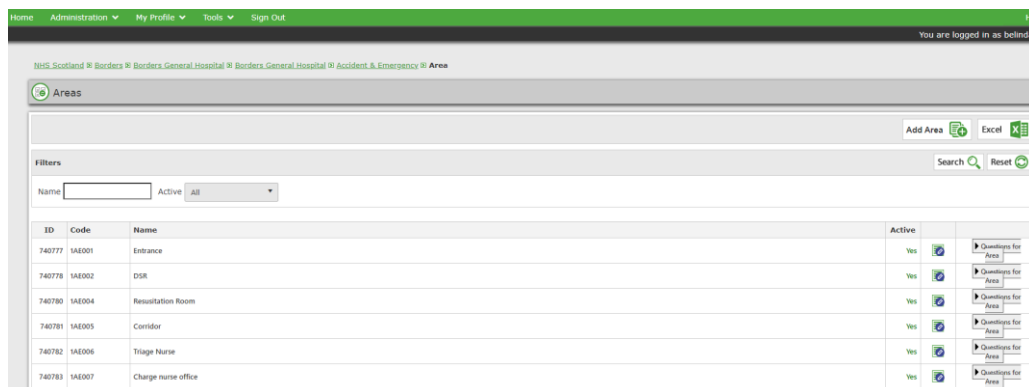
Where automatic integration has been installed and enabled, the FMT will change the status of those actions automatically. To check if the site has been enabled for electronic communication, navigate to the administrative section for the zone for the site: **Tools>Facilities Monitoring Tool>Administration>Manage Areas**>navigate to the Hospital. You will see to the right of the site list is a button that says either **‘Disable Estates Integration’** (within a red border, it will show this if the integration is active) or **‘Enable Estates Integration’** (it will show this if the integration is currently inactive). You can use this button to turn the integration on or off.



The initial status for these rectifications will be ‘Sent to Estates System’. It is vital for integration that the FMT holds up-to-date Estates system references for the rooms or wards.

The supplier codes will have been entered on behalf of the Board during the integration set up, the codes are visible either for the wards or rooms (dependent on the type of integration) within the location details of the site – in the example below the integration is at ward level, and for each ward there is an FMT code (to the left of the screen) and a different Estates System reference (in the column ‘Code’ in the view below) which matches the room coding used in the linked Estates system.

It is vital that the references match in order to support communication between the two systems. If new wards are created in FMT, the Administrator should contact the Estates Team to get a corresponding reference for inclusion on this page. If there is no matching between the two systems, the Estates rectifications for those mismatched areas will show with the status of ‘no room mapping’.



It is good practice for the Domestic and Estates Teams to have regular communication to verify that any changes in the Estates are updated within both systems.

Where no digital integration is available within a board, we would recommend the use of the alert notifications, described in [Section 5.11](#), to ensure estates actions are communicated to estates teams by email via their helpdesk inboxes.

Alert Notifications

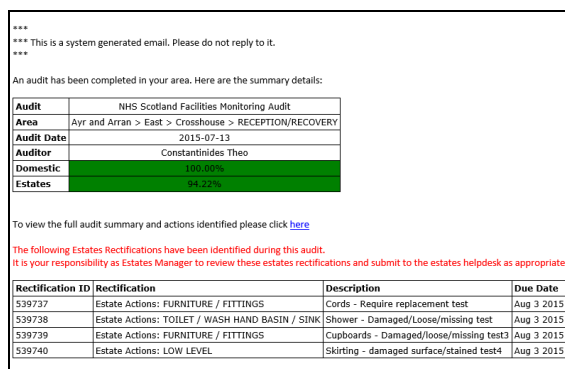
- 5.10 There are a number of email alerts available within the system. Only Users who have been assigned specific, individual wards will receive these automated alerts – they are not sent to users with hospital sites, zones or boards (provided that the email address entered into the User profile is correct). If a profile needs to receive alerts for all wards in a specific site, please ‘select all’ wards when managing their location assignments.

The alerts can be assigned to the User via the icon.

Estates Alert

- 5.10.1 The Estates Alert is only for Boards who do not have an integration to a local CAFM system for onwards communication of estate issues. The estates alert can be set up to send all estates rectifications that have been identified during an audit in an email to the necessary party, who will have a responsibility to check and action these estates rectifications. That may be a ward manager (if it is their responsibility to submit estates issues to their estates department by phone, email or other method). Alternatively, a profile can be set up within the system as the estates helpdesk for the area, to ensure the helpdesk receives a direct email listing estates issues within their area.

Please check with your FMT lead if this method is used within your Board.



Example of an Estates Alert

Ward Manager Alert

- 5.10.2 The ward manager will receive an email each time an audit is completed in their area of responsibility, notifying them that an audit has taken place, the scores from the audit, and including a link so that they can access the full audit report and actions they are responsible for (generally User issues). Estates issues are not listed within this type of notification.

 *** This is a system generated email. Please do not reply to it.

An audit has been completed in your area. Here are the summary details:

Audit	NHS Scotland Facilities Monitoring Audit
Area	Ayr and Arran > South > Ayr > Station 2
Audit Date	2019-12-01
Auditor	Liz Brown
Domestic	96.54%
Estates	97.37%

To view the full audit summary and actions identified please click [here](#)

Example of a Ward Manager Alert

External Provider Alert

- 5.10.3 This alert includes both domestic and estates rectifications per audit carried out. This may be an appropriate alert option where an external provider is responsible for dealing with both estates and cleaning actions, so that all of these actions can be sent in a single email to their helpdesk.

 *** This is a system generated email. Please do not reply to it.

An audit has been completed in your area. Here are the summary details:

Audit	NHS Scotland Facilities Monitoring Audit			
Area	NHS LANARKSHIRE FMT > Wishaw > Wishaw General Hospital > Church-NC			
Audit Date	2020-09-30			
Auditor	Abigail Cork			
Domestic	95.43%			
Estates	94.00%			

The following Rectifications have been identified during this audit.

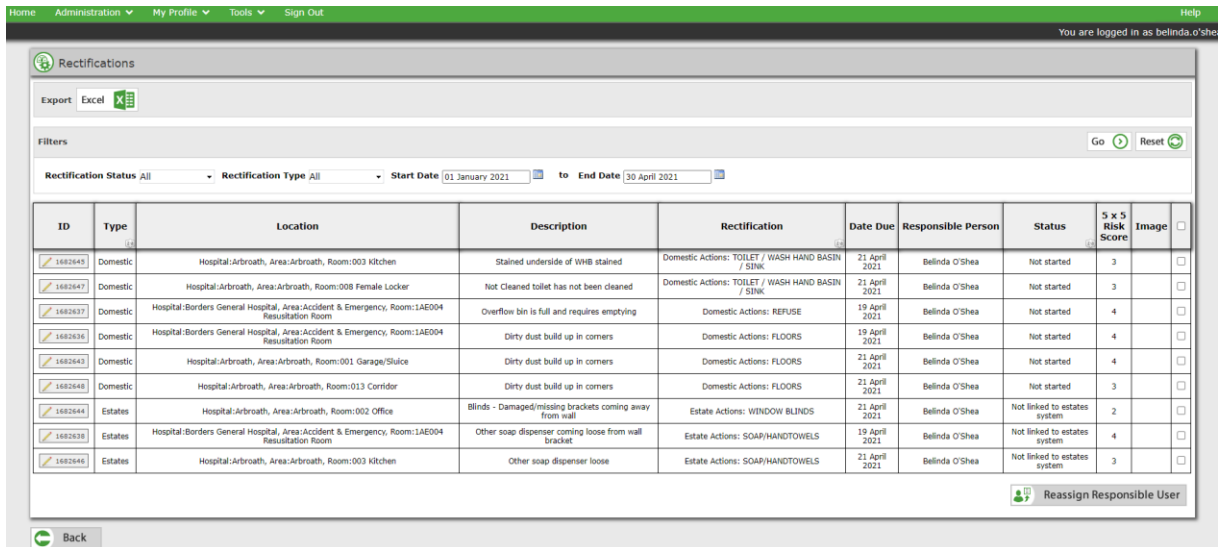
Rectification ID	Location	Rectification	Description	Due Date	Action Type
1802720	Room Code: N1.02 Room: CHAPLAINCY	Estate Actions: FLOORS	Soft - Damaged surfaces/stained test	Oct 21 2020	Estates
1802721	Room Code: N1.02 Room: CHAPLAINCY	Estate Actions: FURNITURE / FITTINGS	Bumper/hand rails - Damaged/loose/missing test	Oct 21 2020	Estates
1802722	Room Code: N1.02 Room: CHAPLAINCY	Domestic Actions: LOW LEVEL	Dusty Behind Radiator test	Oct 21 2020	Domestic
1802723	Room Code: N1.02 Room: CHAPLAINCY	Domestic Actions: REFUSE	Outside Dirty	Oct 21 2020	Domestic
1802726	Room Code: N1.01.02 Room: MOSQUE	Estate Actions: LOW LEVEL	Skirting - damaged surface/stained	Oct 21 2020	Estates

Example of an External Provider Alert

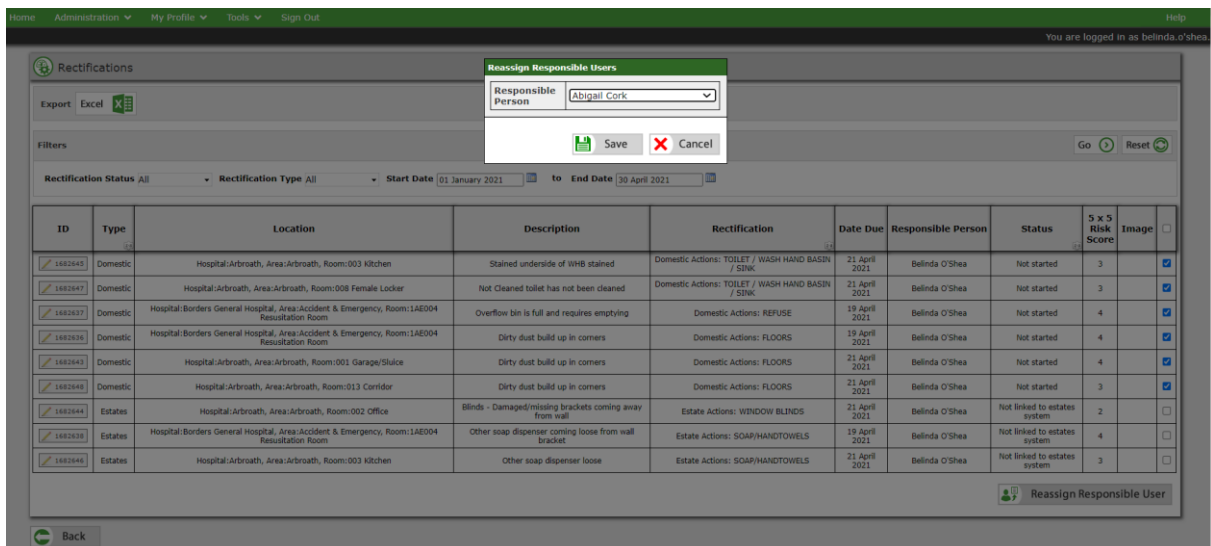
SAS – Domestic and Estates Rectification for Station Managers

- 5.10.4 In the Scottish Ambulance Service, both Domestic and Estates issues arising from Facilities Monitoring are managed by the Station Managers for that specific Ambulance Station. In order to support this different model of rectification management, there is a tailored role of Station Manager within the FMT system. Users with this role have access to the SAS Rectification Management Screen.

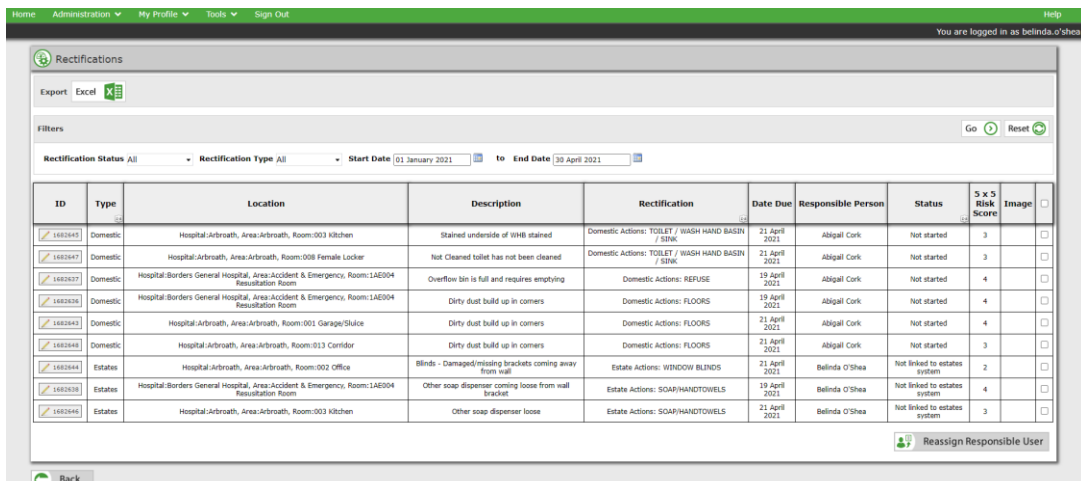
This screen, as shown below, offers Station Managers an easy way to re-assign the responsible person for both Domestic and Estates issues that are identified within the station or within ambulances (this also allows for Managers to assign issues to Fleet Managers where appropriate). The screen is very similar to the rectifications screen with the addition of a column to identify the issue as either Domestic or Estates, and a tick box at the far right of the screen. This allows Station Managers to select a number of rectifications and assign them all together to a different individual.



To reassign items to another responsible person, the Station Manager simply selects the rectifications using the tick boxes to the right of the screen, and clicks on the button **'Reassign Responsible User'**. The following screen will show, with a dialogue box and a drop down list of alternative Users to select.



Select the new responsible person from the list and click on **'Save'**. The rectification screen will reload and show the changes.



SHFN 01-01 National Facilities Monitoring Framework

Symbiotix FMT System Rectifications Notification								
New Rectifications - 21 Nov 2019 to 01 Dec 2019								
ID	Type	Location	Description	Rectification	Date Due	Responsible Person	Status	5 x 5 Risk Score
1623552	Domestic	Hospital: Ayr, Area: Station 2, Room: B251 Interview/Relatives Room	Other floor dirty	Domestic Actions: FLOORS	01 Dec 2019	Liz Brown	Not started	4
1623556	Estates	Hospital: Ayr, Area: Station 2, Room: B258 Rm 216 - 6 Bedded Room	Other walls need painted	Estate Actions: PAINTWORK	01 Dec 2019	Liz Brown	Not linked to estates system	4
1623557	Estates	Hospital: Ayr, Area: Station 2, Room: B271 Rm 214 - Single Room	Other walls need painted	Estate Actions: PAINTWORK	01 Dec 2019	Liz Brown	Not linked to estates system	4
1623558	Domestic	Hospital: Ayr, Area: Station 2, Room: B275 Pantry	Other sink and drainer dirty	Domestic Actions: TOILET / WASH HAND BASIN / SINK	01 Dec 2019	Liz Brown	Not started	8
1623559	Domestic	Hospital: Ayr, Area: Station 2, Room: B275 Pantry	Other dispensers dusty	Domestic Actions: SOAP/HANDTOWELS	01 Dec 2019	Liz Brown	Not started	8
1623560	Estates	Hospital: Ayr, Area: Station 2, Room: B277 Corridor/Nurses Station	Other walls need painted	Estate Actions: PAINTWORK	01 Dec 2019	Liz Brown	Not linked to estates system	4
1623561	Domestic	Hospital: Ayr, Area: Station 2, Room: X2 DSR (outside Station 4)	Other sink, drainer and hopper dirty	Domestic Actions: TOILET / WASH HAND BASIN / SINK	01 Dec 2019	Liz Brown	Not started	3
1623562	Estates	Hospital: Ayr, Area: Station 2, Room: X2 DSR (outside Station 4)	Other door handle is broken	Estate Actions: FURNITURE / FITTINGS	01 Dec 2019	Liz Brown	Not linked to estates system	3
1623563	Domestic	Hospital: Ayr, Area: Station 2, Room: X2 DSR (outside Station 4)	Other dispensers dusty	Domestic Actions: SOAP/HANDTOWELS	01 Dec 2019	Liz Brown	Not started	3

There are 9 outstanding rectifications

4 Not linked to estates system
5 Not started

Example of a SAS Rectification Management Alert

6. Peer Review and Public Involvement

Introduction

- 6.1 The following section sets out guidance for Health Board's to involve other professionals ('peers') and members of the public in the audit process.

Purpose of Peer Review

- 6.2 The purpose of the Peer Review process is to provide a systematic approach to the involvement of members of the public and other professionals in the auditing process, supporting confidence in the delivery of the Facilities Monitoring Framework. The involvement of other professionals adds a degree of independence to the audit process and engages other teams and members of staff in the audit process, encouraging sharing of information and increased communication.

It is up to the Board to reassure themselves of the level of independence of the individuals involved in the process, but as a minimum, they should not be a member of the direct service delivery team.

The Peer Review process may include representation from the following groups, accompanied by the local site management:

- Domestic services (from a different service delivery team);
- Infection and Prevention Control professionals;
- Professional Managers with Domestic services expertise;
- Estates representatives;
- Members of the Health Board Quality Team (where applicable).

Purpose of Public Involvement

- 6.3 Public Involvement provides public assurance of the quality of audit activity, and supports the review process. Their role is to **observe the monitoring process**; they are not expected to be an active member of the monitoring team.

The involvement of members of the public (or 'public partners') adds strength to the outputs of the audit process and lends a degree of independence to the process. Public partners provide a communication route to their Public Partnership Forum (or other recognised accountable forum), where they will share feedback on the monitoring process.

The areas to be audited will be chosen from the audit schedule as held within the FMT. The member of the public will be supported to select the area, ensuring the area chosen is in line with the frequency detailed within this manual.

The member of the public should be able to select any available audit from the site schedule. However, if the preferred area is not available, because the scheduled audit has already taken place for that area, a non-scheduled audit can be selected for completion.

Further guidance on the involvement of members of the public, and some templates and tools, can be found in [Appendix C](#).

Scheduling Peer and Public Reviews

- 6.4 The lead auditor for peer and public review is responsible for managing the process and ensuring an appropriate number of audits a year have included public or peer review involvement. They are also responsible for supporting the member of the public or the peer reviewer, to understand the whole audit process and their role within it.

Peer and public reviews should, as standard, form an integral part of the schedule of audit activity across the board. The following table gives a guideline of the number of peer and public reviews that we would recommend for sites of differing sizes:

Type of site	Number of Peer Reviews	Number of Public Involvement Reviews
Hospitals or sites with 15 or more wards or audit areas	Minimum 2 reviews per site (Codes A-J)	Minimum 2 Reviews per site (Codes A-J)
Hospitals or sites with less than 15 wards or audit areas	Minimum 2 reviews per site (Codes A-J)	Minimum 1-2 reviews per site (Codes A-J)
Health Centres and Clinics audited as a single area within a board area	Minimum 1 review per board (Code G)	Not required

In the Scottish Ambulance Service, it has been agreed that one public/peer review is carried out per geographical region, per year.

We recommend that those audits are carried out throughout the year (for instance, once every quarter for larger sites and once every 6 months for the smaller sites) to ensure the reporting takes place with an even distribution throughout the year.

The lead auditor for peer and public review in the health board will give prior notice of the review date to the peer reviewer or member of the public.

Signing off Peer and Public Reviews

- 6.5 The completed audit will be signed off by the participants of the review audit. To ensure sign-off on FMT, the auditor should select that peer or public reviewers were present (as relevant) and the sign off box will become visible.



The peer reviewer or member of the public should sign off the audit in the same manner as the auditor. The closing meeting with the Manager of the ward or audit area will be used to discuss the findings of the audit and give feedback.

7. Accessing Results and Reports

National and Local reporting

7.1 The following diagram summarises the monitoring and reporting processes for audit activity.

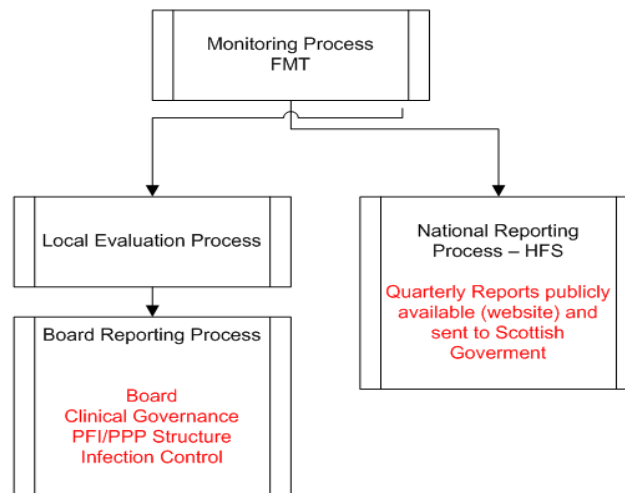


Figure 6: Reporting Processes

Accessing results – FMT Dashboards

7.2 The FMT stores all of the results from audit on a 'dashboard'. Dashboards give an overview of audit information to the User, based on the User's system permissions. Dashboards can be used to view current and previous scores, access rectifications and User issues, and create run charts for the board, zone, site, or ward as required.


There are 4 levels of dashboard within the system:

- **National Dashboard** – this level shows high level quarterly information about the Domestic scores for each board, and for A1 and A2 hospitals;
- **Board Dashboard** – this level shows quarterly information for the whole board – the quarter can be amended to view and access historical data;
- **Zone Dashboard** – this level shows information for a selected zone, the time period can be flexibly selected to show the data as relevant to the User;
- **Site Dashboard** - this level shows information for a selected site, the time period can be flexibly selected to show the data as relevant to the User.


