

## **National Facilities Monitoring Framework Manual**

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

ARCHIVED (Apr 2020)

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# 1. Introduction to Facilities Monitoring

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## 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 brings together all existing guidance (for instance, the Monitoring Framework, the Managers Guide, and existing Facilities Monitoring Tool user manuals) and replaces them, whilst also providing newly developed and presented guidance on the intricacies of the audit process which has not previously been published.

The aim 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.

Whilst the process and principles of audit have not changed significantly since the framework's initial development, the process of audit is now supported by a web-based tool which, because it is a new and 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. However we want the manual to be as accessible as possible and often a printed version is the most easy to use for staff in front-line services. For this reason we will be publishing a printable version to be stored in a ring-bound folder, and we will publish updated sections to replace any obsolete sections as required.

The manual has been produced primarily for staff that carry out audits and who 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 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 The Audit Manual does not cover audits carried out under other frameworks, for instance SICPs (Standard Infection Control Precautions) Audits, Environmental Audits carried out by infection control staff 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.

## 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 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 outlined risk codes for different types of healthcare setting – 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 3 months

The NCSS is being reviewed in 2015/16 and the structure of the risk assessment for the cleaning of areas will change. However we will 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 here for ease of reference.

Risk Code	Specification Code	Room Types
<b>A Code</b>	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>B Code</b>	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
<b>C Code</b>	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

<b>D Code</b>	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
<b>E Code</b>	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
<b>F Code</b>	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

<b>G Code</b>	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
<b>H Code</b>	H1	Theatres, transplant unit, bone marrow
	H2	Changing accommodation and corridors
	A3	Sanitary
	A5	Ward pantry, kitchen
	A6	Offices
	E10	Staff room
	A12	DSR
<b>I Code</b>	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

<b>J Code</b>	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

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

### Audit Creation

2.4

The FMT system uses the information above 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.

<b>Example:</b> Risk Code A – In a Patient Acute Ward Area	
<b>The audit will include:</b>	
<b>Up to 8 rooms of type A1</b>	bed areas, day rooms, clinical clean, dirty utility areas, ward corridors and stairs.
<b>Up to 4 rooms of type A3</b>	sanitary areas.
<b>1 room of type A5</b>	the ward pantry or kitchen.
<b>1 room of type A6</b>	an office.
<b>1 room of type A8</b>	a store room.
<b>1 room of type A10</b>	a dining room.
<b>1 room of type D17</b>	fire escape stairs.
<b>1 room of type A12</b>	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 audit and have to skip it for whatever reason, the system will select this missed room 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/handtowels;
- 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 here, 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.

Example room: A1 Bedroom	
Item Checked	Risk Score ***
Floors	4
Toilet/wash hand basin/sink	4
Furniture and Fittings	8
Low Level	4
High Level	4
Telephone	4
Paintwork	4
Glasswork	4
Curtains and Screens	4
Window Blinds	4
Soap/Handtowels	4
Refuse	4
Total potential score	52

Figure 3: Risk scores for the elements in an A3 room

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.

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## 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 are aware of the local policies for the use of Personal Protective Equipment (PPE) and hand hygiene policies before you commence auditing, to ensure your own safety and the safety of other staff and patients.

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.

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.

## The room elements

### 3.4

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. By this we mean examining the element by sight and by touch (whether that is using your hands if it is safe to do so, or another method, such as 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, that you are moving and adjusting them so that you can check the mechanisms are clean and undamaged.

The following photographs show typical bed areas that you will come across in the healthcare setting. They have been annotated to show the common elements and how those elements 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.