The structure of the Board dashboard is very similar to the dashboards at zone and site level, and many of the features are duplicated across all the levels.

Where any text shows on the dashboard in **green bold text** – this means that this is a hyperlink to more information.

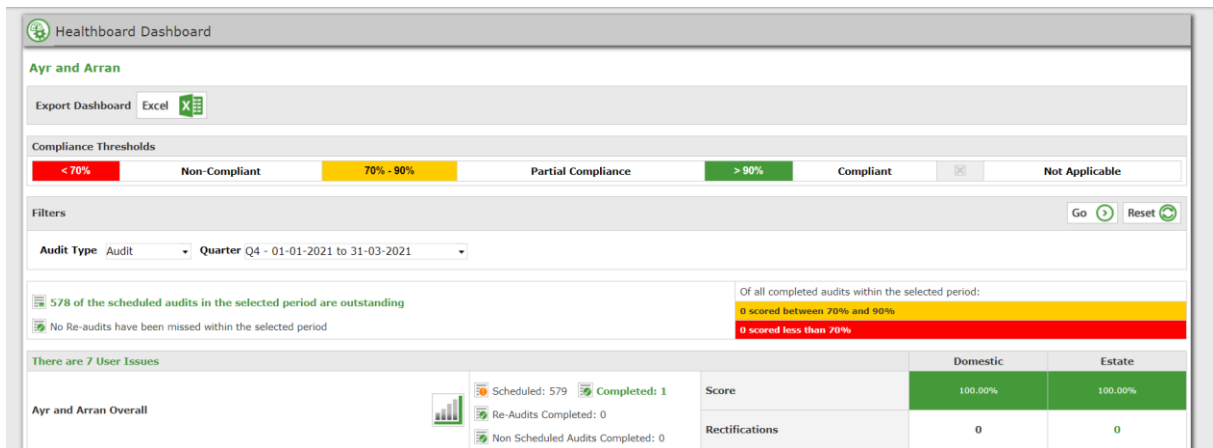


Any page that shows the symbol  at the top of the page means that the information on screen is downloadable to MS Excel. To download any page to Excel, simply click on the symbol – a new page will load asking if you would like to open, save or cancel the download. Follow the on screen instructions as appropriate.



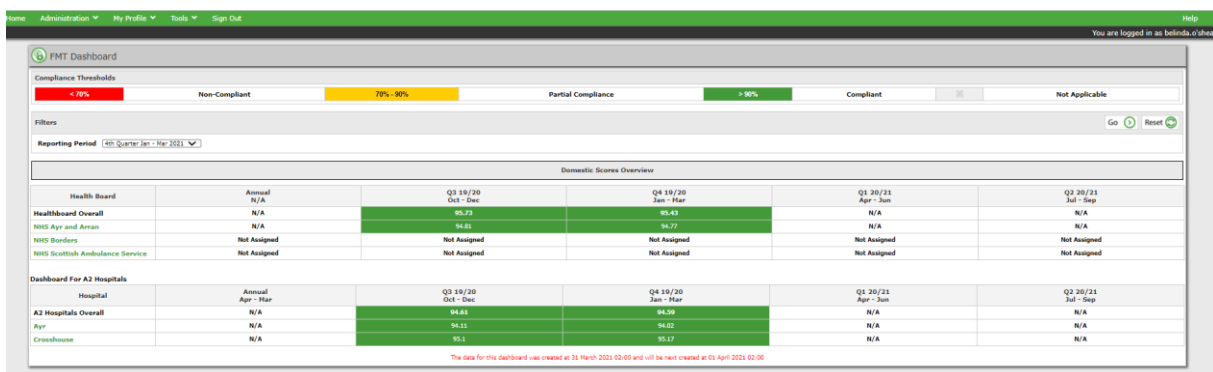
Anywhere where you see the symbol  means that the information for the area next to that symbol (whether it is a board, zone, site or ward) is available in a standard run-chart format. Clicking on the symbol will create the run chart – more on this later in the section.

At every level, the following format is used to give information about the area shown:



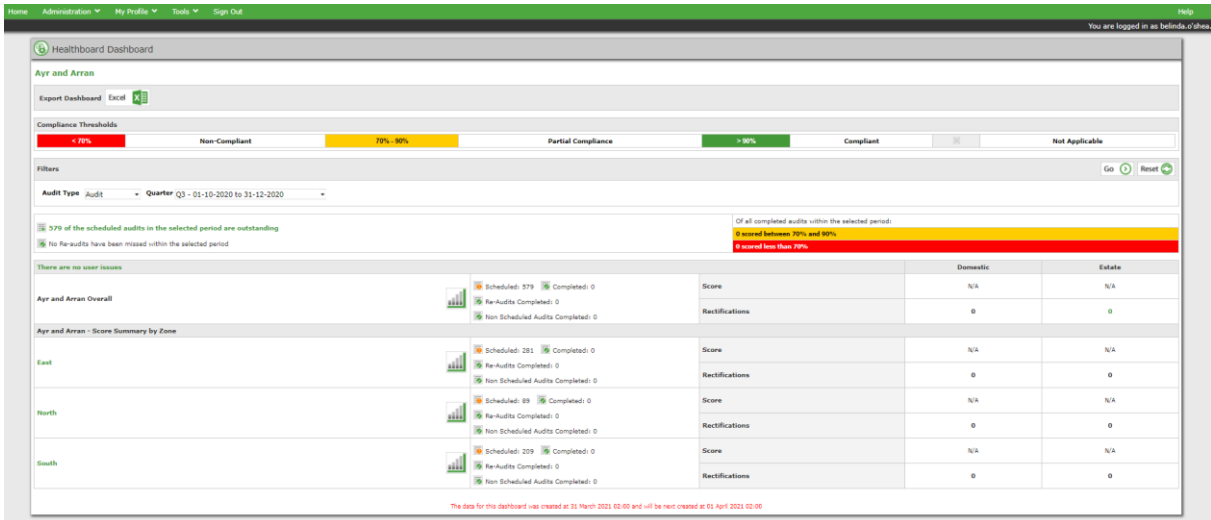
National Dashboard

7.3 The National Dashboard is a high level overview of the scores across the country. This level is only visible to national Users, such as HFS, to enable the access of nationally reported information from all Boards, and shows only quarterly board level scores and quarterly scores for A1 and A2 hospitals.



Board Dashboard

7.4 The Board dashboard is the usual level of access to results for Management and Administrative staff within a board, allowing access to board and zone levels scores, and as an access point to drill down further to site and ward information.

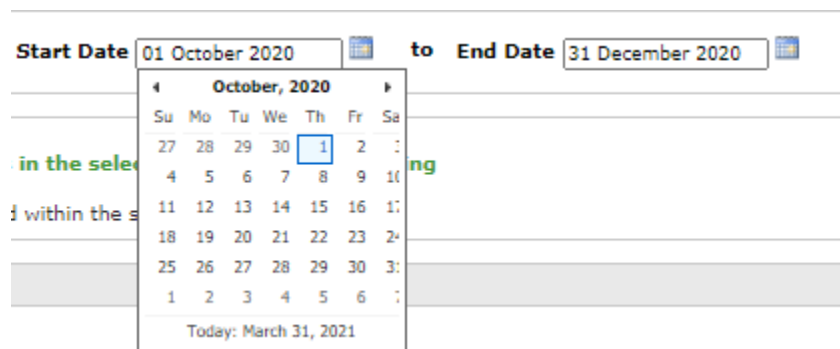


The Board dashboard differs from the lower levels in two respects – the standard view of the results is by the quarter, and a User will land on the board dashboard in the current quarter. To view previous scores, you can change the date range from the drop down menu at the top left of the screen and select a different quarter, and then clicking the ‘Go’ button to the right to reload the page.

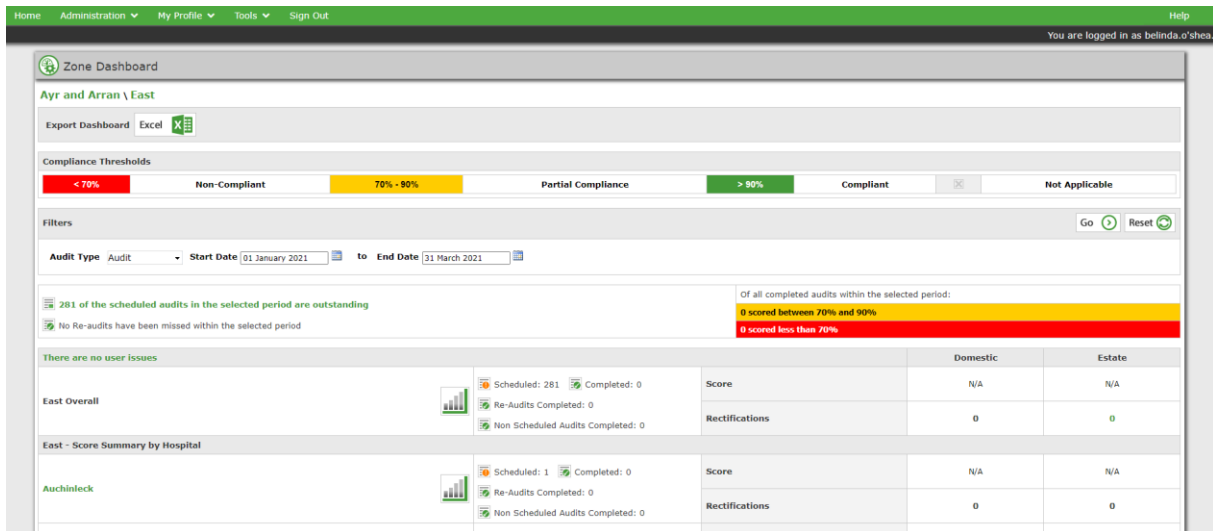
Secondly, because of the potentially large volume of data that is gathered in order to load the Board dashboard page, this page is ‘cached’ at 2am every night, instead of being calculated and loaded every time the page is requested. This greatly speeds up the length of time it takes to load the page, but it can mean that the data on the page is slightly out of date, being correct as at 2am on the morning of viewing the system. The page is updated every night. All of the information on the lower level (zone and site) dashboards is loaded when the page is requested, and is therefore showing up-to-the-minute scores and data.

Zone Dashboard

7.5 The zone dashboard is the next level down from the Board level, and shows up-to-the-minute data about all the sites within the zone. It contains all the same features as the Board level dashboard, but differs in that the date range at the top of the screen is fully flexible – click on the diary symbol next to the first date – this will reveal a diary and you can select any date as required.



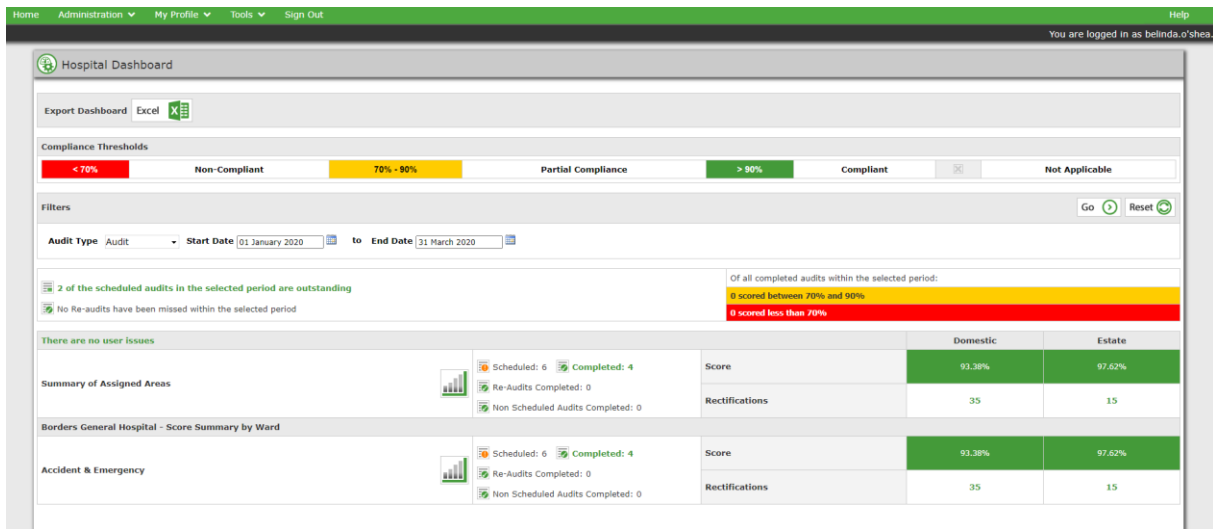
Amend the end date to the required date and click on go, to reload the page to the date range specified.



Site Dashboard

7.6

The site dashboard is the usual level of access that supervisors, particularly those working in a single larger site, will see. The site dashboard is the next level down from the zone level, and shows up-to-the-minute data about all the audit areas within that site. It contains all the same features as the zone level dashboard, including the flexible date range.

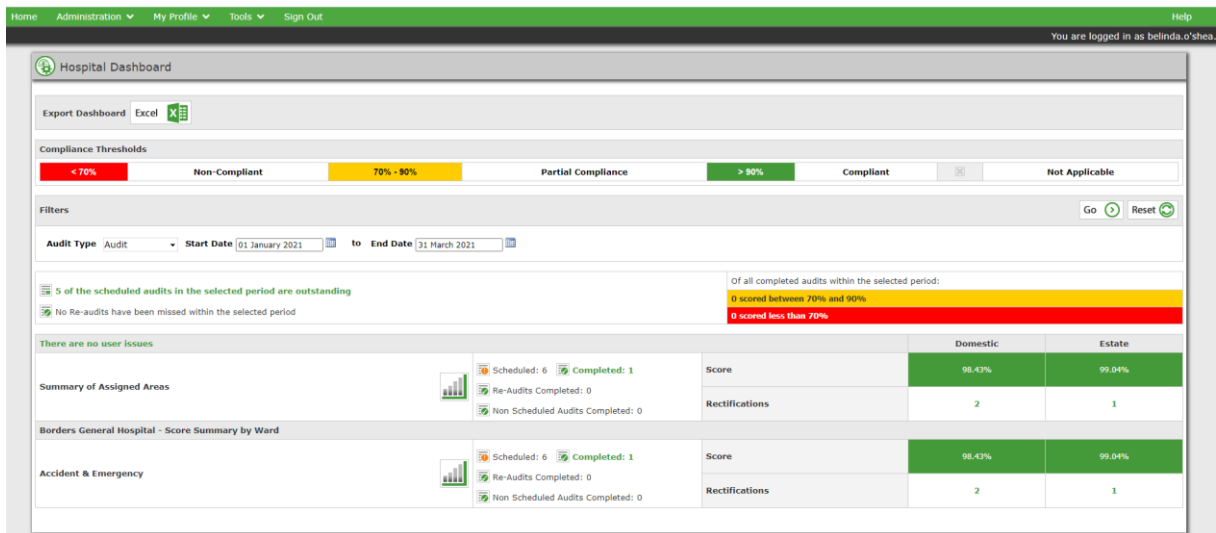


Completed audit summaries

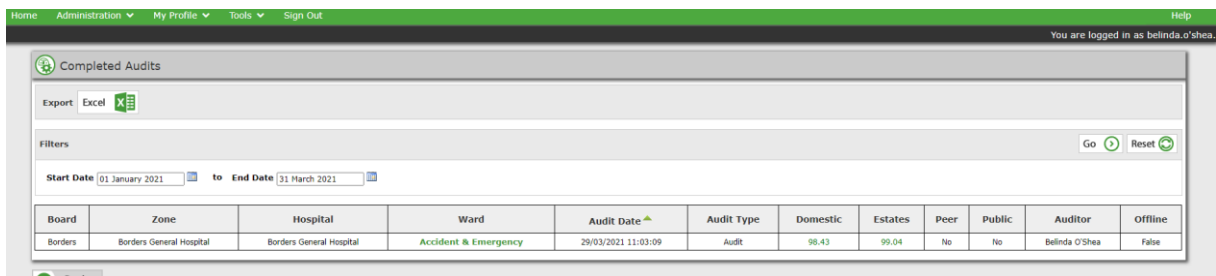
7.7

To access a list of all the audits completed within a given area – navigate to the dashboard as appropriate (for instance, if I wanted to find all the audits that had been completed within December in a specific hospital, I would navigate to the hospital dashboard) and select the hyperlink that says **# Scheduled - # Completed** next to the area name.

To access a complete list of audits that had been carried out in Borders General Hospital, for example, between the 1st January and 31st March, I would click on the link that says 5 Scheduled – **1 Completed** on the page below.



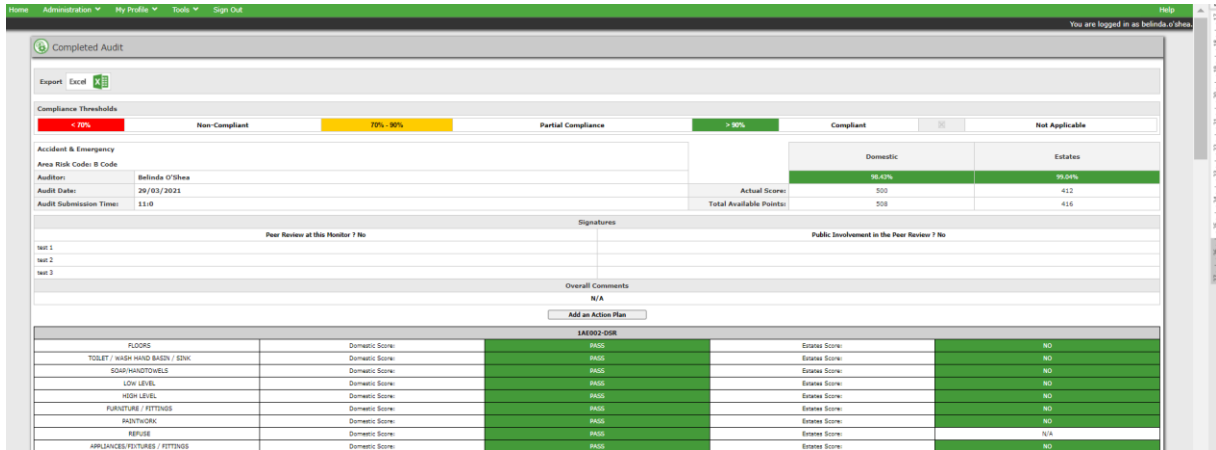
The following screen showing the Completed Audits Summary, will then load.



This is a very useful screen which shows information which can be viewed in a number of ways (and can be exported to Excel too):

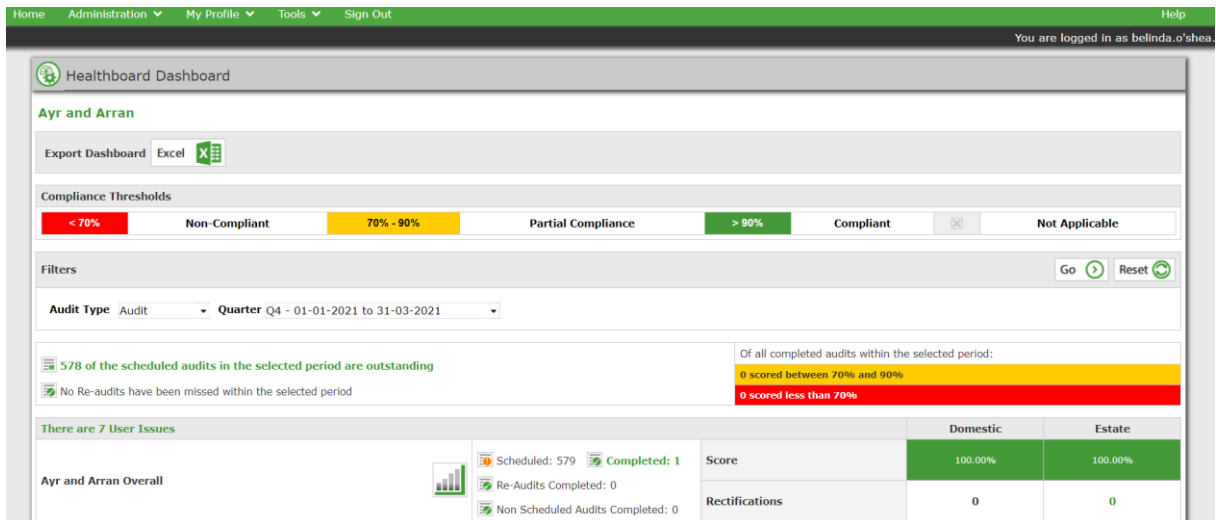
- the list can be re-ordered by clicking on any of the categories as column headers. In the example above, the list is ordered by audit date (the green symbol next to the column header is stating this), but it can also be listed by ward name (the name of the audit area), auditor name, score or any other column on this page, simply by clicking on the blue words at the top of the required column;
- the scores are shown in the correct colour for their result, so non-compliant audits can quickly be identified;
- the final column notes whether the audit was completed online (on a PC - False) or offline (on a mobile device – True);
- this page identifies if any peer or public involvement was included on the audit;
- the date range can be amended and the page reloaded, as required.

Click on any of the audit area names **in green** to view the detailed audit summary for that audit. This will bring you to the same full audit summary as you see when you complete the audit on the PC or mobile device.