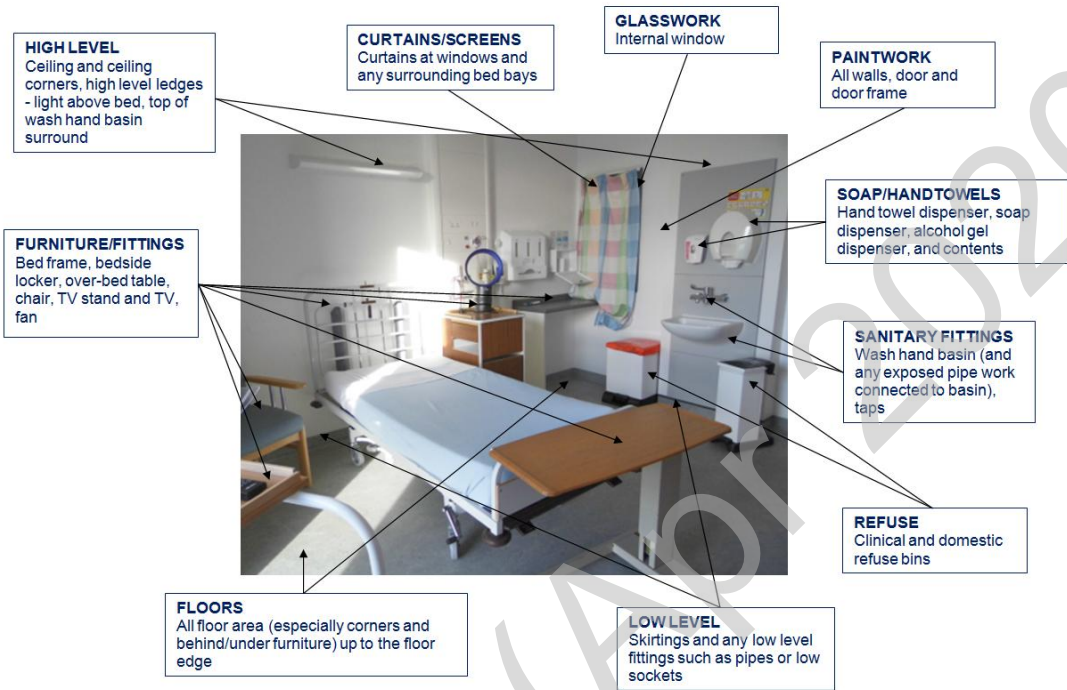


Figure 4: A standard single bedroom with elements for monitoring

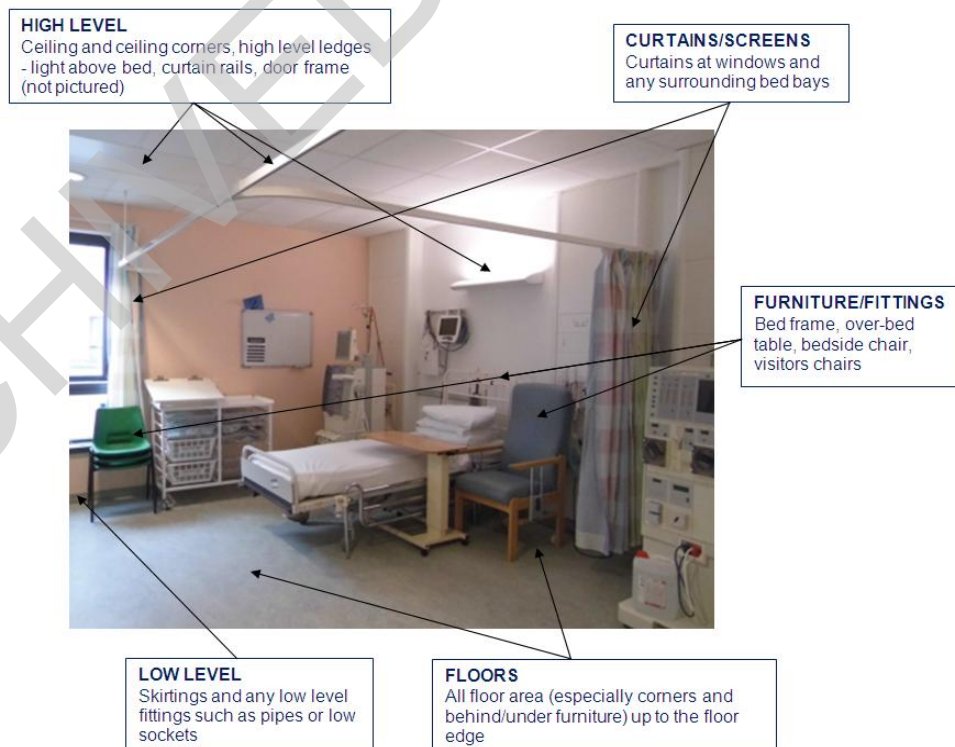


Figure 5: A bed bay in an acute 4-bedded area

**Note:** here there is no category within Facilities Monitoring for the clinical or patient equipment, such as the trolley for storing clinical equipment, the patient entertainment system, 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 3.19.