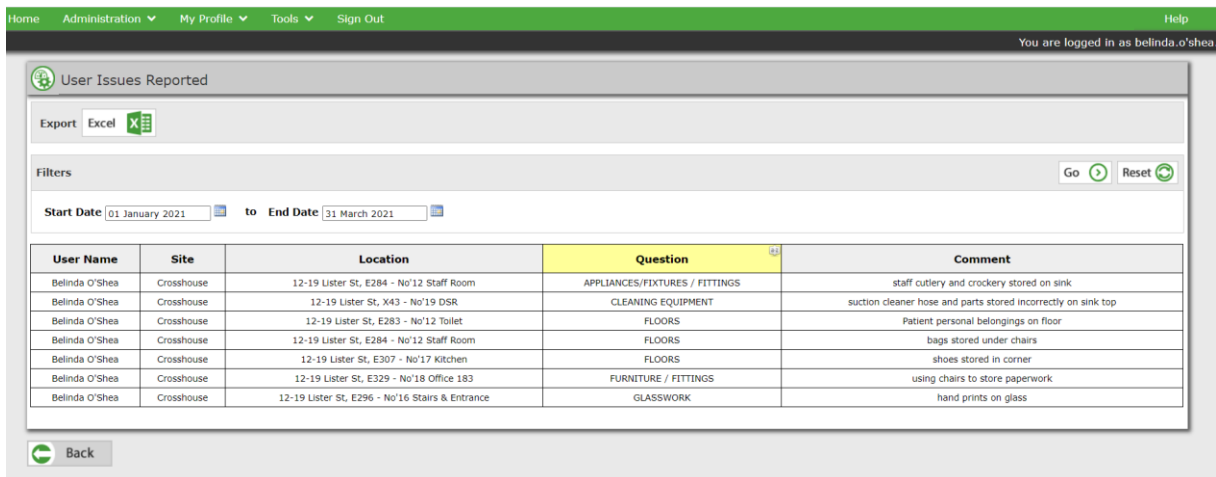


Accessing User Issues

7.8 User Issues are accessed via the zone or site dashboard pages. Above the Overall scores there is a link that says 'There are # User Issues'. In the example below, there are 7 user issues.



Click on this link to view a list of those identified User issues within the dashboard area.




Again, the information in this screen can be amended by date range, and can be viewed in different ways by using the filters in the column headers. For instance, by


clicking on the column header for **‘Question’** I have re-ordered the list to group by the element that has failed for a User issue.

Run Charts

7.9 Run charts provide a useful presentation tool and enable analysis of scores over a period of time.

Anywhere where you see the symbol  means that the information for the area next to that symbol (whether it is a board, zone, site or ward) is available in a standard run-chart format. Clicking on the symbol will create the run chart. Ward run charts are created in a slightly different way to run charts for sites, zones and boards, as described below.

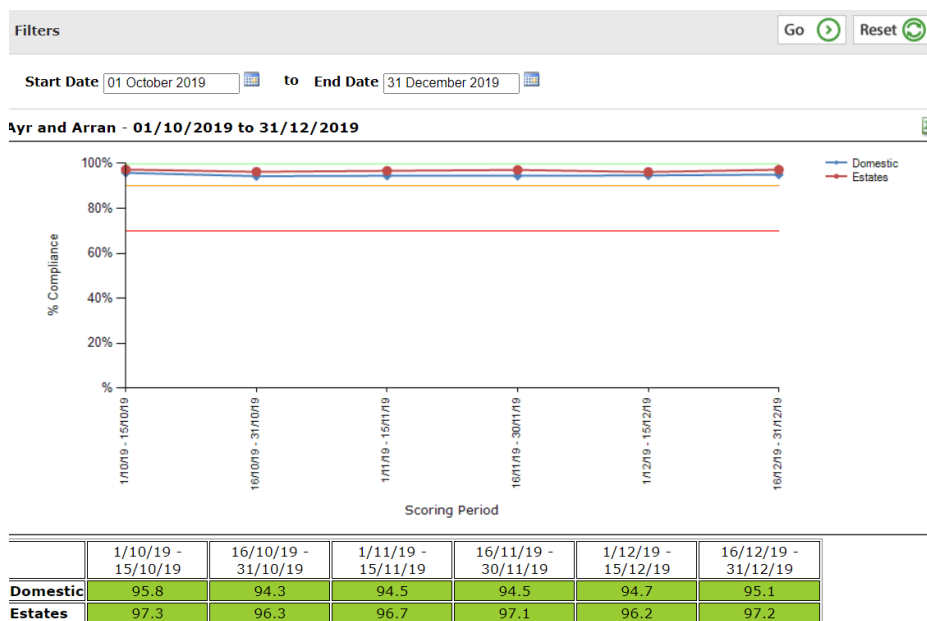
Audit Area (or Ward) Run Charts

7.9.1 To create a run chart for an audit area ward, click on the  symbol next to the area you require on the dashboard.


The system will open a new window containing the run chart and the original data used for the chart.

You can amend the date range for the run chart, or export the information into MS Excel, where you can use the core data at the bottom of the run chart to create other styles of chart in Excel, if required.

Area run charts are created from actual audit data (the chart shows the date of each audit as well as the scores), so where a scheduled audit has been missed that will appear as a missing data point on the chart.



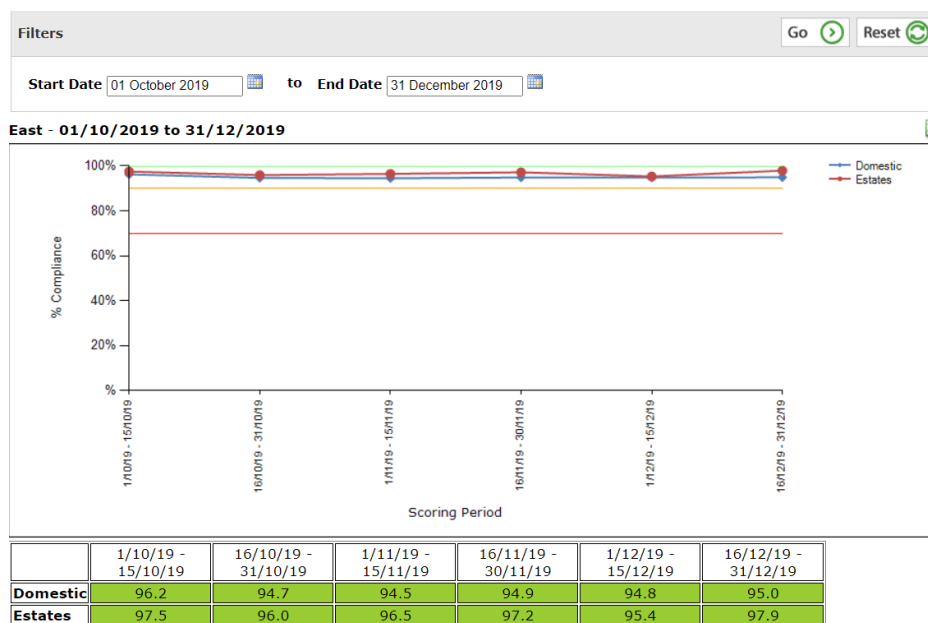
Site, Zone or Board Run Charts

7.9.2 To create a run chart for a board, zone or site, click on the  symbol next to the area you require on the dashboard.

The system will open a new window containing the run chart and the original data used for the chart.

You can amend the date range for the run chart, or export the information into MS Excel, where you can use the core data at the bottom of the run chart to create other styles of chart in Excel, if required.

Board, zone or site charts are created from data gathered at regular intervals for that area (once every two weeks).



Reporting Tools

7.10 There are a number of standard reporting tools available within the system which may be helpful to support your board's routine reporting of scores. The reporting tools can be found in the system by going to **Tools>Facilities Monitoring Tool>Reports**.

Hospital Scores

7.10.1 The Hospital Scores Report offers a flexible date range to get the average scores for all sites within your health board (both Domestic and Estates scores). This can be particularly useful if you are looking for monthly scores for sites, for Infection and Prevention control reporting purposes.

Healthboard	Zone	Hospital	Domestic Score	Estates Score
Ayr and Arran	East	Auchinleck		
Ayr and Arran	East	Bentinck Centre		
Ayr and Arran	East	Bowhouse Prison		
Ayr and Arran	East	Catrine		
Ayr and Arran	East	Crosshouse	100%	100%
Ayr and Arran	East	Cumnock		

Hospital Scheduled Counts

7.10.2 The Hospital Scheduled Count Report offers a flexible date range to get information about the number of completed audits against the schedule within all sites in the board.

Healthboard	Zone	Hospital	Scheduled	Completed
Ayr and Arran	East	Auchinleck	1	0
Ayr and Arran	East	Bentinck Centre	1	0
Ayr and Arran	East	Bowhouse Prison	1	0
Ayr and Arran	East	Catrine	1	0
Ayr and Arran	East	Crosshouse	150	1
Ayr and Arran	East	Cumnock	1	0
Ayr and Arran	East	Dundonald	1	0
Ayr and Arran	East	East Ayrshire Community Hospital	8	0
Ayr and Arran	East	Gairloch	1	0

Hospital RAG (Red, Amber, Green) Ratings

7.10.3 The Hospital RAG Rating Report offers a flexible date range to gather information about the number of Red, Amber and Green rated audits for Domestic and Estates in all sites within your Board.

Healthboard	Zone	Hospital	Domestic Green Count	Domestic Amber Count	Domestic Red Count	Estates Green Count	Estates Amber Count	Estates Red Count
Ayr and Arran	East	Auchinleck						
Ayr and Arran	East	Bentinck Centre						
Ayr and Arran	East	Bowhouse Prison						
Ayr and Arran	East	Catrine						
Ayr and Arran	East	Crosshouse	1	0	0	1	0	0
Ayr and Arran	East	Cumnock						
Ayr and Arran	East	Dundonald						

Hospital Amber and Red Audits

7.10.4 The Hospital Amber and Red Audits Report offers a flexible date range to find all the 'non-compliant' scoring audits within that date range.

Healthboard	Zone	Hospital	Area	Domestic Score	Estates Score
Borders	Borders General Hospital	Borders General Hospital	DME 14	89.98%	94.16%
Borders	Borders General Hospital	Borders General Hospital	OPD First Floor	87.95%	99.43%
Borders	Borders General Hospital	Borders General Hospital	Ward 12	99.01%	89.88%
Borders	Borders General Hospital	Borders General Hospital	Ward 4	87.41%	94.84%
Borders	Borders General Hospital	Borders General Hospital	Ward 5	88.36%	90.91%
Borders	Borders General Hospital	Borders General Hospital	Ward 7	98.54%	83.82%
Borders	Community	Earlston Health Centre	Earlston Health Centre	72.24%	99.42%
Borders	Community	Haylodge Health Centre	Hay Lodge Health Centre	88.58%	96.28%
Borders	Community	Haylodge Hospital	Ward 1	91.41%	83.57%

Estate Trends

7.10.5 This report will give a breakdown of all the elements which have failed during a specific time or in a specific area for Estates issues.

You can access the report by going to **Tools>Facilities Monitoring Tool>Reports>Estates Trends**.

At the top of the page you will have drop down options available. This is where you can choose the time frame and area you are wanting to see. You can view the information at any level from the whole board, through to a specific zone, hospital or ward/department.

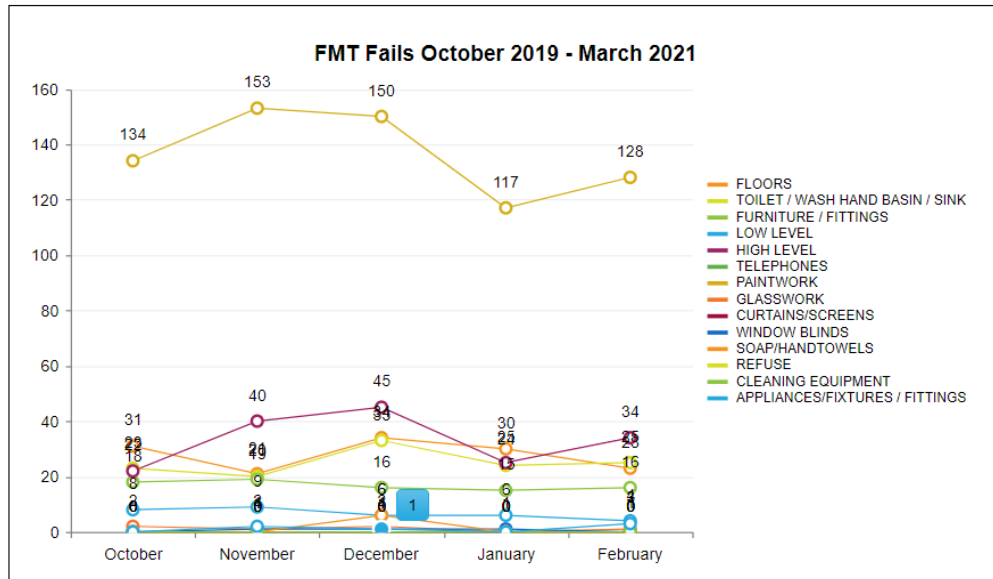
A table along with a Line and Pie Chart will be generated.

The table, as below, gives the number of times an element has failed within the chosen period, for Estates issues. It will also show the percentage of fails for each of the elements.

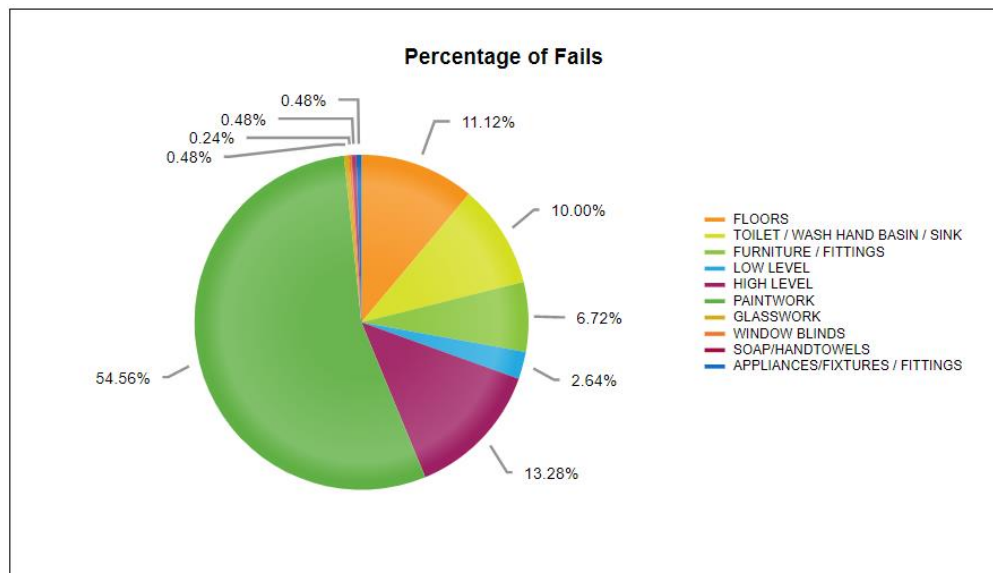
	FLOORS	TOILET / WASH HAND BASIN / SINK	FURNITURE / FITTINGS	LOW LEVEL	HIGH LEVEL	TELEPHONES	PAINTWORK	GLASSWORK	CURTAINS/SCREENS	WINDOW BLINDS	SOAP/HANDTOWELS	REFUSE	CLEANING EQUIPMENT	APPLIANCES/FIXTURES / FITTINGS
Oct	31	23	18	8	22	0	134	2			0	0	0	0
Nov	21	20	19	9	40	0	153	1	0	1	0	0	0	2
Dec	34	33	16	6	45	0	150	2	0	1	6	0	0	1
Jan	30	24	15	6	25	0	117	0		1	0	0	0	0
Feb	23	25	16	4	34	0	128	1			0	0	0	3
Percentage of fails	11.12%	10%	6.72%	2.64%	13.28%	0%	54.56%	0.48%	0%	0.24%	0.48%	0%	0%	0.48%



The table details are then depicted in the two charts as below:

Line Chart



Pie Chart



By clicking on the  or  icons, at the top right of the screen, the information generated can be exported to any of the selected formats.

Estate Fails Breakdown

7.10.6 You can access the report by going to **Tools>Facilities Monitoring Tool>Reports>Estates Fails Breakdown**.

Within this report it will give the elements which have failed in a specific area, for Estates issues.

Row Labels	FLOORS	TOILET / WASH HAND BASIN / SINK	FURNITURE / FITTINGS	LOW LEVEL	HIGH LEVEL	TELEPHONES	PAINTWORK	GLASSWORK	CURTAINS/SCREENS	WINDOW BLINDS	SOAP/HANDTOWELS	REFUSE	CLEANING EQUIPMENT	APPLIANCES / FITTINGS
12-19 Lister St		3			5	2	10		8			10	2	
1A		1				8	6		12			30	3	
1B	2	2	1		3	6	10		35			51	4	1
20-27 Lister St					4	1	4		4			4	1	
28-34 Lister St		1			2	1	2		2			3	1	
2A	3	5	2		6	15	24	1	22	1		85	8	
2B	7	4	5		5	29	17		25			120	9	

This can be exported to an of format by choosing the relevant icon at the top right hand corner.

Domestic Trends

7.10.7 This report will give a breakdown of all the elements which have failed during a specific time or in a specific area for Domestic issues.

You can access the report by going to **Tools>Facilities Monitoring Tool>Reports>Domestic Trends**.

At the top of the page you will have drop down options available. This is where you can choose the time frame and area you are wanting to see. You can view the information at any level from the whole board, through to a specific zone, hospital or ward/department.

	FLOORS	TOILET / WASH HAND BASIN / SINK	FURNITURE / FITTINGS	LOW LEVEL	HIGH LEVEL	TELEPHONES	PAINTWORK	GLASSWORK	CURTAINS/SCREENS	WINDOW BLINDS	SOAP/HANDTOWELS	REFUSE	CLEANING EQUIPMENT	APPLIANCES/FIXTURES / FITTINGS
Oct	23	24	90	36	48	4	17	8			49	19	6	3
Nov	39	35	113	45	57	6	8	7	1	1	54	24	4	5
Dec	62	33	109	47	67	6	8	9	2	1	63	28	6	6
Jan	44	24	104	39	46	3	3	10		2	57	22	7	5
Feb	41	31	98	25	29	7	6	5			62	22	7	5
Percentage of fails	11.13%	7.83%	27.38%	10.23%	13.16%	1.39%	2.24%	2.08%	0.16%	0.21%	15.18%	6.13%	1.6%	1.28%

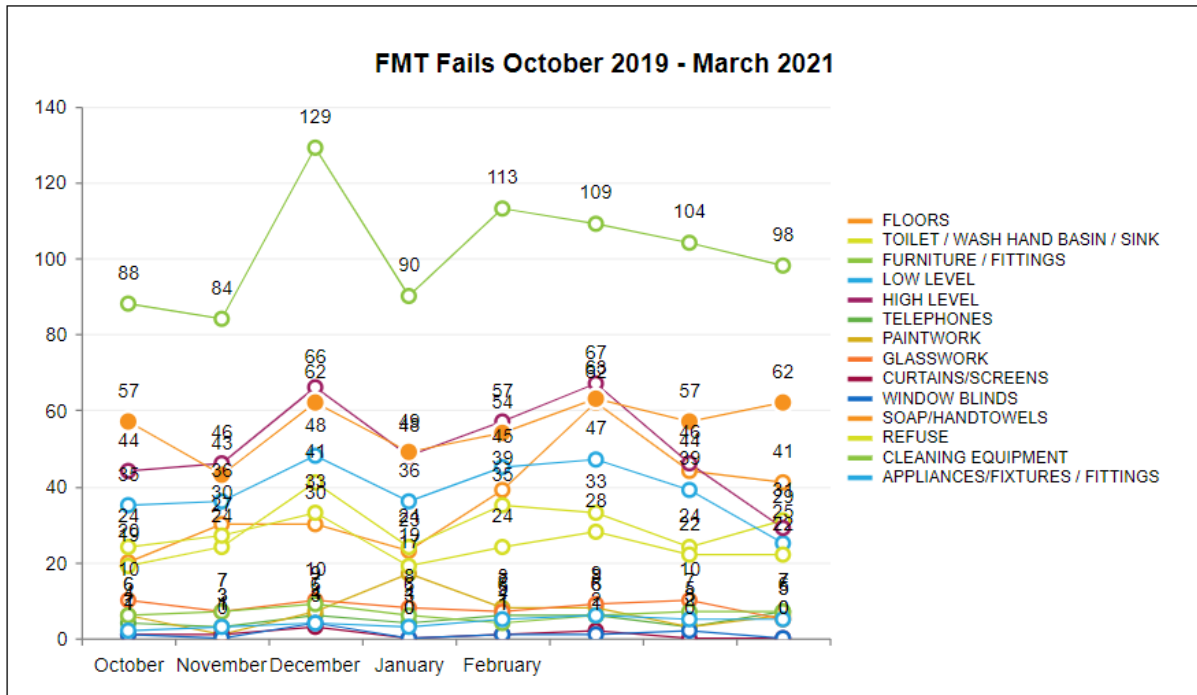
A table along with a Line and Pie Chart will be generated.

The table, as below, gives the number of times an element has failed within the chosen period, for Domestic issues. It will also show the percentage of fails for each of the elements.