## Floors


3.5

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

<b>How do you check this element?</b>	
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	
<b>Examples of how the element might fail</b>	
<b>Domestic Fail</b>	Stains, marks and debris build up. Dust, grit and debris in corners of floor.
<b>Examples</b>	<p>Pay attention to the corners for grit and dust, and build up of residue</p> <div style="display: flex; justify-content: space-around;">   </div> <p>(these pictures also show the skirting which would be classified as 'low level' during monitoring)</p> <p>Check for a build up around the room threshold</p>



	
<p><b>Estates Fail</b></p>	<p>Damaged or split carpet and vinyl. Split welds. Glue residue penetrating floor causing stains and rough surfaces that can't be cleaned.</p>
<p><b>Examples</b></p>	<p>Damage to the flooring.</p>  <p>Check for damage to the joints.</p> 

	<p>The picture below shows floor welds failing and lifting.</p> 
<p><b>User Issues</b></p>	<p>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).</p>
<p><b>Examples</b></p>	<p>Report poor storage that impedes cleaning, particularly in storage areas or staff changing areas.</p>

## Sanitary fittings and fixtures

3.6

**Definition:** Wash hand basins and surrounds, sinks, baths, showers, toilets, bidets, urinals, including taps, hinges, hoses, plugs, toilet brush and holder, seals and pipes. Includes safety bars and grab rails.

### How do you check this element?

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

<p><b>Sink:</b></p> <ul style="list-style-type: none"> <li>inspect sink bowl for residue;</li> <li>inspect taps for watermarks, and any build up of lime scale;</li> <li>check under taps for black water marks caused by build up;</li> <li>check around and underneath sink bowl for residue and soap marks;</li> <li>check pipes and plumbing for dust;</li> <li>ensure waste is clean and free from grit;</li> <li>inspect silicone sealer around sink bowl;</li> <li>check for residue or lime scale build-up in the joints.</li> </ul> <p><b>Shower:</b></p> <ul style="list-style-type: none"> <li>check showerhead, shower hose, and safety bars for build up of residue or lime scale, and soap;</li> <li>check shower basin is free from residue, hair, grit or dust.</li> </ul> <div style="border: 1px solid red; padding: 5px; margin-top: 10px;"> <p><b>Note:</b> 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, either verbally or through identifying it as a User Issue.</p> </div>	
<b>Examples of how the element might fail</b>	
<b>Domestic Fail</b>	Dust, residue, staining or soap build up on any part of sanitary fitting. Build up of residue in and around waste. Build up or residue/staining around shower basin. Discoloured silicon sealant (if the discolouration cannot be removed through cleaning, identify it as an estates issue).
<b>Examples</b>	Check the underside of the toilet seat and around the hinges, as well as inside and around bowl, and behind the back rest.



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



Build up of lime scale on taps.



Build up and soap marks on taps and sink.



Build up in sink drain.



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








Check for build up under grills on janitorial sinks.



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





	<p>Check for hair or debris collecting in the shower drain.</p> <p><b>Note:</b> a build up underneath the drain cover should be reported as an estates issue.</p> 
<p><b>Estates Fail</b></p>	<p>Damaged toilet seat, or missing toilet seat hinge covers or missing rubber buffers.                  Surface damage inside toilet bowl and sink bowl that can't be removed with cleaning.                  Damaged/split silicone sealer.                  Taps missing inserts.</p>
<p><b>Examples</b></p>	<p>Report any damage to veneers as Estates Issue.</p>  <p>Silicon seal splitting and coming away.</p> 

<p><b>User Issues</b></p>	<p>Inappropriate storage in sanitary areas. Staining that cannot be removed by cleaning should be reported as a user issue to be managed by the Ward Manager.</p>
<p><b>Examples</b></p>	<p>Personal toiletries left in shower room floor.</p>  <p>Check any baby change equipment and report via user issues if any cleaning problems are identified for baby change equipment within the ward environment. Note: issues with baby change equipment in a public area or health centre should be identified as a Domestic Issue.</p> 

## Furniture and Fittings

3.7

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

### How do you check this element?

- each item should be visually checked and also 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.

**Examples**



Check the tops of over bed lighting.



Raise the bed up to effectively check the underside of the bed.



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

	 <p>Move and turn over furniture where possible and safe to do so, to check underside properly.</p>  <p>Check radiators including grills and vents.</p> 
<p><b>Estates Fail</b></p>	<p>Damaged surfaces which compromise the ability to clean.</p>
<p><b>Examples</b></p>	<p>Report any surfaces that do not have impermeable finishes – this is bare unvarnished wood on an over bed table.</p>

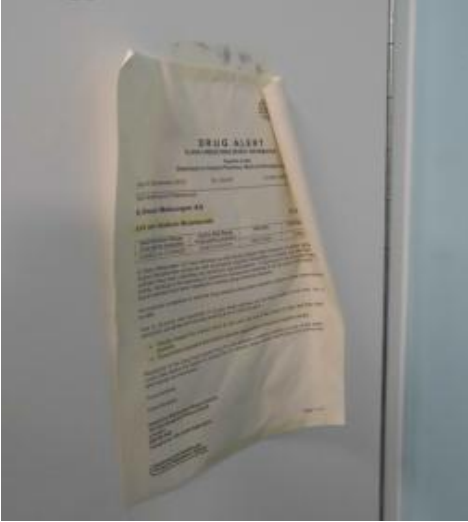


Report damage to furniture as appropriate.



**User Issues**


Furniture donated by relatives/members of the public that cannot be cleaned appropriately.  
Posters/notices stuck on surfaces with sticky tape.  
Posters/notices which are not laminated therefore can't be cleaned.

<p><b>Examples</b></p>	<p>Report the use of non-laminated or non-wipeable signs and notices on furniture and fittings as user issues (only in clinical areas).</p> 
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### Low Level

3.8

**Definition:** Low (below hand height) surfaces including ledges, trunking, vents, pipes and partition ledges, skirting, sockets and switches.

<p><b>How do you check this element?</b></p>	
<ul style="list-style-type: none"> <li>A visual and physical inspection of the low level elements including skirting, low pipe work and trunking, low sockets and switches.</li> </ul>	
<p><b>Examples of how the element might fail</b></p>	
<p><b>Domestic Fail</b></p>	<p>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.</p>
<p><b>Examples</b></p>	<p>Dust at bottom of stair rails.</p> 

<p><b>Estates Fail</b></p>	<p>Damaged surfaces which compromise the ability to clean. Skirting and rails which are loose and coming away from the wall.</p>
<p><b>Examples</b></p>	<p>Poorly fitting skirting or skirting that is coming away from the wall.</p> 
<p><b>User Issues</b></p>	<p>Blood splatters or bodily fluids. Sticky tape or tape residue.</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



3.9

**Definition:** High (above hand height) surfaces including ledges, pipes, vents, grills, direction signs, curtain rails and bed rails. High level can generally be

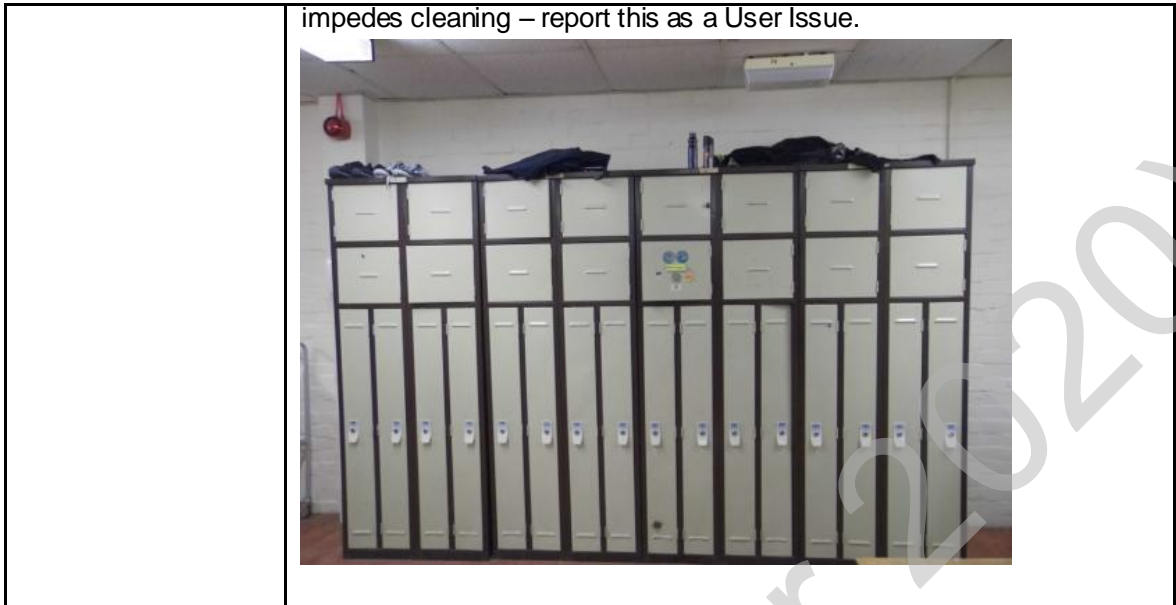


defined as 'harder to reach' areas or items that require a difference method or equipment to clean.