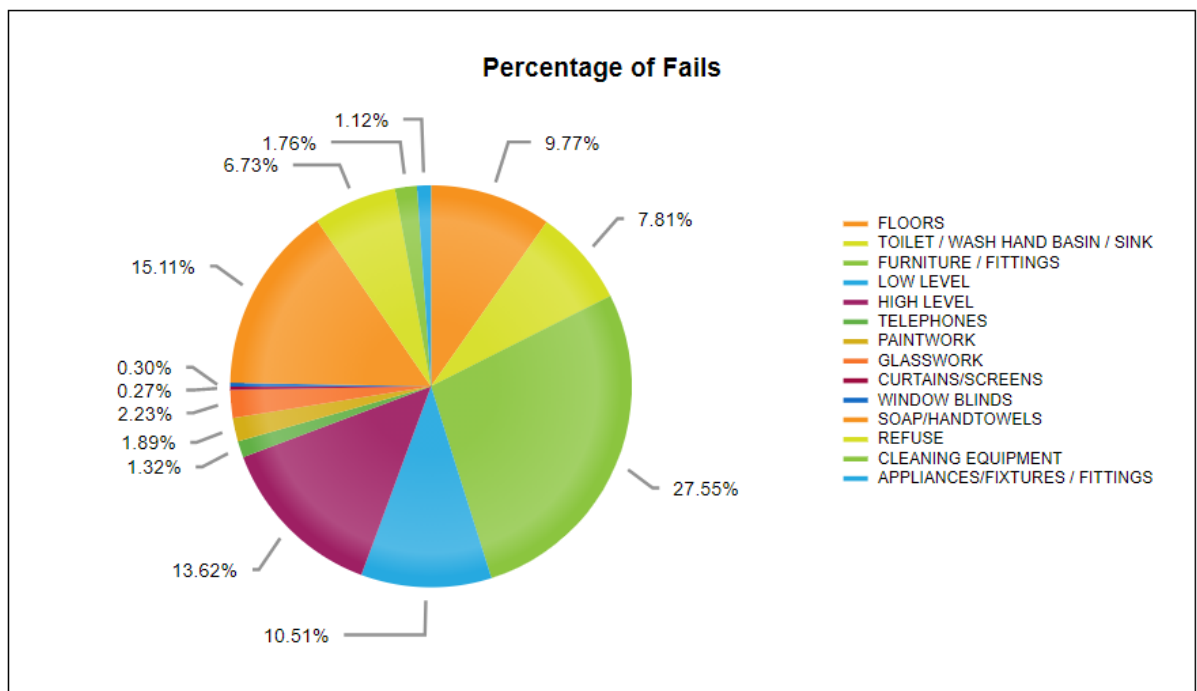
	FLOORS	TOILET / WASH HAND BASIN / SINK	FURNITURE / FITTINGS	LOW LEVEL	HIGH LEVEL	TELEPHONES	PAINTWORK	GLASSWORK	CURTAINS/SCREENS	WINDOW BLINDS	SOAP/HANDTOWELS	REFUSE	CLEANING EQUIPMENT	APPLIANCES/FIXTURES / FITTINGS
Oct	23	24	90	36	48	4	17	8			49	19	6	3
Nov	39	35	113	45	57	6	8	7	1	1	54	24	4	5
Dec	62	33	109	47	67	6	8	9	2	1	63	28	6	6
Jan	44	24	104	39	46	3	3	10		2	57	22	7	5
Feb	41	31	98	25	29	7	6	5			62	22	7	5
Percentage of fails	11.13%	7.83%	27.38%	10.23%	13.16%	1.39%	2.24%	2.08%	0.16%	0.21%	15.18%	6.13%	1.6%	1.28%



The table details are then depicted in the two charts as below:

Line Chart



Pie Chart



By clicking on the  or  icons, at the top left of the screen, the information generated can be exported to any of the selected formats.

Domestic Fails Breakdown

7.10.8 You can access the report by going to **Tools>Facilities Monitoring Tool>Reports>Domestic Fails Breakdown**.

Within this report it will give the elements which have failed in a specific area, for Domestic issues.

Administration My Profile Tools Sign Out Help
 You are logged in as belinda.o

Domestic Falls Breakdown

Export

Filters Go Reset

Healthboards Zones Hospitals Areas

Start Date to End Date

Row Labels	FLOORS	TOILET / WASH HAND BASIN / SINK	FURNITURE / FITTINGS	LOW LEVEL	HIGH LEVEL	TELEPHONES	PAINTWORK	GLASSWORK	CURTAINS/SCREENS	WINDOW BLINDS	SOAP/HANDTOWELS	REFUSE	CLEANING EQUIPMENT	APPLIANCES / FITTINGS
12-19 Lister St		1	2	2	3		1	2			1	1		
1A	5	2	6	5	3		2	1			3			
1B	2	2	6	2	9		1	1			13			
20-27 Lister St				1				1			1			
28-34 Lister St	1			1										1
2A	17	4	15	5	2		1	7			13	1		1
2B	14	1	8	4	8			1			14	4		
2C	7	1	17	4	4	1	2			1	3	1	1	
2D	3	2	14	7	6		1				3	6		

By clicking on the or icons, at the top left of the screen, the information generated can be exported to any of the selected formats.

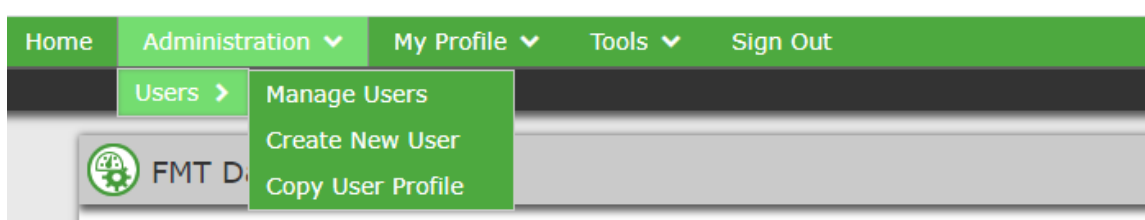
8. Administration of the FMT System

The following instructions refer only to the national (Synbiotix) FMT system.

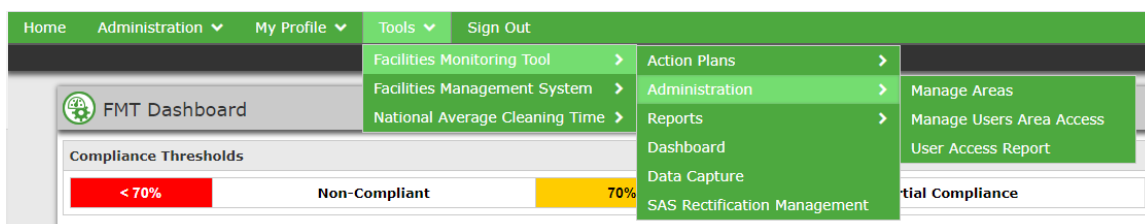
Types of Administration

- 8.1 There are two key areas of administration within the FMT system, firstly for the management of the Users of the system, and secondly for the management of location data held within FMT.

User administration functions can be found by clicking the menu item '**Administration**' on the toolbar.



Location administration functions can be found by clicking on the '**Tools**' menu item, and selecting '**Administration**' from there.



The following section will describe the common administrative functions available to Users within the FMT. It will depend on your allocated permissions as to whether all the functions are visible to you. Contact your local Board Administrator for support if you do not have the required administrative functions.

Roles and Permissions

- 8.2 There are a number of roles within the FMT, depending on which of these roles you have been assigned will depend on what functions you will be able to access. In addition to roles, Users must also be assigned to specific locations at the appropriate level. For instance, if your activities within FMT are restricted to the auditing of a single hospital, you will need only to be assigned the 'Dashboard' and 'Data Capture' function as an auditor for 'hospital X'.

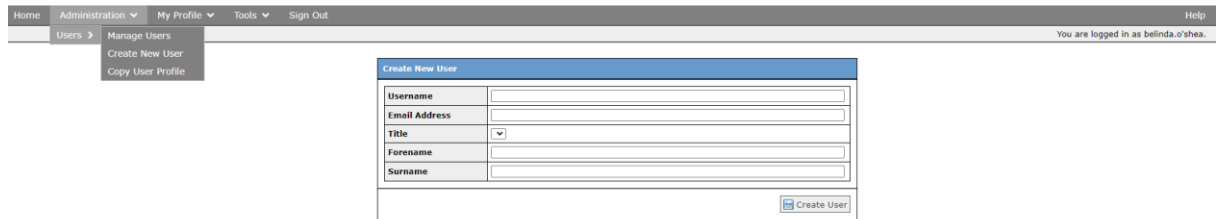
To ensure more clarity and transparency to the permissions for each User, the system works on a set of functional permissions i.e. data capture, dashboards and reporting. This allows more flexibility for Users and also allows more control over the email alerts that are generated by the system.

Note: The Estates type functions are only for Boards who do not have integration to a local CAFM system for onwards communication of Estates issues.

Function or Alert type	Description
Administration	Gives Users permission to make changes to User profiles and their allocations for members within their board, and changes to the location information for their board, in addition to access to data capture and dashboards within their board area.
Administrators	DO NOT USE: Role specific for IT Developers and should not be used by end Users.
Dashboard	Auditors have access to completed audits and rectifications, and results for the areas to which they have been assigned.
Data Capture	Auditors have access to carry out audits (scheduled, non-scheduled and re-audits) for the areas to which they have been assigned.
Estates Administrator	The Estates Administrator function gives access to the dashboard and the reports for the locations to which they have been assigned. This role enables the manual administration of Estates actions from the monitoring process.
Estates Alerts	Estates Alerts are tailored to suit the individual board needs, but will notify the Estates teams of any outstanding actions within the system (such as taking the job and manually adding it to the local Estates management system). Please contact your Board Estates Team for more information if required.
Estates Operational Manager	The Estates Operational Manager User has access to the dashboard and reports for the area in their allocation. This role enables Estates managers to select Estates issues to be transferred to the local Estates system for onwards management. This User profile is tailored to each board's requirements.
HFS Admin	DO NOT USE: Specific admin role just for HFS for functions limited just to HFS.
HFS Data Access	DO NOT USE: HFS Administrator has access to all User tools, to support end Users in boards with any profiles with any User issues.
Rectification Management Alert	Alert to notify allocated User of any outstanding rectification management within their assigned area
Reports	Auditors have access to completed audits and access results for the areas to which they have been assigned.
SAS Rectification Management	Allows the Station Manager to have efficient management of both Domestic and Estates rectifications identified through the audit of Ambulance Stations and Ambulances. Station Managers receive alerts from the system when audits have been completed in their area.
User Administration	Allows Users to create and manage new and existing Users, reset passwords and assign User roles.
Verification Audit	Users allocated to this function will have permission to complete verification audits (these audits receive a score but the result does not affect the sites formal results, the audit is used to verify the quality of the audit process).
Ward Manager Alert	Ward Managers receive alerts from the system when audits have been completed in their area and provide information about User issues raised in their area of responsibility.

Create a new User

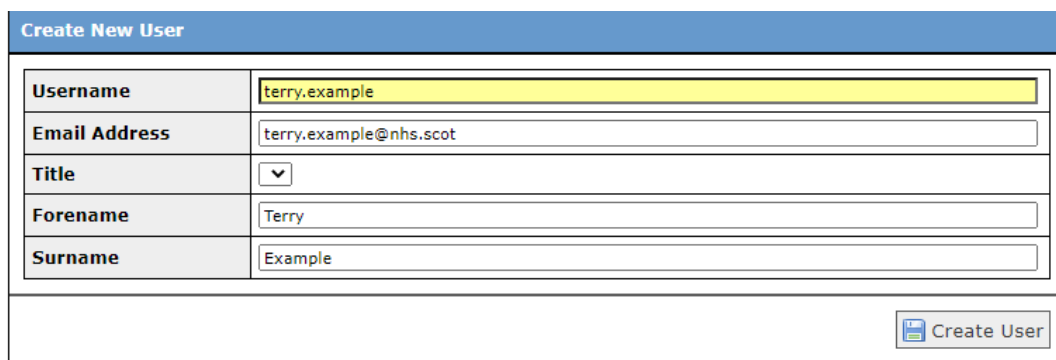
8.3 To create a new FMT User, select '**Administration**' from the menu, and choose '**Create New User**'. The following screen will load.



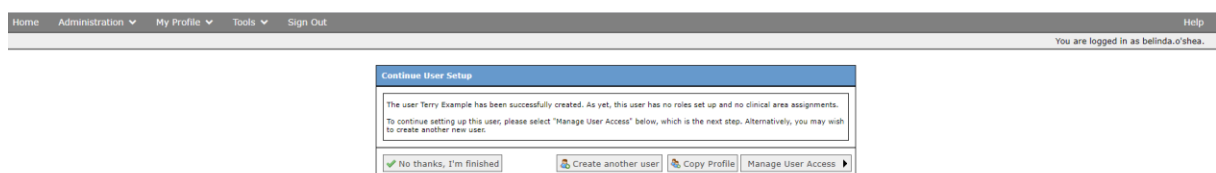

Complete the short form to set up your new FMT User. The Username should always follow the naming convention of **firstname.surname**. For instance, for the new User Terry Example, the Username should be **terry.example**. Each User name must be unique, so if there is already an account in the system with that User name, the system will notify you. You can make the account name unique by the additional of a number. For instance, **terry.example2**.

The email address is required and must be accurate, particularly if the User will be receiving alerts from the system. It must be a valid and active email address within NHSScotland.

The forename and surname fields are mandatory. Once the form is completed, click on the '**Create User**' button to save the information.



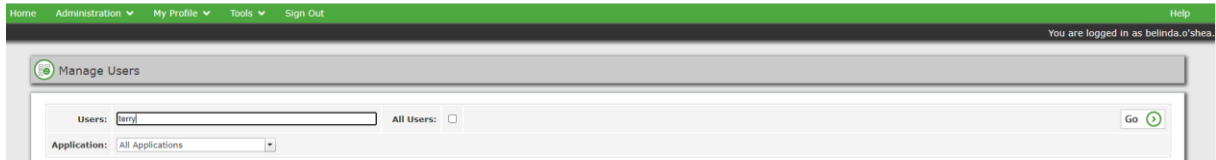
Once you have saved this new account, you can continue on to add more Users by clicking on the '**Create Another User**' button or choose '**No thanks, I'm finished**' to return to your home page.




You can now add roles and permissions to the newly created User, appropriate to the activities they will be carrying out.

You can do this now, by clicking on the **‘Manage Users’** button by selecting **Administration>Users>Manage Users**.

To locate the User, type in their name in the bar and select **‘Go’** to the right of the screen.



The below page will open. You will see five buttons, to the right of the page, where all administrative functions for a User takes place.

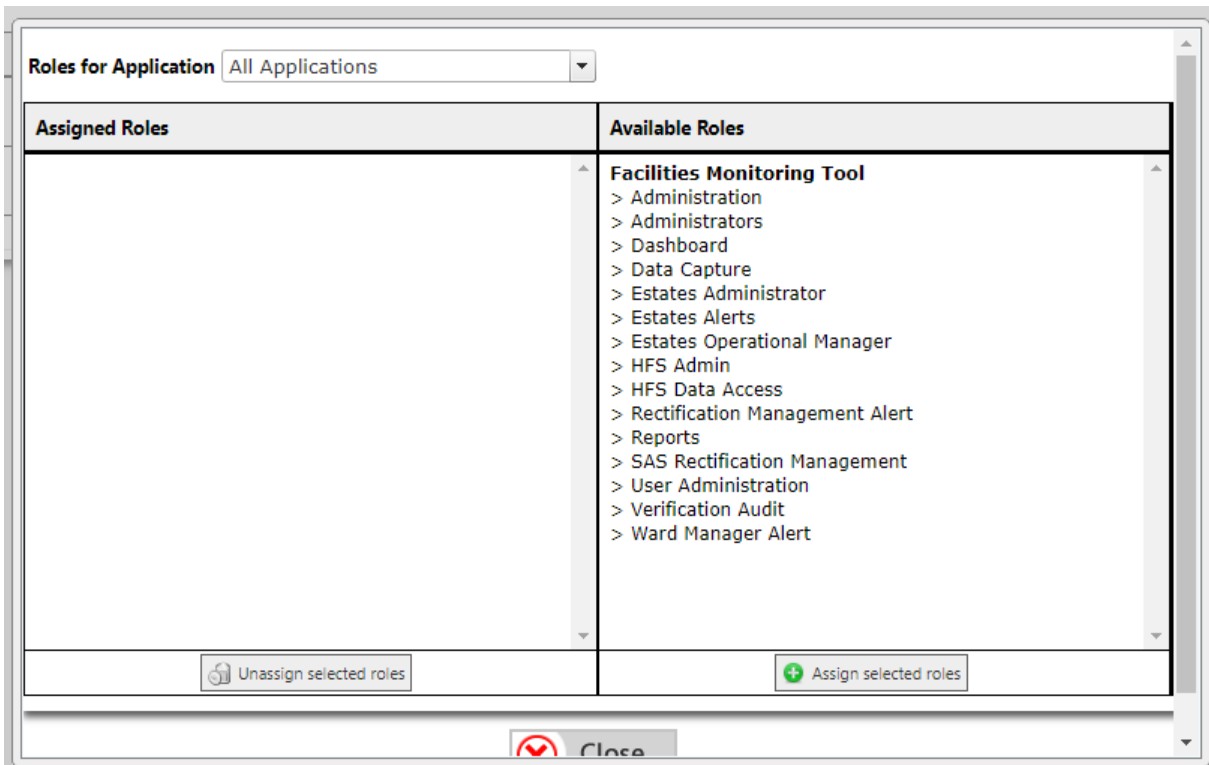


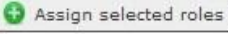
	Edit	User details can be updated i.e. surname, email address etc.
	Reset password	User has been locked out or has forgotten their password it can be reset here.
	Roles	Assigning roles to a User is done here. If the User has not yet been assigned any roles, an amber exclamation mark will show, if the User has assigned roles, there will be no exclamation mark.
	Copy Profile	User can be allocated the exact same roles and permissions as another User within the system.
	Assign Areas	The areas the User is required to have access to is completed here.

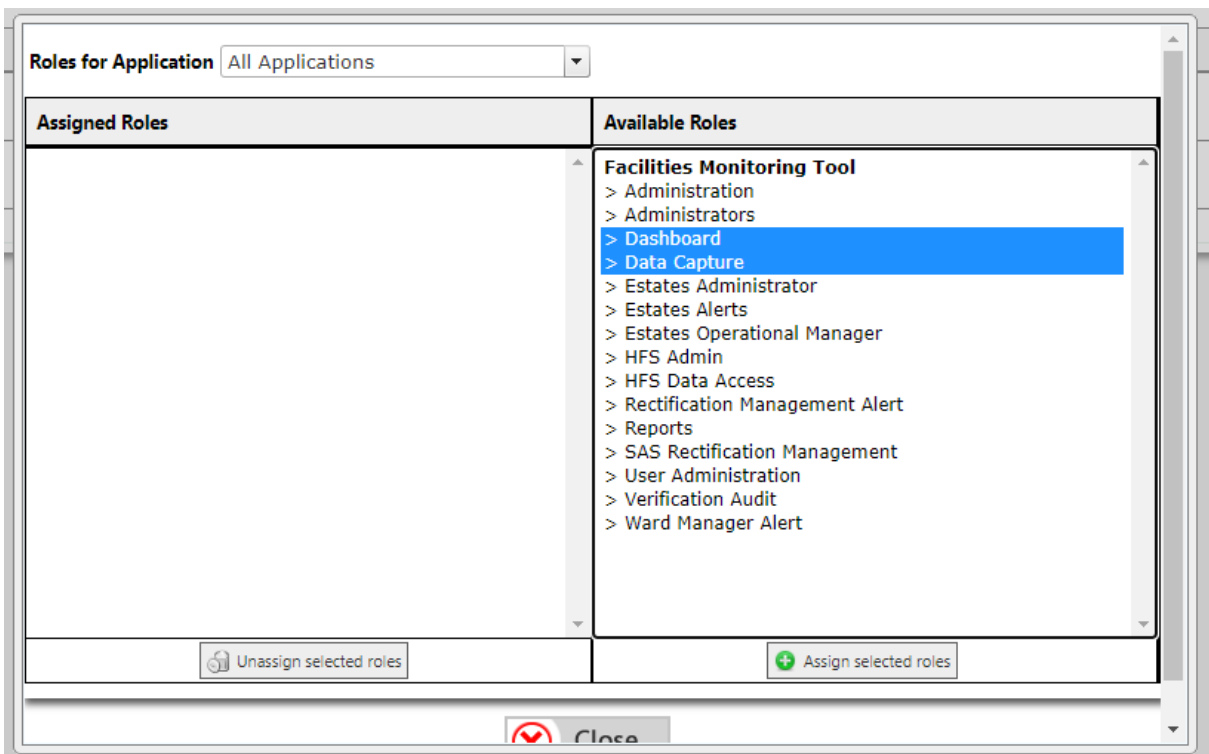
All the above functions will be detailed further within this document.

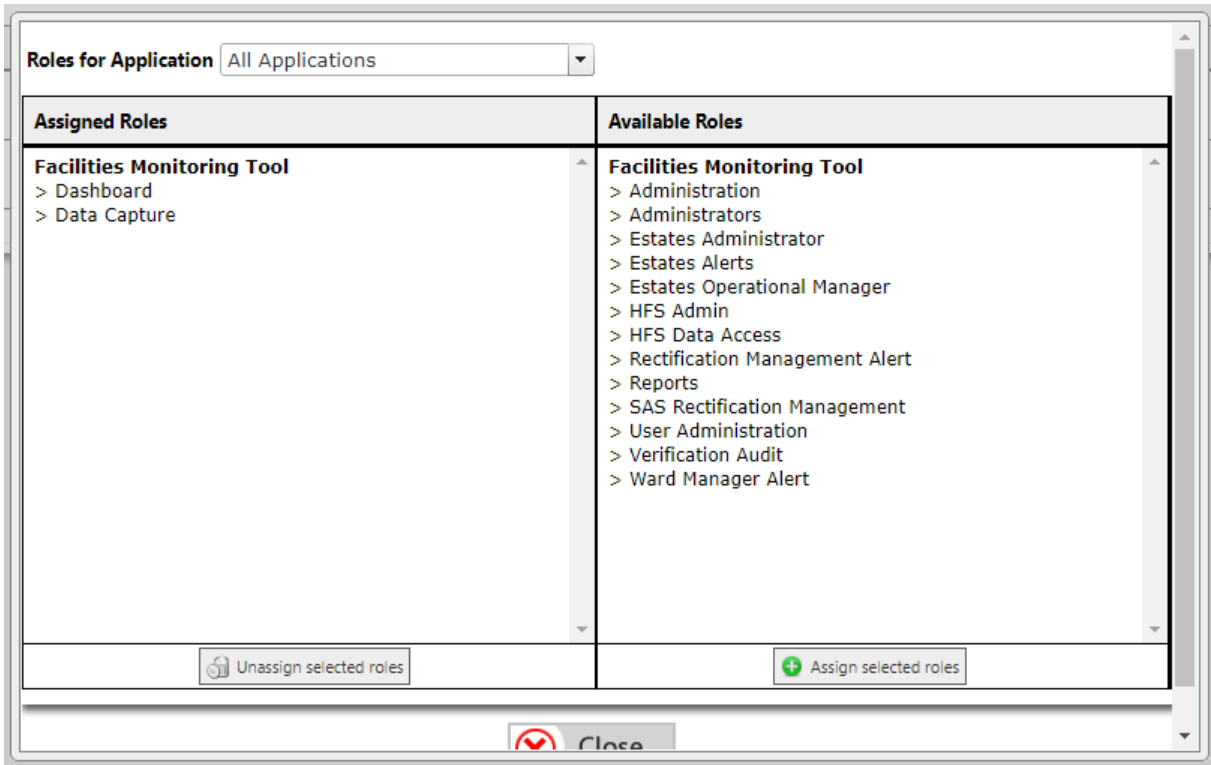
Assigning roles to a User

8.3.1 The ‘Assign roles’ Screen is shown below. [Section 8.2](#) describes all the roles available within the system. The ‘Assign roles’ screen shows two windows, the one on the left of the screen shows the roles already assigned to the User, the window on the right, the roles available within the system to be assigned to the User. The screen below shows a User with no roles yet assigned.



To select a role or roles for your User, select the role (the role will be highlighted once selected) and click on the button . Repeat the process for every role required. The role(s) will now appear in the left hand window of the screen.





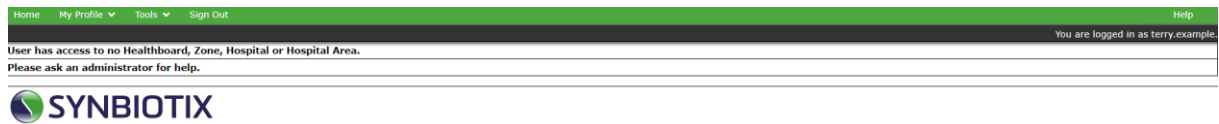
Once all roles have been added you can ‘Close’ the window and must now assign appropriate locations to the new User.

Assigning locations to an FMT User

8.3.2

The appropriate level of access will depend on the requirements of the User. For instance, if the new User is an auditor, they may only need access to a site or sites, in which case they can be assigned to those individual sites. Their access will be restricted to those sites only, in terms of accessing the audits to complete (in data capture).

If no locations are added to a User’s profile, they will see the following screen on log-on:



Access can be given at audit area/ward level (this is generally only appropriate for Ward Managers who will have requirements to access only information about their own area or areas), site level, zone level, and board level, or a combination of those levels. For instance, you may wish to assign a User access to all sites in a zone (in which case, assign them to the zone only, not the individual sites) and a single site from another zone (in which case, assign only that individual site). This will limit their access to other sites which they do not require.

It is advisable to give Users the highest level of access they could require, since this allows more flexible access to sites across your board, and will require less administrative management of those Users in managing permissions.

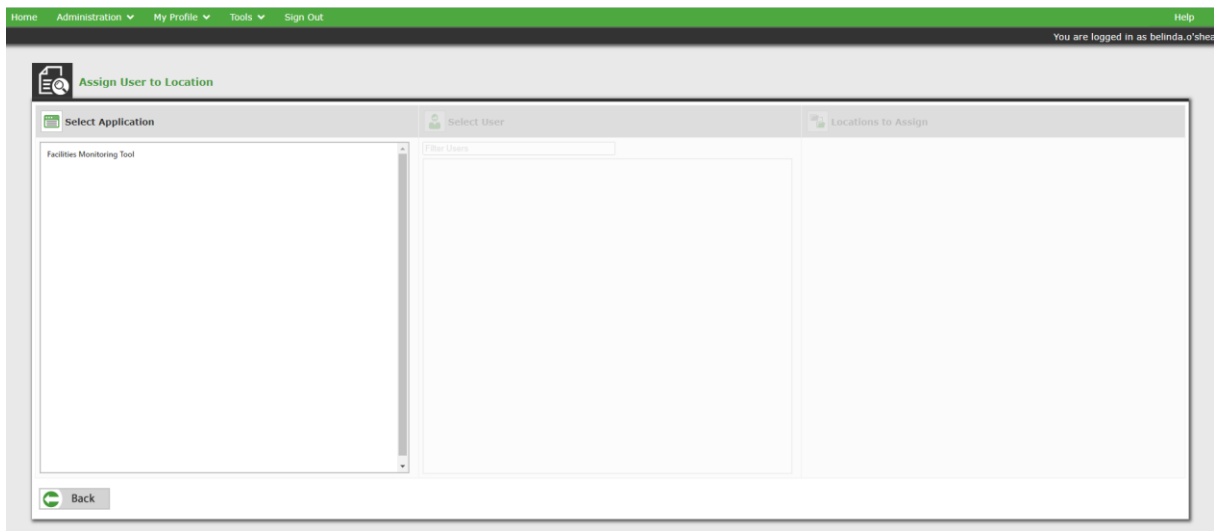
To assign a User to locations, access the toolbar **Administration>Users>Manage Users**.

As previously, type in the User's name and select 'Go'. Click on the 'Assign Areas'



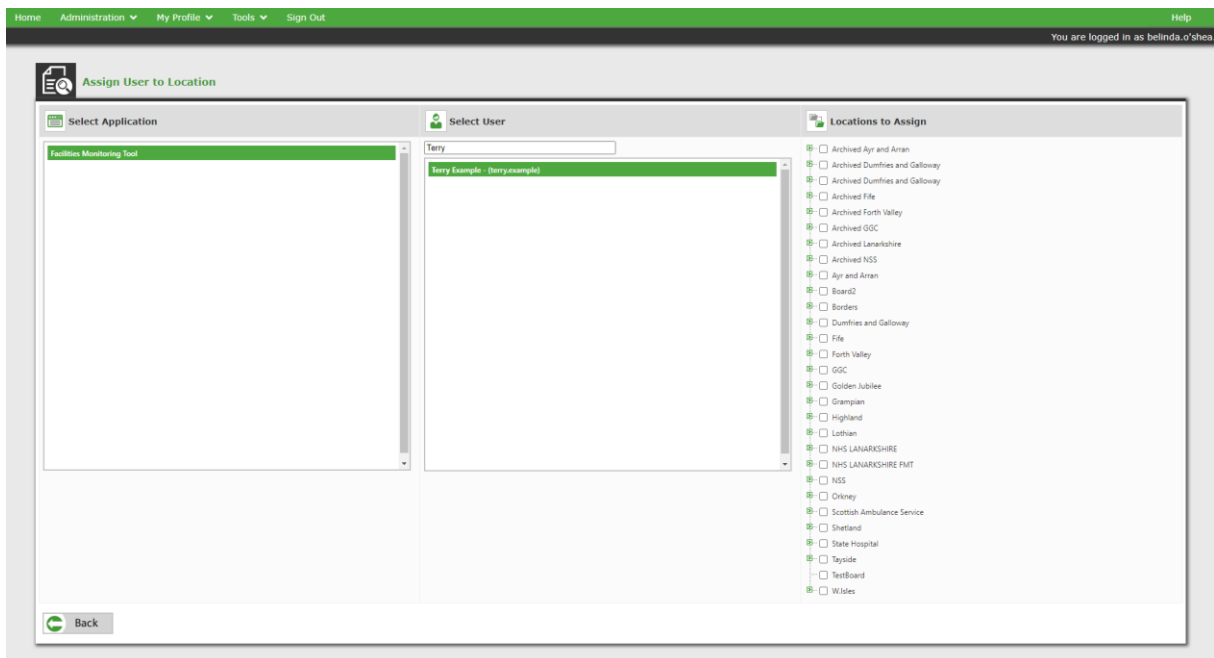
icon to the right of the User's name.

The below page will load



Click on Facilities Monitoring Tool, it will highlight green and then the 'Assign User to Location' page will load.

Type in the User's name in the blank 'Select User' bar and the below page will load:



There are a number of options for adding locations to User's permissions:

- assign Users to wards;
- assign Users to hospitals;

- assign Users to zones;
- assign Users to boards.

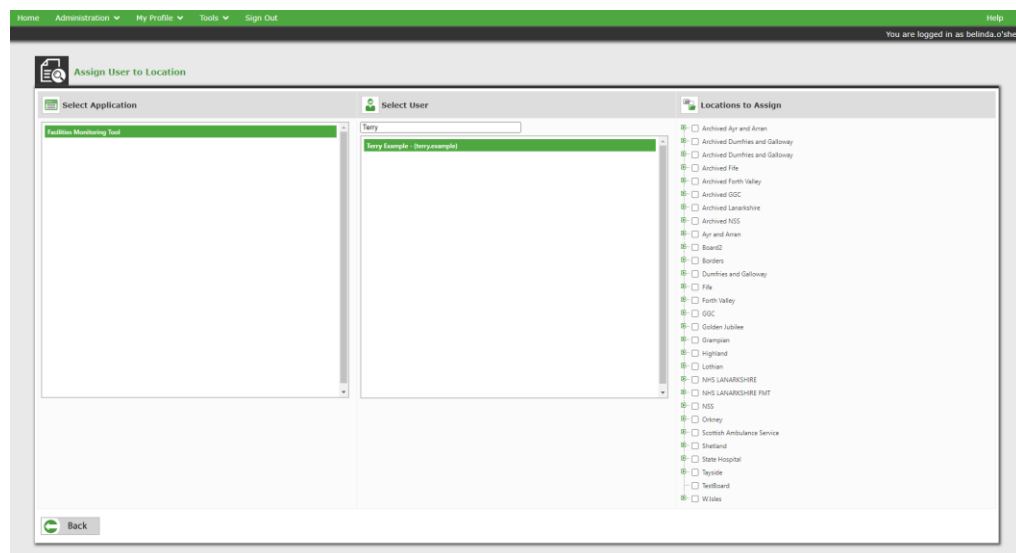
This is done by ticking the required assignments in the right hand column as shown in the screenshot above.

Assigning Users to Wards (Audit Areas)

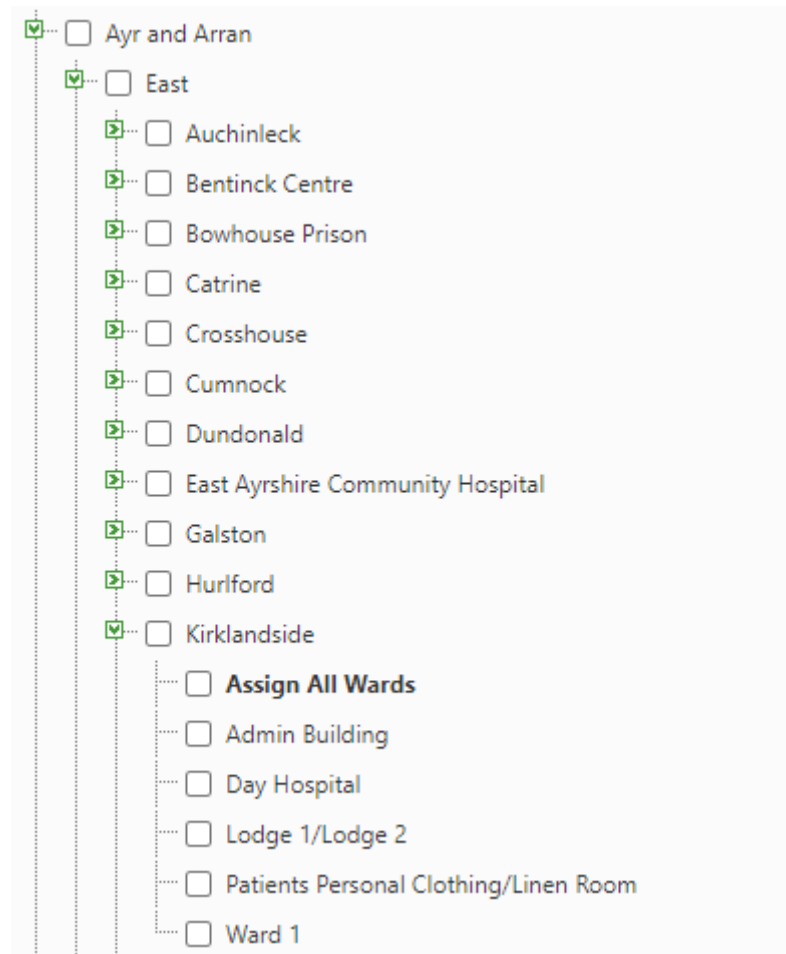
8.3.3

If the User is a ward manager, they will only require access to the audit areas within their area of responsibility. It is important to remember that ward managers, once assigned that role, will receive email alerts every time audits are completed in the areas they have been assigned, so ensure you only assign them to the areas they need.

To assign a User to an audit area, you are going to use the information provided, on the right of the screen.



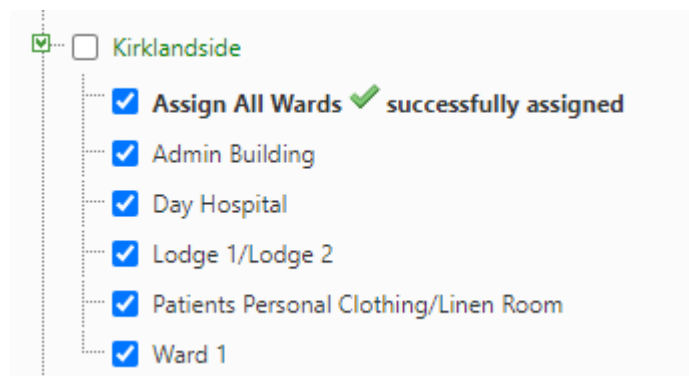
In the example below, the User Terry Example is selected (highlighted green). Next, use the green arrows to the left of the Board name to expand the contents and drill down to the ward you are adding to the User profile. In the example below, the board **Ayrshire and Arran** and the Zone **East** has been selected, and the site Kirklandside has been selected, to show all of the available wards within that site.



- Ayr and Arran
 - East
 - Auchinleck
 - Bentinck Centre
 - Bowhouse Prison
 - Catrine
 - Crosshouse
 - Cumnock
 - Dundonald
 - East Ayrshire Community Hospital
 - Galston
 - Hurlford
 - Kirklandside
 - Assign All Wards**
 - Admin Building
 - Day Hospital
 - Lodge 1/Lodge 2
 - Patients Personal Clothing/Linen Room
 - Ward 1

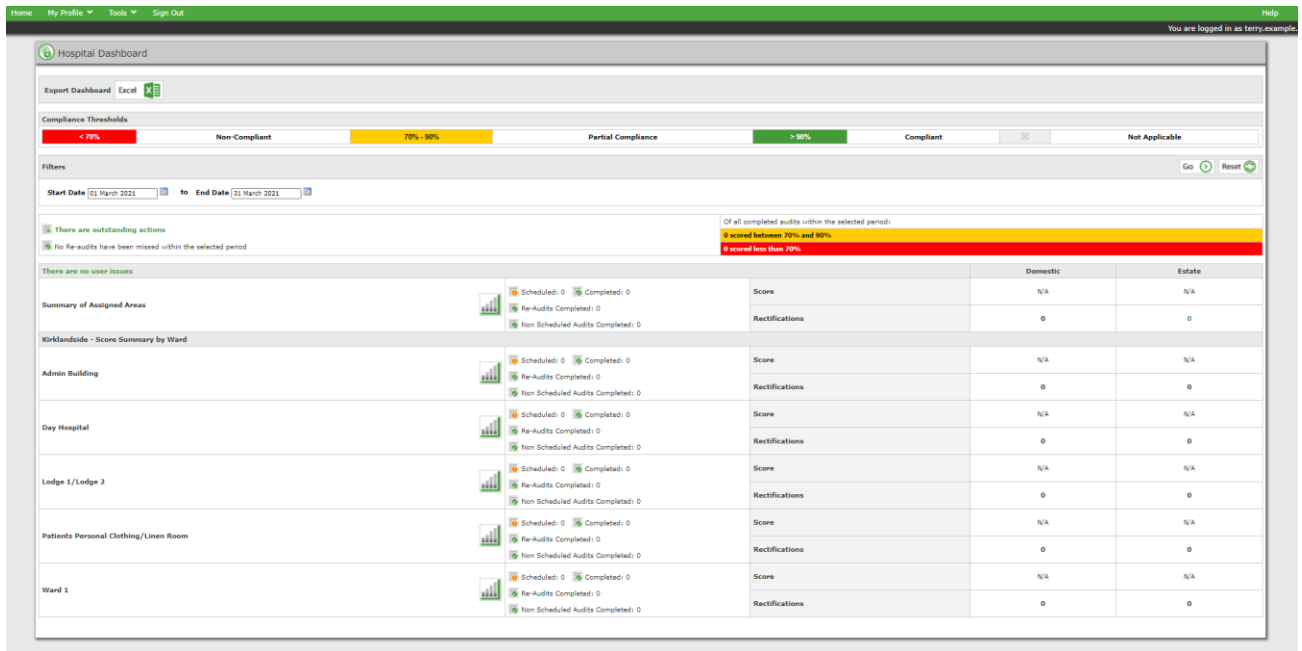
Select all of the wards required.

The list will then confirm that wards have been successfully assigned.



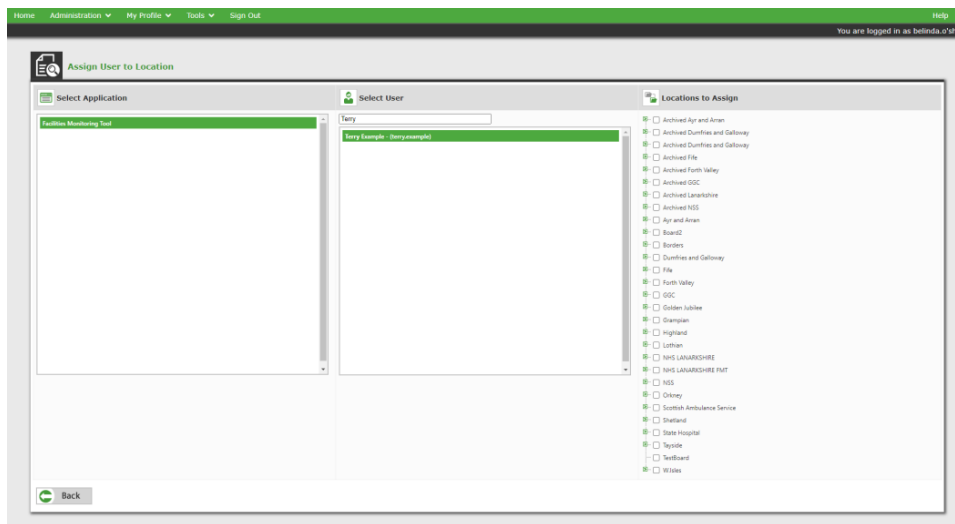
- Kirklandside
 - Assign All Wards** ✔ successfully assigned
 - Admin Building
 - Day Hospital
 - Lodge 1/Lodge 2
 - Patients Personal Clothing/Linen Room
 - Ward 1

As a ward manager, the User will be able to access the site level dashboard to find out information about their own wards. As the screen below shows, the ward manager here can access the site dashboard for Kirklandside, but can only access the ward information for their own wards.