<b>How do you check this element?</b>	
<ul style="list-style-type: none"> <li>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).</li> </ul>	
<b>Examples of how the element might fail</b>	
<b>Domestic Fail</b>	Surfaces dusty. Visible cobwebs.
<b>Examples</b>	<p>Check for dust and build up on top of wall panels.</p> 
	<p>Dust on top of curtain rails should be reported as a high level fail.</p> 
<b>Estates Fail</b>	Damaged surfaces and damaged or missing ceiling tiles, flaking paint, loose rails. Build up of dust on ceiling vents.
<b>Examples</b>	Broken or poorly fitting ceiling tiles should be reported as estates issues.

	
<p><b>User Issues</b></p>	<p>Inappropriate storage of items on top of cabinets.</p>
<p><b>Examples</b></p>	<p>Stained ceiling tiles (not damaged) should be reported as User Issues not as Estates Issues, as they do not pose an infection control risk, however they are unsightly.</p>  <p>The top of cupboards or lockers should not be used as storage as this</p>






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

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## Telephones

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

<b>How do you check this element?</b>	
<ul style="list-style-type: none"> <li>Visibly and physically check telephone, lift receiver inspect the ear and mouth piece for smearing, checking cable for dust.</li> </ul>	
<b>Examples of how the element might fail</b>	
<b>Domestic Fail</b>	Smearing or dusty on handset or cable.
<b>Examples</b>	Check under the receiver for build up of dust or make-up.
	
<b>Estates Fail</b>	Not applicable.
<b>User Issues</b>	Sticky tape on phone. Broken equipment in use. Cable damaged.

## Paintwork

3.11 **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.

<b>How do you check this element?</b>	
<ul style="list-style-type: none"> <li>Both a visual and physical check of the walls, doors, frames, door handles, kick plates, air vents, grilles and all contact surfaces.</li> </ul>	
<b>Examples of how the element might fail</b>	
<b>Domestic Fail</b>	<p>Any part visually marked or soiled.</p> <p>Any part not free from dust, grit, soil, film, sticky tape, cob webs and or scuffs.</p> <p>The internal frame of the door and hinges are not free of dust and build up.</p> <p>Touch surfaces are visibly stained.</p>

**Examples**

Check the door fittings including door jambs and hinges.



Check any grills or vents fitted into doors.

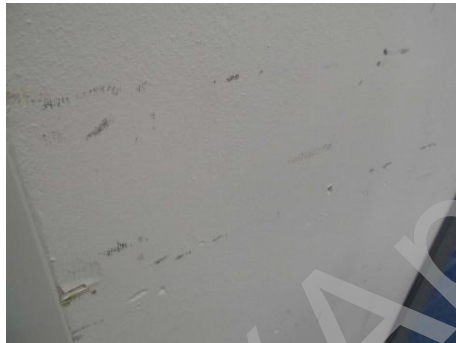


A build up of grease, or dust, should be reported.



	<p>Light marks on walls or doors which cannot be removed but do not present any damage to the paintwork surface <b>should not be reported</b> as either a domestic or estates issue. They can be reported as a user issue if the marks are significant or unsightly.</p> <p>Light scuff marks (with no damage to the surface of the paintwork) should not be reported as a domestic or estates fail.</p>
<p><b>Estates Fail</b></p>	<p>Painted surfaces damaged, or paint flaking away.</p>
<p><b>Examples</b></p>	<p>Painted surfaces damaged, or paint flaking away</p>  <p>Unvarnished or unfinished wood surfaces</p> 

Damage to the paintwork on walls or doors



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

If damage is light check the paintwork physically, if the paintwork is undamaged and is only surface marking – it should not be reported as an estates issue, since it poses no risk to patients.



<b>User Issues</b>	The use of sticky taped notices on doors. Doors being 'jammed' open. No access to clean cause by inappropriate storage of items. The door surface and or parts have damage that compromises the ability to properly clean.
<b>Examples</b>	Blue tack or sticky tape (or tape residue) being used by staff should be reported as a user issue.