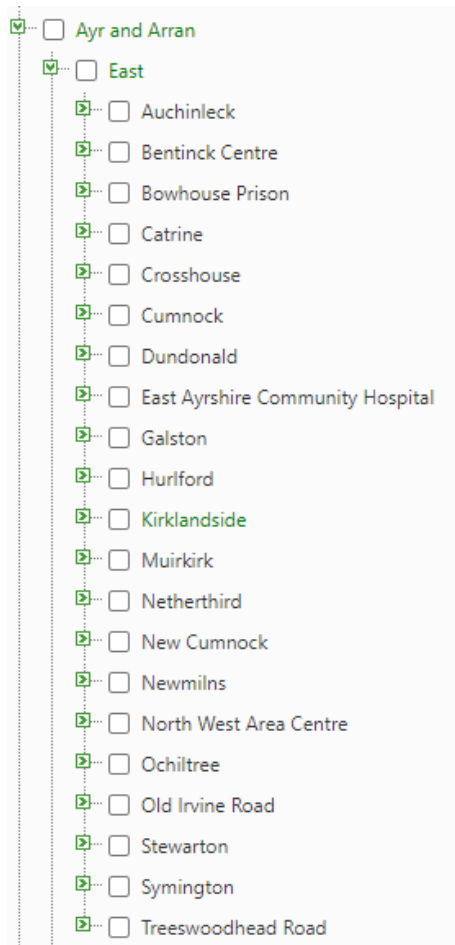


Assigning Users to Hospitals

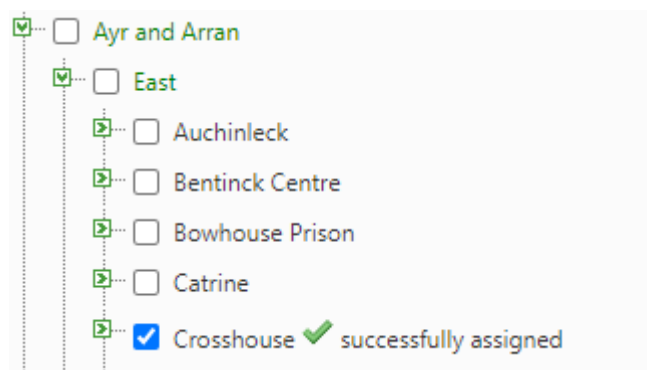
8.3.4 Follow the same process as 8.5 to land on the below page:



Next, use the drop down arrows next to the relevant Board to drill down to the site you are adding to the User profile. In the example below, the board Ayrshire and Arran and the Zone East has been selected. The screen will then show all the hospitals that are available within that zone, with tick boxes next to each name and the user assignment has turned to green.



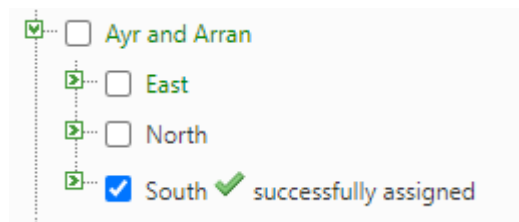
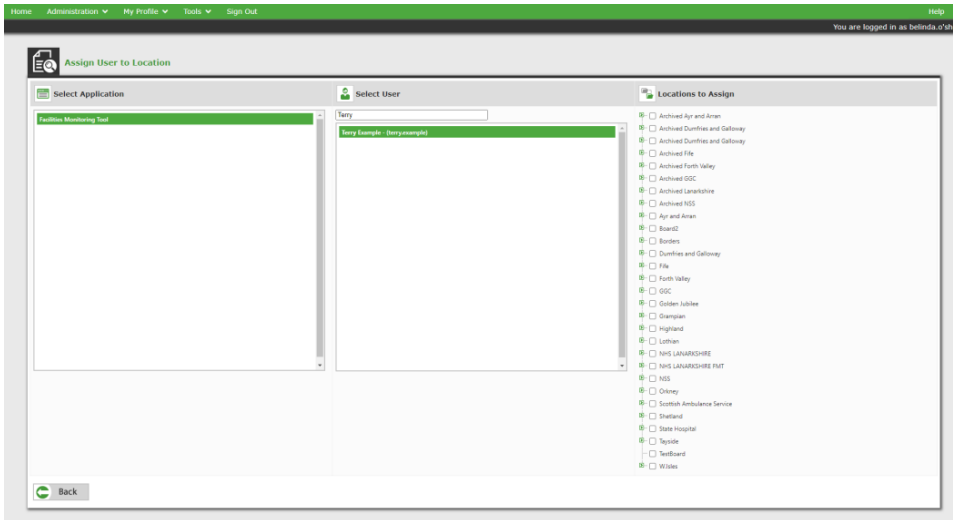
In order to assign hospitals, select the tick boxes as required. In the example, the site 'Crosshouse' has been selected.



The User will now be able to access this site to carry out audit and access results.

Assigning Users to Zones

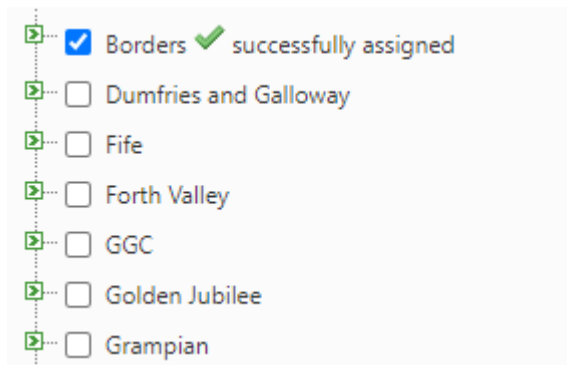
8.3.5 Again, follow the same process as 8.5 to land on the below page:



Select the zone or zones as required, the User will then have access to the zones selected and therefore all of the sites within that zone.

Assigning Users to Boards

8.3.6 Again, select the appropriate board. The User will then have access to all zones, and sites, within that Board area.



Managing existing User accounts

8.4 You can make changes to an existing User account in the system, whether that be to the Users contact information, their roles, or their allocated locations.

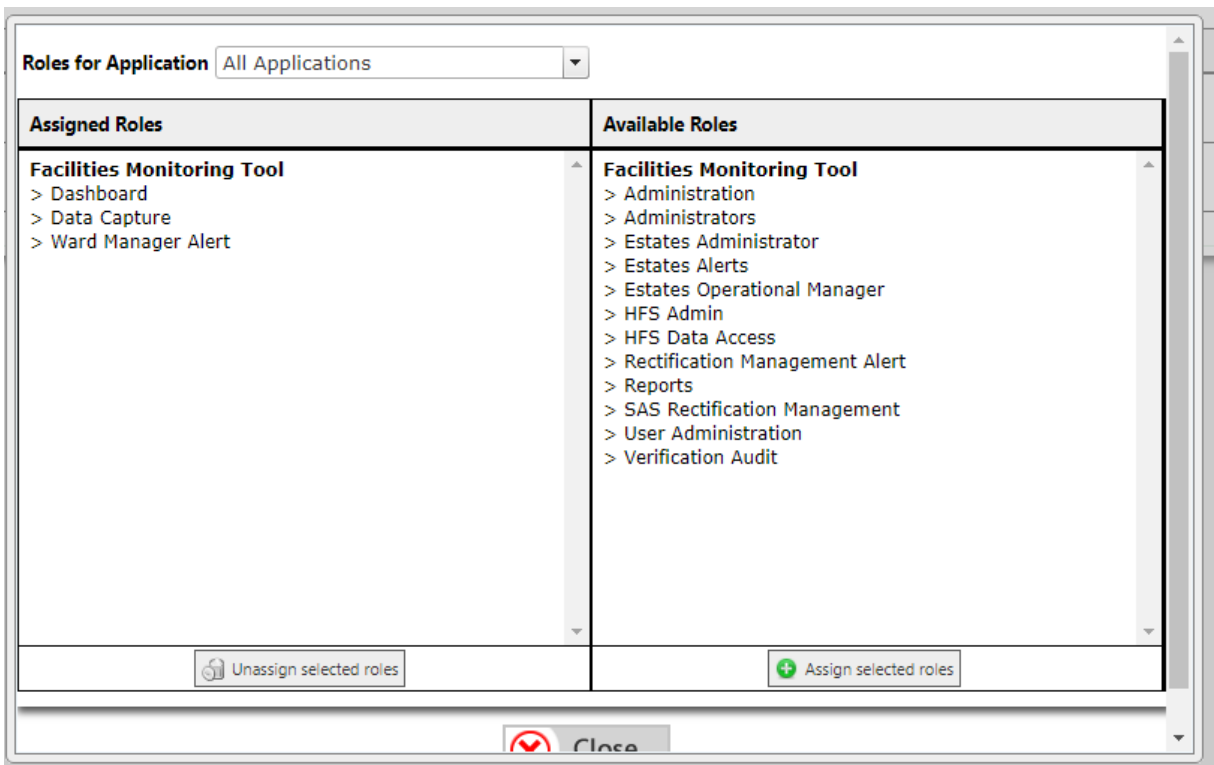
Changing User details

8.4.1 To make any changes to a User's details, choose '**Administration**' and select the option '**Manage Users**'. Use any of the boxes to search for your User. Type into the field the Users name and click on the "**Go**" button to find the User account you need.



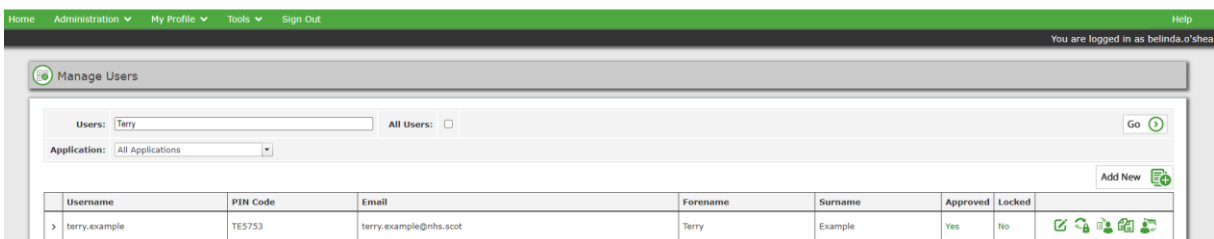
Changing User Roles

8.4.2 To add or remove a set of permissions for a User, click on icon to the right the User's name on the User list. You will then be taken to the below screen, where you can add or remove roles and permissions for that User, as appropriate (**Section 8.4**).



Resetting passwords and unlocking accounts


8.4.3 If a User forgets their password, their details can be changed from the Manage Users screen. Search for the User, and once the User has been found, click on the image to the far right of their User profile.

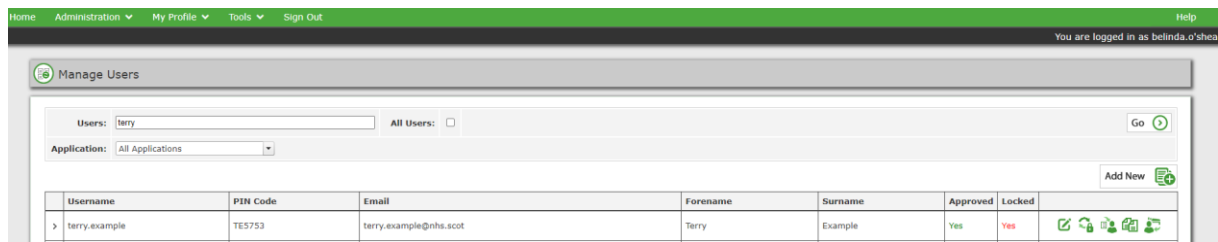


If the User has tried an incorrect password more than 3 times, their account will be locked – this message will appear on log-in:

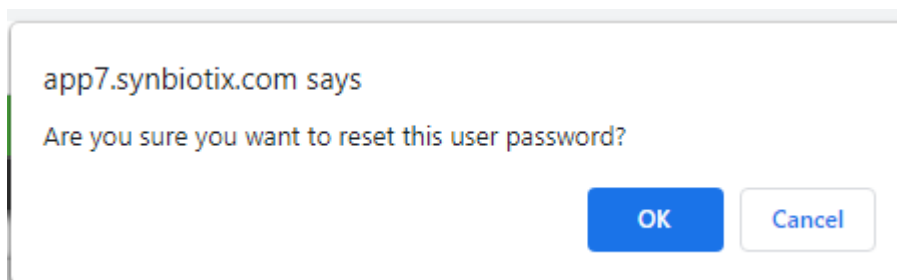


The Users account will need to be unlocked at the same time as the password is reset. You will be able to see that the Users account is locked if the red 'Yes' appears next to their name under the 'Locked' column.

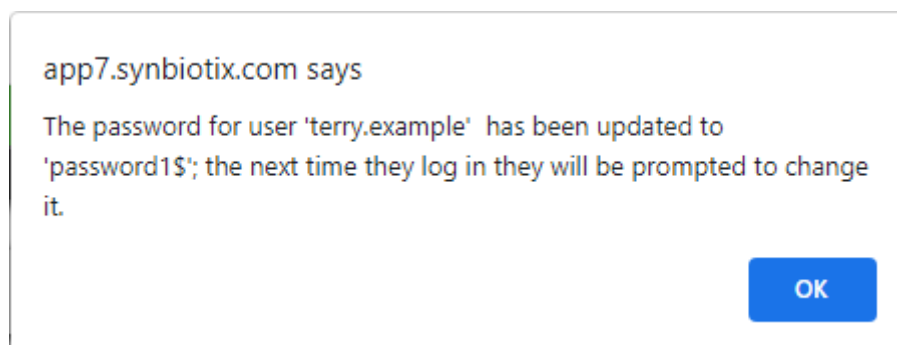
To unlock their account, click on the  image next to the User name.



The following message will appear:

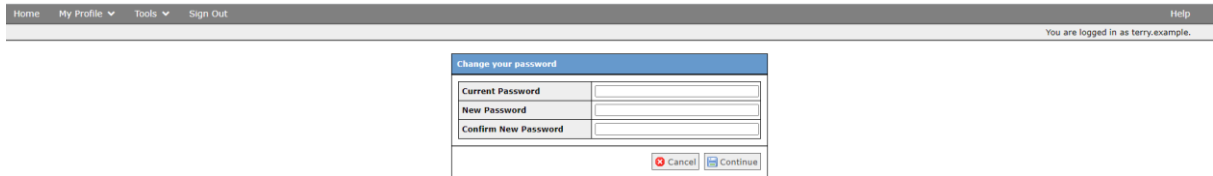


Click on OK and then the next message should show as the one below.



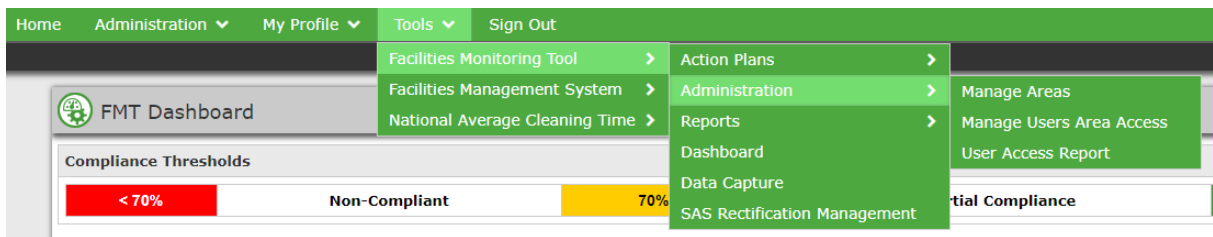
Let the User know their password has been change to 'password1\$' where they will be prompted to change the next time they log in.

Note: If Users wish to change their own password once they are logged into the system, they can do so by clicking on 'My Profile' from the main menu, selecting 'Change My Password' and following the instructions to create a new password.

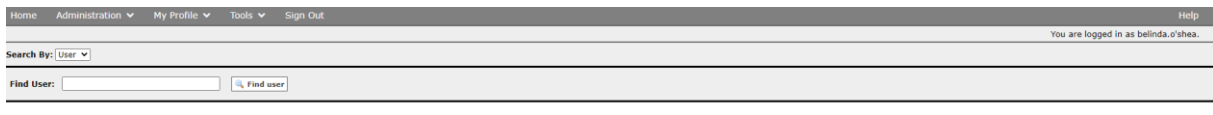


Checking User assignments (locations)

8.4.4 FMT has a function that enables administrators to check the location assignments for any User. To access this function, select **Tools>Facilities Monitoring Tool>Administration>User Access Report**



The following page will load.



Enter the Username of the User, for example, **terry.example**.

The system will load a page which lists all of the assignments, at each level, for that User, in the following format. The User below has been assigned to the Board **Ayr and Arran**, the zone **East** (in Ayr and Arran), and the hospital **Crosshouse** (in the zone East in Ayr and Arran).

HEALTHBOARD ACCESS			
Health Board Name	Zone Name	Hospital Name	Ward Name
Borders	N/A	N/A	N/A
ZONE ACCESS			
Health Board Name	Zone Name	Hospital Name	Ward Name
Ayr and Arran	South	N/A	N/A
HOSPITAL/SITE ACCESS			
Health Board Name	Zone Name	Hospital Name	Ward Name
Ayr and Arran	East	Crosshouse	N/A
WARD ACCESS			
Health Board Name	Zone Name	Hospital Name	Ward Name
Ayr and Arran	East	Kirklandside	Admin Building
Ayr and Arran	East	Kirklandside	Day Hospital
Ayr and Arran	East	Kirklandside	Lodge 1/Lodge 2
Ayr and Arran	East	Kirklandside	Patients Personal Clothing/Linen Room
Ayr and Arran	East	Kirklandside	Ward 1

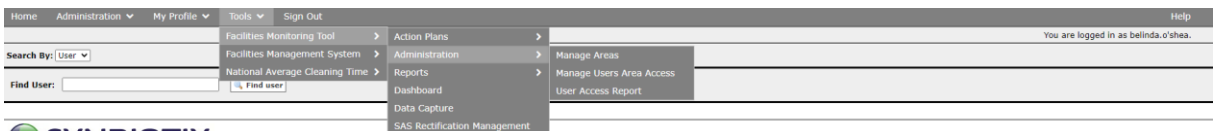


The User above has been assigned to areas at three different levels – Board (NHS Ayrshire and Arran), Zone (East) and Hospital (Crosshouse). Once a User has been given access at board level, there is no need to add them to zones or hospitals within that board as their access is to all areas, so the board level access would be sufficient for this User’s requirements.

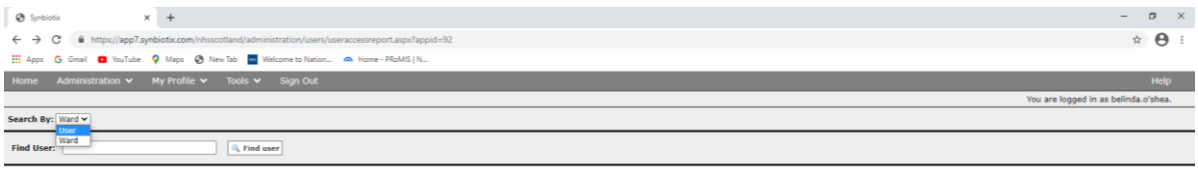
To remove a User’s access at any level, follow the same procedure as you would detailed in [Section 8.5](#), using the icon.

User Access Report by ‘Ward’

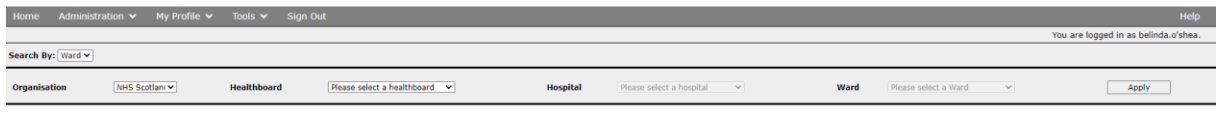
8.5 FMT has a function that enables administrators to check the assignments for a User and their Role at Ward level. To access this function, select **Tools>Facilities Monitoring Tool>Administration>User Access Report**.



The following page will load and use the drop down function and choose ‘Ward’.



The following page will load.



For this example, I have chosen Scottish Ambulance Service as the Health Board, Edinburgh Royal Victoria X as the Hospital and Edinburgh Royal Victoria as the Ward.

The following page will now load showing the Users and their Roles who are assigned to this Ward area.

(Please be aware that the email addresses in the example below have been blanked out.)



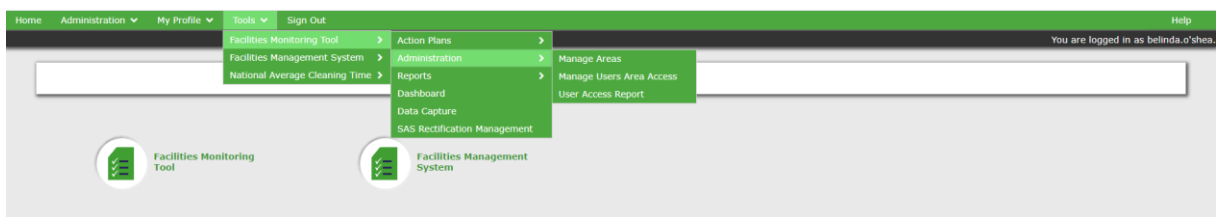
Edinburgh Royal Victoria ACCESS			
Username	Name	Email	Roles
nicole.wilson	Nicole, Wilson		Administration, Administrators, Dashboard, Data Capture, Reports, User Administration
sasha.hill	Sasha, Hill		Administration, Dashboard, Data Capture, Reports, User Administration, Ward Manager Alert



Managing Location Data in FMT

- 8.6 It is the board’s responsibility to ensure that the location data held within the FMT is accurate and kept up-to date. Please remember when carrying out any activity within the location administration function of FMT that changes could have an impact with other functions of the system (for instance, in linking successfully to the local Estates system, or in the operation of the National Average Cleaning Time Tool (NACT)). If you are in any doubt of the impact of changes to the location data within the system, please seek local support and advice.

To access the location administration area of FMT for your site, select **Tools>Facilities Monitoring Tool>Administration>Manage Areas**

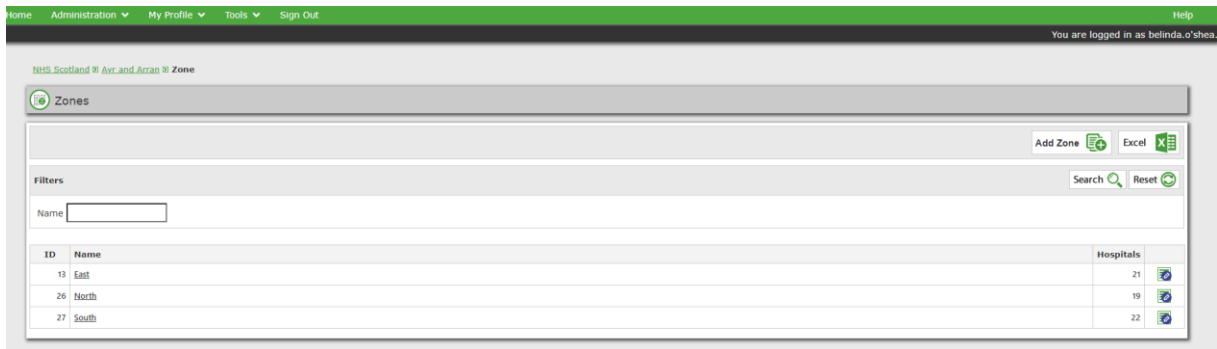


Zone Administration

- 8.6.1 The first level screen within the ‘Manage Zones’ area of FMT is the zones administration screen.

Note: Actions are very limited at this level; zones cannot be amended, added or removed because of the impact of changes at this level. If you want to change the structure of the board at this level, please contact HFS, who can do this for you.

The main function of this screen is to access hospitals, by selecting the relevant zone. As in every other area of FMT, the structure of the location data is Board/Zone/Site/Ward.

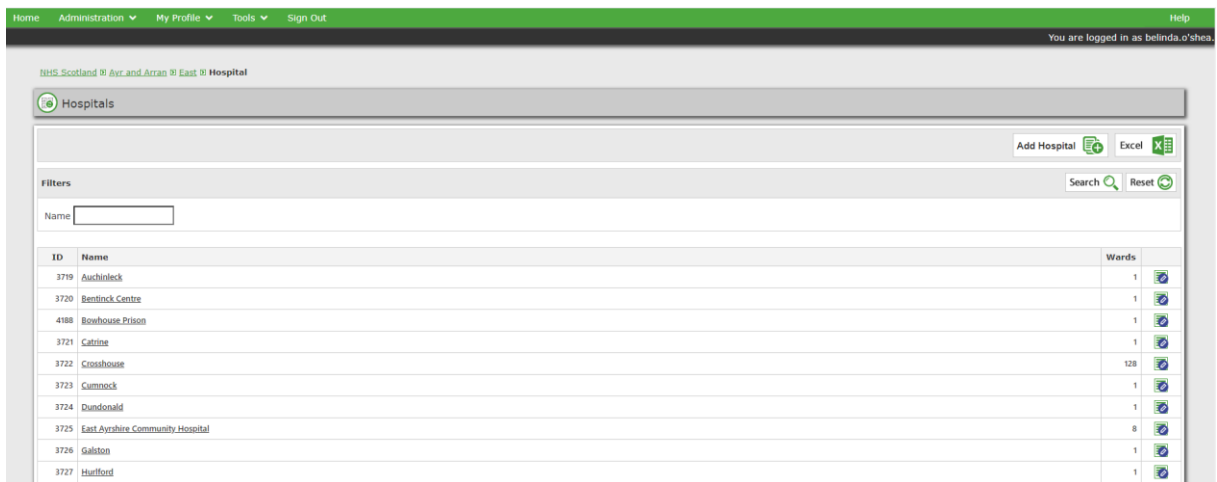


Selecting the relevant Zone will access all the sites within that corresponding Zone.

Hospital Administration

8.6.2 The hospital administration screen shows a list of all the sites within that zone, with additional basic information about each site.

The column 'ID' links the site for Estates integration purposes, where relevant.



At this level, changes can be made to the information for the site. To change the name or associated information for that site, click on . The fields for that site become editable.

Edit Hospital

Name

Hospital Type

Address 1

Address 2

City

State

Email

Telephone 1

Telephone 2

Fax

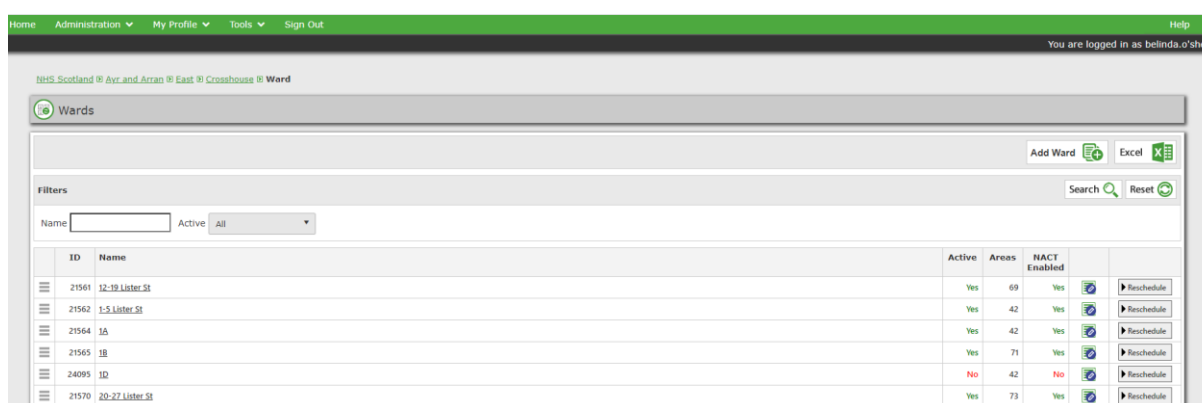
A new site can be added in this screen within the zone that has been selected. To add a new site, select **'Add Hospital' at the top right hand side of the screen**. Input the relevant information and save.

The new site will appear on the list for sites for that zone, but you will need to complete ward and room data before the addition is complete.


To access more detailed information about the wards within any site, click on the relevant Hospital name, which will take you to the next level. For this example, Crosshouse is used.

Audit Area: Ward Administration

8.6.3 The ward administration screen shows a list of all the audit areas within the site Crosshouse, with additional basic information about each audit area.



ID	Name	Active	Areas	NACT Enabled	
21561	12-19 Lister St	Yes	69	Yes	Reschedule
21562	1-5 Lister St	Yes	42	Yes	Reschedule
21564	1A	Yes	42	Yes	Reschedule
21565	1B	Yes	71	Yes	Reschedule
24095	1D	No	42	No	Reschedule
21570	20-27 Lister St	Yes	73	Yes	Reschedule

At this level, changes can be made to the information for the audit area. To change the name or associated information for that area, click on the  icon. The fields for that area will become editable (in the same way as they did at the higher levels). You can then edit the name of the area, change the ward type (the risk code) or enable the area for NACT purposes. The area can also be made active on FMT by selecting the 'yes' or 'no' drop down option. Once all the information has been completed, select 'save'.


At this level the audit area can also be rescheduled, as explained in [Section 4.2](#).

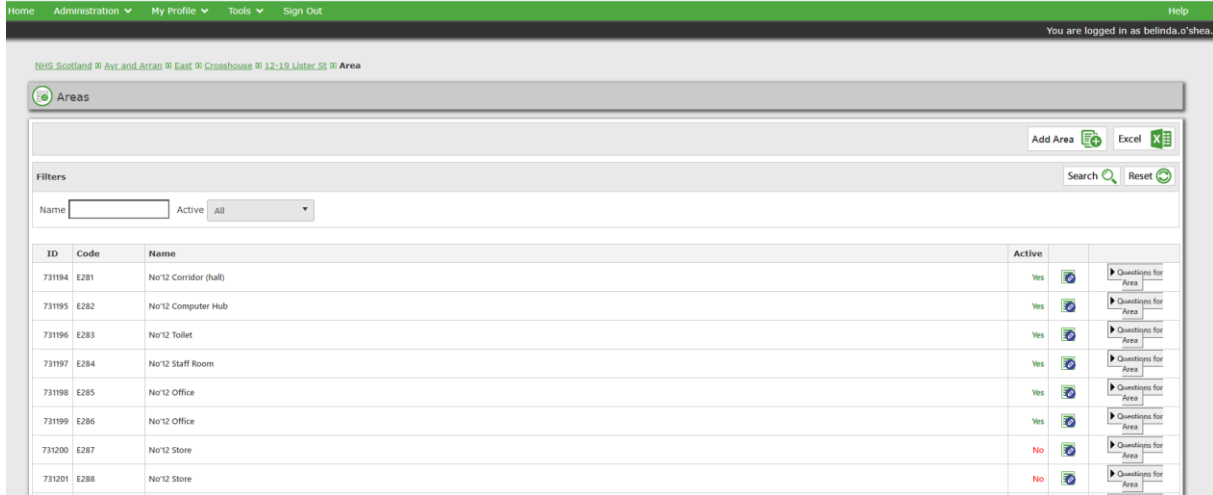
To access more detailed information about the areas within any site, click on the relevant ward area, which will take you to the next level where you can view the room list for that ward.

To add a new audit area to this site, select 'Add Ward' to the top right of the screen. A new section will appear requesting the name of the ward area, the ward type (its risk code A-J), the option to make it active or not on FMT and whether to have it NACT enabled or not. Complete this information and select 'save'. The ward will be added to the list available in this site.

Please note that newly added audit areas are added as 'inactive' as standard, so they can be activated (and therefore appear in your audit schedule) only once all of the room data has been completed for the new area and you are ready to audit. To activate the ward and add it to the audit schedule, ensure the 'Active' tick box for that ward is selected.

Room Administration

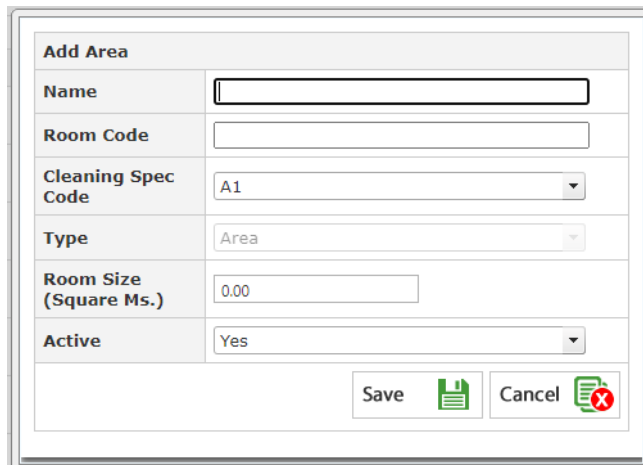
- 8.6.4 The screen below shows the room list for the audit area. The list contains the room reference and name for each room and whether the room is active or inactive. There is also a field available to store any associated supplier ID (the reference from the linked Estates system) where it is used. As before, using the  button enables the User to edit any aspect of the room information.



ID	Code	Name	Active	
731194	E281	No12 Corridor (hall)	Yes	Questions for Area
731195	E282	No12 Computer Hub	Yes	Questions for Area
731196	E283	No12 Toilet	Yes	Questions for Area
731197	E284	No12 Staff Room	Yes	Questions for Area
731198	E285	No12 Office	Yes	Questions for Area
731199	E286	No12 Office	Yes	Questions for Area
731200	E287	No12 Store	No	Questions for Area
731201	E288	No12 Store	No	Questions for Area

To add a new room to an existing audit area, select '**Add Area**' at the top right of the screen.

A short form will appear on the screen asking for basic information about the new room. Complete the details, giving the room its unique room code, its cleaning specification code (ensuring it is compatible with the area's risk code) and room size if available, clicking on '**Save**' once completed. The room will be added to the available room list for that area.



Add Area

Name



Room Code

Cleaning Spec Code

Type

Room Size (Square Ms.)

Active

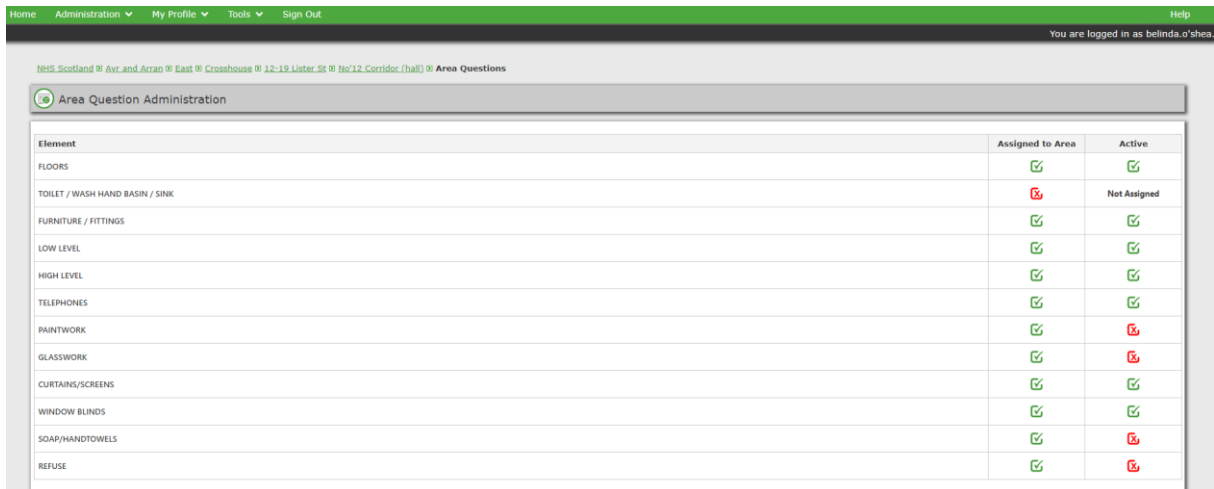

 

Finally, there is one further level of administration, which enables the User to view the 'questions' or elements assigned to each room. To access this level, click on '**Questions for Area**' next to the room you are interested in.

Element Administration

- 8.6.5 The screen below shows all the elements that have been assigned to the selected room. In the 'assigned to area' column there is a tick box for each element – if the

tick box is selected, that means that when an auditor is viewing that room in data capture, the element will be visible. The 'active' column will show whether the element is currently available for audit (enabled). So in the example below, the element paintwork will be visible on the data capture screen, but will not currently be enabled. That means the auditor is able to enable it during audit. If an element is showing on this screen with a tick box that has not been selected, it will not be visible at all to the auditor, as shown below for the toilet/WHB/sink element. This means they will not be able to enable it during audit.



Element	Assigned to Area	Active
FLOORS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
TOILET / WASH HAND BASIN / SINK	<input type="checkbox"/>	Not Assigned
FURNITURE / FITTINGS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
LOW LEVEL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
HIGH LEVEL	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
TELEPHONES	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
PAINTWORK	<input checked="" type="checkbox"/>	<input type="checkbox"/>
GLASSWORK	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CURTAINS/SCREENS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
WINDOW BLINDS	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SOAP/HANDTOWELS	<input checked="" type="checkbox"/>	<input type="checkbox"/>
REFUSE	<input checked="" type="checkbox"/>	<input type="checkbox"/>

This is the final and most detailed level of administration for areas within the FMT system.

9. FMT User Support

Introduction

- 9.1 There are a number of support mechanisms in place for those involved in monitoring activity.

Local User Support

- 9.2 Individual boards will have local arrangements for supporting auditors. Check with your Domestic Manager for all support issues relating to the audit process.

Within all boards there are nominated individuals who have the relevant access and training to fix local issues relating to individual User accounts, for instance, for password resets, or to add or amend their permission to access different sites within the board.

National User Support

- 9.3 In instances where the issues are relating to the whole system, or if the local administrator is unable to address the problem locally, email the allocated FMT inbox at nss.fmtsupport@nhs.scot. Only Board FMT administrators are to report any issues for national or technical support.

Make sure you have more than one individual per board who will be responsible for issue reporting to HFS (to cover annual leave) and make sure your board's auditors and administrators know who their local FMT lead is. Users can be removed too, there is guidance on how to do this at the end of this section.

Reporting an issue

- 9.4 When reporting an issue please ensure the following information is included:

Description: Please give as much detail as you can here. If it is affecting a specific User, please give their Username in FMT (firstname.surname) and their location. If it is a problem affecting a ward, please describe the location as it appears in FMT (i.e. Board/Zone/Site/Ward name). If you are getting an error message please explain what action you were carrying out when the error message shows, and if possible attach a screen print of the error/issue.

Include any important key information of the problem i.e. 'unable to sign off audits in Ward X, Hospital A', 'new User Ann Example cannot access Region X areas', 'DSR in Audit Area X not appearing in Audits' etc. If it is a specific audit area, please give full details of location i.e. 'board name/zone name/site name/audit area name' so we can find it more easily.

Attachments: add in any attachments related to the issue you are reporting.

Category: the issue can be happening either online (when you carry out actions on the live web based system on a PC), offline (when you're carrying out audit on the offline application, not connected to the network, on a windows tablet or iOS application, or both. Please provide the relevant information.

Issue Management

- 9.4.1 If you are experiencing any issues with using the FMT, the first line of support is your local FMT administrator. Your local FMT administrator is a 'super-user' with extra administrative permissions, and will have a good knowledge of the system and any current issues. They may be able to immediately resolve you issue.

However, if the local board FMT lead is unable to rectify the issue they can report the issue to HFS. We do recommend that issues logging is only carried out by the identified FMT lead or super-users in the board.

Please also be aware that the issue you are experiencing may not be caused by the application itself, but by an issue with the network or hardware (for example, the tablet or PC). These issues need to be addressed and resolved by local IT services. If you are not sure what sort of issue it is, speak to your local FMT lead for advice.

When an issue is reported to HFS, the issue will either be dealt with internally or forwarded onto Synbiotix for action. If additional information is required, an email will be sent directly to the reporter requesting this. The issue will then be logged and given a ticket number, which is generated once reported to Synbiotix.

HFS will inform the reporter once the issue has been logged.

Prioritisation of FMT System Issues

- 9.4.2 If the issue is affecting all Users and is stopping all audits from being completed it will receive a '**High**' priority and will be dealt with as an emergency – we aim to resolve these within 2 working days. However please be aware that the FMT system is hosted by National Services Scotland by the same team that also manage a number of business critical clinical systems. These systems will always take priority over audit or administrative tools.

If the issue is causing delays in audit submission or stopping a single individual or ward audit, or it is a request for a routine change (adding new sites etc.), it will receive a '**Normal**' priority. We will usually give a 2-week deadline to 'normal' issues, unless a longer timescale is acceptable.

If the issue is inconveniencing Users but not stopping any activity from taking place, or is a '**wish list item**' (a useful idea but one that is outside of the basic system specification and has not yet been agreed and planned for action) it will receive a '**Low**' priority.

Please bear in mind these timescales if you are approaching the end of an audit period and have a problem with an audit that is due soon. Let us know when you report the issue that the problem you are experiencing will lead to a non-submission, and give us the due date of the audit.

10. Appendix A: Background and Context

Background to Facilities Monitoring

- 10.1 Healthcare Associated Infection (HAI) is a priority issue for NHSScotland, important both in terms of safety and the health and wellbeing of patients, staff and the public, and in terms of the resources consumed by potentially avoidable infections.

Environmental cleaning services are an essential part of the multidisciplinary approach to improving patient, staff and public safety. For prevention and control of infection to work effectively, critical activities such as cleaning and hand hygiene have to be embedded in everyday practice.

The Monitoring Framework

- 10.2 In 2004 the HAI Task Force requested Health Facilities Scotland (HFS) to convene a working group to develop a Framework for the monitoring of cleaning services across Scotland in line with the National Cleaning Services Specification (NCSS).

The Framework was developed in consultation with a range of stakeholders within NHSScotland and was implemented in April 2006.

Monitoring in this context is defined as 'the ongoing assessment of the outcome of cleaning processes to assess the extent to which cleaning procedures are being carried out correctly, to identify any remedial actions required, and to provide an audit trail'.

An essential component of any monitoring framework is the fundamental principle of continuous improvement. The framework provides not only a reporting mechanism, but a rectification process that can be used locally to identify, prioritise and address issues of non-compliance.

The information gathered and collated through the monitoring process must be made available to those within the organisation with the ability and responsibility to evaluate the results and review the process to improve the quality of service provision. Risk Management and/or Clinical Governance committees should appraise the results of these processes quarterly. A clear line of accountability from the point of service delivery right up to Board level is essential. The Facilities Monitoring Tool (FMT) provides NHS Boards with the mechanism to evaluate their compliance and benchmark their services across NHSScotland.

In order to provide a comprehensive monitoring framework, the following areas have been addressed:

- the development and implementation of a standardised electronic monitoring tool for the monitoring of compliance
- the inclusion of the monitoring of the estate alongside the assessment of cleaning services compliance;
- the ability to benchmark services, assisting operational teams to identify where and how they can improve their cleaning and Estates services.

Structure of the Framework

- 10.3 The Framework includes sections which illustrate the context of monitoring and provides step-by-step guidance on the management approach to assessing and improving performance.

In order to provide a single source of guidance and information for Domestic and Estates Auditing, this National Audit Manual supersedes all previous documentation.

The following elements have been designed as visual tools to support the implementation of the monitoring process and are available within this manual.

National and Local Reporting

- 10.4 The National and Local Reporting Flowchart describes the monitoring reporting structure and its application and operation at three broad levels; the local operating divisions, the NHS Board, and nationally by Health Facilities Scotland (See [Section 7](#)).

Domestic Red/Amber/Green (RAG) System

- 10.5 The RAG flowchart describes the monitoring process and the subsequent communication, re-inspection and evaluation (See [Section 5](#)).

Estates Red/Amber/Green (RAG) System

- 10.6 The Estates RAG flowchart describes the monitoring process and the subsequent communication and evaluation (see [Section 5](#)).

Domestic Remedial Processes

- 10.7 This flowchart describes the corrective communication processes to be used when the Domestic monitoring scores indicate that remedial action is required (see [Section 5](#)).