## Glasswork


3.12 **Definition:** All internal glass surfaces including mirrors.

<b>How do you check this element?</b>	
<ul style="list-style-type: none"> <li>• both a visual and physical check of the glass surfaces including mirrors;</li> <li>• local variation – some Boards include the interiors of external windows within this check. Please check for local policy.</li> </ul>	
<b>Examples of how the element might fail</b>	
<b>Domestic Fail</b>	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.
<b>Estates Fail</b>	The surface is damaged compromising the ability to clean properly. Missing screw covers on mirrors.
<b>User Issues</b>	Inappropriate storage that prevents access to clean. Inappropriate use of the surface for notices or use of sticky tape.

## Curtains and Screens

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

<b>How do you check this element?</b>	
<ul style="list-style-type: none"> <li>• 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;</li> <li>• while opening/closing ensure curtains/screens are running smoothly on rails;</li> <li>• check sufficient hooks/runners in place to ensure curtains/screens are hanging correctly and are of uniform appearance.</li> </ul>	
<b>Examples of how the element might fail</b>	
<b>Domestic Fail</b>	Obvious stains, dust, cobwebs, pen marks, 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.
<b>Examples</b>	Check curtains are properly hung and there are no stains or marks.

	
<p><b>Estates Fail</b></p>	<p>Not applicable.</p>
<p><b>User Issues</b></p>	<p>Pen marks/sticky labels attached. Damaged or missing curtain runners (meaning curtains cannot be properly hung).</p>

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## Window Blinds

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

<b>How do you check this element?</b>	
<ul style="list-style-type: none"> <li>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;</li> <li>visual inspection of opening/closing mechanism checking free from dust, cobwebs, sticky residue and operating as required.</li> </ul>	
<b>Examples of how the element might fail</b>	
<b>Domestic Fail</b>	Stains, dust, cobwebs, pen marks, sticky labels/residue etc.
<b>Estates Fail</b>	Opening/closing mechanism not operating as required (not running smoothly, cords/chains broken) where it impedes cleaning. Blind loose from mounting.
<b>User Issues</b>	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.

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## Soap and Handtowels

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



<b>How do you check this element?</b>	
<ul style="list-style-type: none"> <li>inspect around top and underneath dispenser;</li> <li>visual and physical inspection for dust or build up inside outside, and any damage to dispensers;</li> <li>check underneath for residue and hand wash posters are free from stains and dust;</li> <li>check sufficient supplies in dispensers. Report insufficient supplies of alcohol based hand rub as per local policy.</li> </ul>	
<b>Examples of how the element might fail</b>	
<b>Domestic Fail</b>	<p>Dirty behind lever. Build up of soap underneath dust/residue on dispenser.</p> <p>Check in the drip trays for build up, and open up the dispenser to check inside for dust and residue.</p> 
<b>Examples</b>	 
<b>Estates Fail</b>	<p>Broken – needs replacing (broken dispensers to be reported as an Estates fail where it is impeding cleaning).</p>
<b>User Issues</b>	<p>Hand wash posters damaged, torn, not fixed to wall.</p>

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

## Refuse



3.16

**Definition:** All refuse holders.

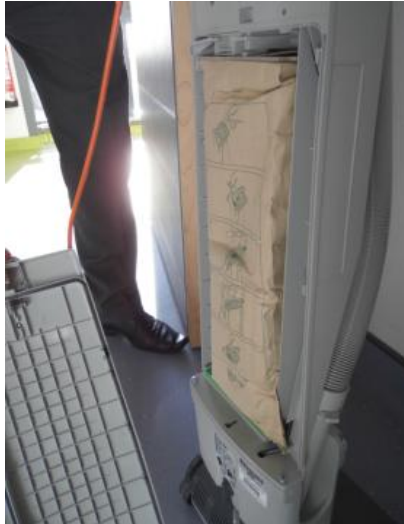
<b>How do you check this element?</b>	
<ul style="list-style-type: none"> <li>remove bag from body of bin to allow for full inspection;</li> <li>lift lid to inspect underside and inside for dirt or residue;</li> <li>inspect underneath and to the rear of bin for stains or dirt.</li> </ul>	
<b>Examples of how the element might fail</b>	
<b>Domestic Fail</b>	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.
<b>Examples</b>	Lift and check behind the bin for dust build up. 
<b>Estates Fail</b>	Not applicable.
<b>Examples</b>	Not applicable.
<b>User Issues</b>	Inappropriate bin usage. Pedal or lid broken. Incorrect type of bin in use (clinical bin for general waste for example).
<b>Examples</b>	Check bins are in appropriate use – in the example below, a clinical bin is inappropriately located in a corridor, for no clinical reason. 