Appendix B: Audit Risk Scores

Cleaning Spec. Code	Floors	Toilet/ WHB/ sink	Furn. and Fits	Low Level	High Level	Tel.	Paint work	Glass work	Curtain and Screen	Win. Blinds	Soap/ Hand towels	Refuse	Clean. Equip.	Appliances
A1	4	4	8	4	4	4	4	4	4	4	4	4		
A3	4	12	12	8	4		4	4	8	8	12	8		12
A5	4	8	12	4	4		4	4		4	8	8		12
A6	4	4	4	4	4	4	4	4	4	4	4	4		
A8	4	4	4	4	4	4	4	4	4	4	4	4		
A10	4	8	8	4	4	4	4	4	4	4	8	4		
A12	3	3	3	3	3		3	3			3	3	3	
B1	4	4	8	4	4	4	4	4	4	4	4	4		
C11	4	8	8	4	4	4	4	4	4	4	8	4		
D1	4	8	12	4	4	4	4	4	4	4	8	4		
D2	4	8	8	4	4	4	4	4	4	4	8	4		12
D3	3	3	3	3	3	3	3	3	3	3	3	3		
D7	3	3	3	3	3	3	3	3	3	3	3	3		
D9	3	3	8	3	3	3	3	3	3	3	3	3		3
D14	4	8	8	4	4	4	4	4	4	4	8	4		
D16	3	3	3	3	3	3	3	3	3	3	3	3		
D17	3		3	3	3		3	3	3					
E3	2	2	3	2	2	2	2	2	2	2	2	2		2
E10	3	3	3	3	3	3	3	3	3	3	3	3		2
E11	2	2		2	2	2	2	2	2	2	2	2		2
E12	2			2	2	2	2	2	2	2		2		2
E13	3	3	3	3	3	4	3	3	4	4	3	3		3
E15	2	2		2	2	2	2	2		2	2	2		
F1	2	2	2	2	2	2	2	2	2	2	2	2		2
F2	2	2		2	2		2	2	2	2	2	2		2
F4	2	2	2	2	2		2	2			2	2		2
F5	2	2	2	2	2	2	2	2	2	2	2	2		
F6	2		2	2	2	2	2	2	2	2		2		
G1	4	8	8	4	4	4	4	4	4	4	8	4		12
G3	4	8	8	4	8	4	4	4	4	4	8	4		12
G7	4	4	4	4	4	4	4	4	4	4	4	4		
G10	4	8	12	4	4	4	4	4	4	4	8	4		
H1	4	8	12	4	4	4	4	4	4	4	8	4		
H2	4	8	8	4	4	4	4	4	4	4	8	4		
I1	4	4	4	4	4	4	4	4		4	4	4		
I2	4	8	8	4	4	4	4	4		4	8	4		
I3	4	8	8	4	4	4	4	4			8	4		
I4	4	8	8	4	4	4	4	4			8	4		
J1	4	8	12	4	4	4	4	4		4	8	4		

Appendix C: Public Involvement Guidance and Templates

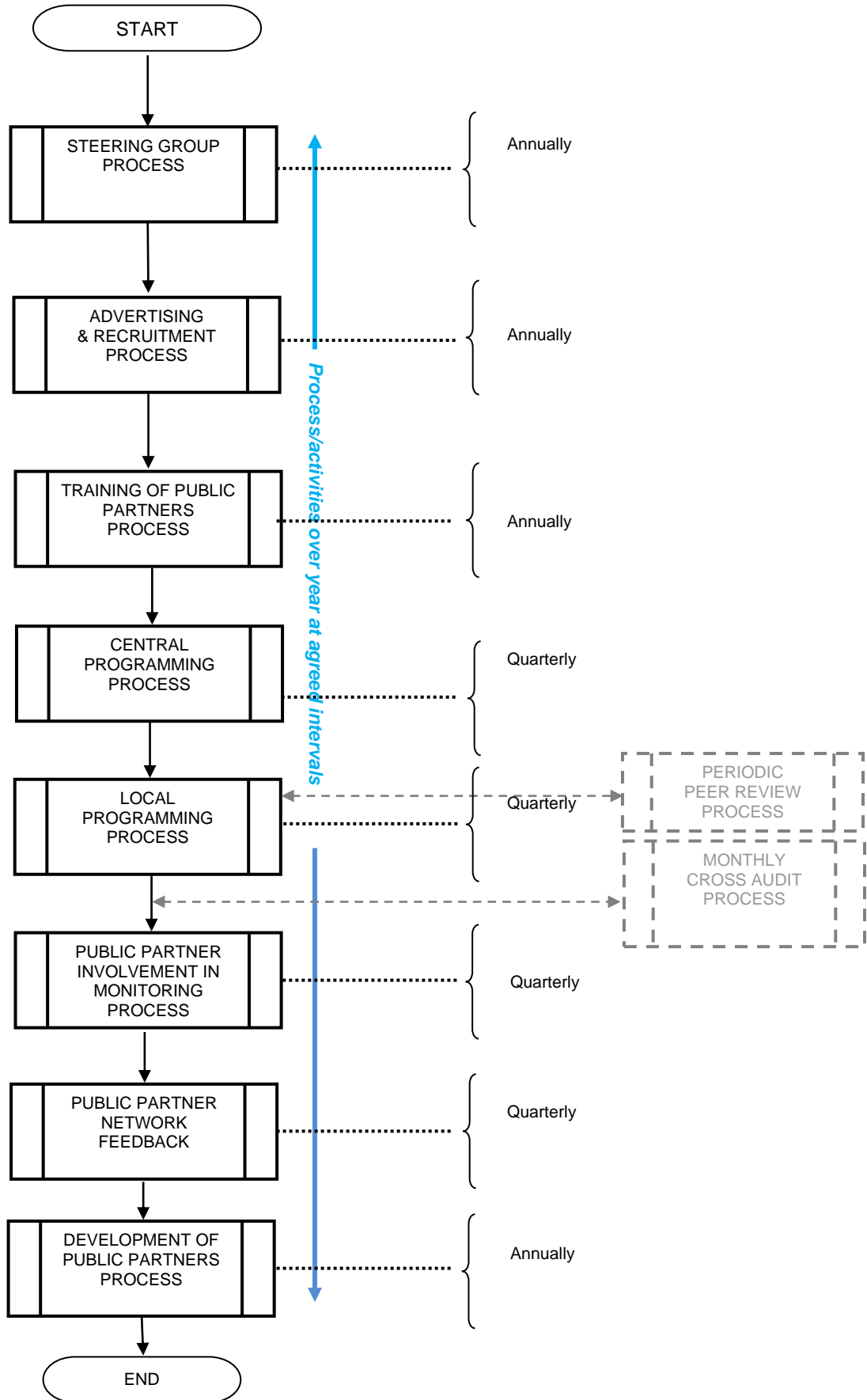
The following templates have been produced by NHS Greater Glasgow and Clyde and offered for use by any board across NHSScotland, they have been amended for generic use.

We extend our thanks to NHS Greater Glasgow and Clyde for providing these resources for use across NHSScotland.

These templates are not mandatory; they are offered as guidance only.

A	Public Partner Involvement in Environmental Cleaning Services Processes
B	Public Partner Involvement – Steering Group
C	Public Partner Involvement – Advertising and Recruitment
D	Public Partner Involvement – Training of Public Partners
E	Public Partner Involvement – Central Programming
F	Public Partner Involvement – Local Programming
G	Public Partner Involvement in the Monitoring Process
H	Public Partner Involvement – Network Feedback
I	Public Involvement – Development of Public Partners

A. Public Partner Involvement in Environmental Cleaning Services Processes



B. Public Partner Involvement – Steering Group

1. Objective

To ensure all aspects of Peer/Public Involvement in Environmental Cleaning Services Monitoring at local Board level, are developed, progressed and reviewed with input from relevant parties.

Group membership includes:

- Facilities Managers with lead responsibility for Participation Standards and Patient Experience agendas;
- Facilities Manager with lead responsibility for Cleaning Services Training Framework;
- Estates Management Representative;
- Public Partner;
- Infection and Prevention Control Nurses;
- Independent Visit Team Lead.

2. Responsibility

It is the responsibility of the Facilities Manager Lead to ensure this procedure is maintained.

It is the responsibility of the Steering Group to ensure this procedure is followed.

3. Operation

The Steering Group will meet annually or more frequently as required. All aspects of Peer/Public involvement in Environmental Cleaning Monitoring Services will be developed, progressed and reviewed.

These include:

- content of Training Awareness material;
- training delivery;
- development needs – Public Partner, Professional and organizational;
- programme detail of Environmental Cleaning Monitoring visits;
- development of organisational feedback.

4. Quality Records

- Terms of Reference.

5. References

- National Monitoring Framework V5;
- Training Awareness Material.

C. Public Partner Involvement – Advertising and Recruitment

1. Objective

To ensure the organisation is positioned to advertise, when required, across Public Partnership Forum's and Patient Networks and recruit suitable members of the public with an interest in environmental cleanliness within Healthcare premises.

2. Responsibility

It is the responsibility of the Facilities Manager Lead to ensure this procedure is maintained.

It is the responsibility of the Facilities Manager Lead to ensure this procedure is followed.

It is the responsibility of the Public Partnership Forums and Patient Networks within Clinical Directorates, and Managed Clinical Networks to disseminate advertisements to their members

3. Operation

An advertisement will be drawn up and circulated to all relevant local Public Partnership Forums and Patient networks.

All respondents will be sent an Expression of Interest form.

All suitable candidates who return this form will be invited to a training awareness session covering all aspects of their involvement in the environmental cleaning monitoring process within healthcare premises

If still interested, at the end of the training awareness session participants will be asked to sign a Working Agreement, which, is a recognition that they have agreed to participate as a Public Partner for a one-year term.

4. Quality Records

- expression of Interest form'
- Working Agreement Document.

D. Public Partner Involvement – Training of Public Partners

1. Objective

To ensure the Public Partners have sufficient knowledge of the National Monitoring Framework and Environmental Cleaning Services so that they are in an informed position when validating the Environmental Cleaning Monitoring process during each peer/public review visit.

2. Responsibility

It is the responsibility of the Facilities Manager Lead in conjunction with the Steering Group to ensure this procedure is maintained.

It is the responsibility of the Facilities Lead in conjunction with the Steering Group to ensure this procedure is followed after each recruitment drive.

3. Operation

NHS professional staff will deliver an awareness training session to invited prospective Public Partners. Experienced Public Partners will also be invited to share experiences at this session.

The session will include:

- summary of NHS Scotland National Cleaning Services Specification July 2012;
- monitoring framework for the NHS Scotland National Cleaning Services Specification V2 July 2010;
- infection control issues relating to environmental cleaning services;
- how monitoring is undertaken, including the use of the Facilities Management tool;
- public partner's involvement/role in validating the process.

At the end of the awareness session interested Public Partners are invited to sign a Working Agreement to underpin their commitment for a year.

Public Partners will also be invited to attend a practical or 'mock' visit as part of the training awareness session, this will include:

- a hand hygiene session including theoretical and practical aspects;
- a mock inspection led by an experienced visit team lead;
- a question and answer session.

Interested Public Partners will be issued with a training awareness evaluation form. Public Partners will be issued with a travelling expenses claim form for submission.

4. **Quality Records**

- working agreement document;
- evaluation form travelling expenses.

E. Public Partner Involvement – Central Programming

1. **Objective**

To allocate, on behalf of the organisation, new and experienced Public Partners across all Healthcare locations, to achieve National and local targets for Peer/Public review

2. **Responsibility**

It is the responsibility of the Facilities Manager Lead to ensure this procedure is maintained

It is the responsibility of the Facilities Manager Lead to ensure this procedure is followed.

3. **Operation**

Public Partner allocations will be made each quarter.

These allocations, where possible, will be based on:

- national targets;
- local board targets;
- public partners' affiliation to their local Public Partnership Forum and Patient network;
- geographical location;
- time availability;

- transport availability;
- specific Public Partner requests.

Each Public Partner is notified in writing of the healthcare location and local contact details.

This information is shared locally with visit team leads, Infection and Prevention Control Team and Estates

Where a Public Partner gives notice of unavailability another Public Partner will be contacted for to arrange substitution.

4. **Quality Records**

- Public Partner allocation letter;
- Quarterly programme.

F. Public Partner Involvement – Local Programming

1. **Objective**

To ensure a consistent approach to communicating and programming local Environmental Cleaning Monitoring visits.

2. **Responsibility**

It is the responsibility of the Facilities Manager Lead to ensure this procedure is maintained.

It is the responsibility of the nominated Visit Team Lead to ensure this procedure is followed.

3. **Operation**

The local Visit Team lead will be notified of their quarterly allocation of Public Partners against required targets.

The local Visit Team Lead will be responsible for coordinating the visit programme with all interested parties namely:

- public partners;
- infection and prevention control nurse;
- cleaning services manager / representative;
- Estates representative.

The Visit Team lead will coordinate transport and any other specific needs that may be required.

It is the responsibility of the Visit Team Lead to notify all parties of any changes to agreed arrangements.

At the end of each quarter the Visit Team Lead will complete all associated programme records.

The Visit Team Lead will feed back any issues impacting on consistency of process to Facilities Manager Lead

4. **Quality Records**

- quarterly target sheet.

G. Public Partner Involvement in the Monitoring Process

1. Objective

To ensure the consistency of Peer/Public Involvement in environmental cleaning services monitoring, supporting the requirements of the National Monitoring Framework.

2. Responsibility

It is the responsibility of the:

- local Facilities Manager and nominated Visit Team Lead to ensure this procedure is maintained;
- Visit Team Lead to ensure this procedure is followed;
- Visit Team Lead to carry out the cleaning monitoring inspection, involving all team members, and debrief all relevant parties and co-ordinate the completion and circulation of the Environmental Cleaning Services Monitoring Report;
- Public Partner to validate the cleaning monitoring process;
- Infection and Prevention Control Nurse to provide specialist knowledge and advice where appropriate;
- local Cleaning Services Manager/Representative to provide local specialist knowledge of cleaning services;
- local Estates Representative to provide local specialist knowledge.

3. Operation

- the Visit Team will meet at the designated site and discuss random selection of wards within the organization/location, as programmed centrally;
- Visit Team Lead/Infection and Prevention Control Nurse/Cleaning Service Representative, Estates Representative will explain any local access challenges or restrictions e.g. outbreaks;
- Public Partner will choose location to be monitored;
- at selected location the Visit Team Lead will introduce the team and explain the purpose of the visit to the appropriate Senior Charge Nurse;
- as well as cleaning services delivery standards the review process will assess and report on Estates and environmental and Infection Control issues which may have a direct influence on cleaning services delivery;
- the review will be carried out in an open and transparent manner with all team members involved in discussion on findings as appropriate to reach consensus view;
- the Visit Team Lead will be the final arbiter in all matters arising during the review;
- upon completion of the review the Visit Team Lead will share comprehensive feedback with the appropriate Senior Charge Nurse and all team members will be given the opportunity to add their own comments at this time;

- at the end of each visit the Visit Team Lead completes and signs off the relevant Facilities Monitoring Tool screen which the remainder of the team will countersign as evidence of agreement;
- the Environmental Cleaning Services Monitoring Report is completed with agreement from all parties and the Visit Team Lead will take responsibility for circulation;
- the procedure is repeated at a second location from 3.3;
- at the end of the review the Visit Team Lead will summarise findings with the team;
- the Visit Team Lead will issue travelling expense form to Public Partner;
- the Visit Team Lead will make arrangements for any re-monitoring visits in the event of an amber or red range outcome.

4. Quality Records

- Facilities Monitoring Tool;
- Environmental Cleaning Services Monitoring Report;
- Travelling Expense Form.

H. Public Partner Involvement – Network Feedback

1. Objective

To ensure that communication channels are in place to allow Public Partners to feedback to Public Partnership Forum on their experience/involvement as a team member within the Peer/Public review process.

2. Responsibility

It is the responsibility of the Facilities Manager Lead to ensure this procedure is maintained. It is the responsibility of each Public Partner to ensure that objective feedback relating to their visit experience is given.

3. Operation

After each cleaning services review visit the Public Partner will share their written views on the Environmental Cleaning Services Monitoring Report alongside the observations of other team members.

Each Public Partner will share their experience based on the Environmental Cleaning Services Monitoring visit and report to their local PPF and Patient Network where appropriate.

4. Quality Records

- Environmental Cleaning Services Monitoring Report.

I. Public Partner Involvement – Development of Public Partners

1. Objectives

To continue to develop and support good working relationships between NHS staff and Public Partners to ensure that Public Partners are supported, educated and developed and can contribute in an informed and effective manner within visiting teams.

To improve the knowledge and experience for new and existing Public Partners to ensure the highest quality and maximum effectiveness of Public Partner participation in the environmental cleaning services monitoring process.

To involve and support Public Partners by working together and sharing information to improve, develop, monitor and evaluate all the initiative's material associated with Public Partner participation in the environmental cleaning services monitoring process.

2. Responsibility

It is the responsibility of the Facilities Manager Lead in conjunction with the Steering Group and Public Partners to ensure this procedure is maintained.

3. Operation

The development sessions can include educational and facilitated workshop elements.

Each development session will build on Public Partner feedback from:

- training awareness sessions;
- organisational/service/standards information;
- previous development sessions;
- review visit experiences.

Each development session will also include Professional development session feedback.

The outcome from the above Development sessions will be reviewed and progressed by the Steering Group.

The programme along with location and travelling details will be sent to each Public Partner with an availability slip for return.

At the end of each development session Public Partners will be given an evaluation form and travelling expenses form for completion.

4. Quality Records

- environmental cleaning services monitoring reports;
- development session programme;
- availability slip;
- evaluation form.

Appendix D: Glossary of Terms

The following terms are used within the document:

Audit	A process which allows for the systematic and critical analysis of the quality of service
A1 Hospital	Major teaching hospitals covering a full range of services and including special units
A2 Hospital	Large general hospitals with some teaching units, usually over 250 average staffed beds
Benchmarking	Use of a standard or point of reference for the purpose of comparison, usually in the context of improving performance
FMT	Facilities Monitoring Tool is a system used for handheld devices and web based data transfer in the Domestic and Estates audit process
HAI	Healthcare Associated Infections are infections that occur while receiving health care, developed in a hospital or other health care facility that first appear 48 hours or more after hospital admission, or within 30 days after having received health care
HAIRT	Healthcare Associated Infection Reporting Template
HAI Task Force	A government-led group which includes the HAI Taskforce National Policy Group (HAI NPG) and the HAI Taskforce National Advisory Group (HAI NAG)
HFS	Health Facilities Scotland
IPCT	Infection and Prevention Prevention and Control Team
Monitoring	The ongoing assessment of the outcomes of cleaning processes
NCSS	The NHSScotland National Cleaning Services Specification
Peer review	Review of a service by those with expertise and experience in that service, either as a provider, User or carer, but who are not involved in its provision in the area under review.
PFPI	Patient Focus and Public Involvement
PPF	Public Partnership Forum
RAG	Red/Amber/Green System

Appendix E: Action Plan template

Remedial Action Plan for Monitoring Fail

Details of Monitoring Fail	
Area	Date
Auditor	Score %
RAG Category: <i>Green/Amber/ Red</i>	Action Plan Timescale
Date Re- Audit Conducted	Score %
Reasons for Fail	
Signed <i>e.g. (Domestic supervisor)</i>	Date
Category of Problem A B C D E F G H I J K L <i>(please highlight appropriate category/s)</i>	

Remedial Action Required

Defects Rectified By	Date
Asst Man. Signature	Date

Category Key

Category	Description	Detail
A	Resource	Recruitment
B	Resource	Sick Absence
C	Resource	Equipment Availability
D	Resource	Environmental
E	Resource	Budget Effects
F	Systems	Prioritising
G	Systems	Productivity
H	Systems	Work Schedules
I	Systems	Cleaning Methodology
J	Systems	Specification
K	People/Performance	Training Issues
L	People/Performance	Staff Development

A	Recruitment	Supervisors will be expected to check back to at least the last monitoring date for the staff coverage for the specific area to assess if the area received full cover as allocated or less cover was given as a result of staff shortages as a result of staff vacancies/sick absence.
B	Sick Absence	
C	Equipment Availability	Supervisors will be expected to check that the area has the allocated amount of equipment in order to carry out the duties as specified. If there is shortfall in available equipment this must be recorded and how it had an impact of the service provision and every effort must be made to supply the required equipment.
D	Environmental	Environmental issues which may contribute to a low audit result relates to difficulties regarding the fabric and fixtures of the area. A fail could be given as a result of building work being carried out or a deterioration within the area due to the natural aging process.
E	Budget Effects	In this case this would not be responded to by a Domestic supervisor – only management.
F	Prioritising Tasks	Are there up-to-date work schedules available for all staff at department / ward level? Are the staff aware of these schedules and understand them in full and therefore are working in a pro-active way and following the work schedule to ensure completion of daily / weekly etc. tasks to the specification requirements. Are the staff also aware of the need to prioritise their duties as a result of any special requests which may have been made by the service User and if so has this request had a detrimental effect on the daily tasks which must be completed.
G	Productivity	
H	Work Schedules	
I	Cleaning Methodology	
J	Specification	Is the supervisor in agreement with the way that the cleaning services / routine have been allocated for the specific area or could a reassessment of the current input of hours / methods etc. provide a more efficient and effective outcome in line with the National Specification and given resources.
K	Training	Can the supervisor confirm that all the staff working within the specific area has been trained to the highest level to carry out the duties as required? Are there staff issues relating to work performance or is further training / staff development required for staff to reach their full potential and the required standard?
L	Staff Development	