## Cleaning Equipment

3.17 **Definition:** All cleaning machines and equipment.

<p><b>How do you check this element?</b></p> <ul style="list-style-type: none"> <li>machines, vacuums, mop units, buckets, dust control, trolleys, colour code, warning cones or signs, chemical dispensers;</li> <li>inspect equipment inside and out, including attachments, blades etc;</li> <li>ensure all equipment and attachments are clean, dry and stored correctly;</li> <li>correct colour coding signs are displayed;</li> <li>warning cones and chemical dispensers are clean and damage free.</li> </ul>	
<p><b>Examples of how the element might fail</b></p>	
<p><b>Domestic Fail</b></p>	<p><b>Machines/equipment</b> Dirty, bag full, build up on filters.</p> <p><b>Colour code</b> No sign available. Single use cloths being re-used.</p> <p><b>Chemical dispensers</b> Dirty, damaged.</p>
<p><b>Examples</b></p>	<p>Check all wheels and castors are free from debris.</p>  <p>Check suction cleaner brushes and underside.</p> 

Check the bag is not full.



Check inside scrubber dryer to ensure clean and dry.





Check inside buckets are clean and dry.



Check under and at rear for dust or dirt build up.



	<p>Remove bag and check for dust inside machine.</p>  <p>Check the power cable for any damage.</p> 
<p><b>Estates Fail</b></p>	<p>Local Policy.</p>
<p><b>User Issues</b></p>	<p>Local Policy.</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

- 3.18 **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. 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.



**Waste disposal unit**

- visually inspect the waste disposal unit on the outside for grease, dirt, dust, build up and marks.

**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.

**Examples**

Appliances – check behind and under where possible.



Check tops of appliances for dust and build up



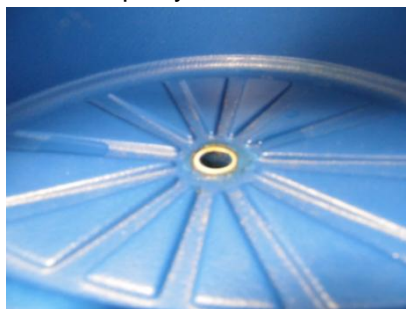
**Dishwasher**




Check for build up in the frames and hinges of dishwashers



**Ice Machine**

Check drip trays, inside and underneath



	<p><b>Water boiler</b> Check for build up around drain on the water machine, and for lime scale build up on taps</p>   <p><b>Water chiller</b> Check for build up of dirt and splashes, and lime scale on taps</p>  
<p><b>Estates Fail</b></p>	<p>Fridge seal split/damaged. Dusty fans/vents on equipment. Cooker hoods dirty/damaged.</p>
<p><b>Examples</b></p>	<p>Check all vents and grills on appliances, for dust and build up.</p> 
<p><b>User Issues</b></p>	<p>Fridge overloaded (patient &amp; staff). Food not stored or labelled appropriately (patient &amp; staff). Dirty inside staff microwaves or fridges.</p>

**Examples**

Microwave, inside food splashes.



Fridge – overloaded fridge with mixed patient and staff food.



User Issue – non-laminated signage in a ward pantry.



**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

3.19

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.



**Figure 6 Interior Ambulance**





Figure 7 Interior Ambulance

## Ambulance Floors

3.20

**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.

<b>How do you check this element?</b>	
<ul style="list-style-type: none"> <li>inspect floor area for stains, marks and debris;</li> <li>inspect floor tracking for debris, dirt or stains;</li> <li>inspect interior ramp surface to ensure free from stains, dust and dirt;</li> <li>ensure cab flooring is free from stains, dust and debris.</li> </ul>	
<b>Examples of how the element might fail</b>	
<b>Domestic Fail</b>	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.
<b>Estates Fail</b>	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.
<b>User Issues</b>	Equipment on the floor.

## Ambulance Furniture and Fittings

3.21

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

<b>How do you check this element?</b>	
<ul style="list-style-type: none"> <li>visually check the stretcher frame is free from stains and dust;</li> <li>visually check the top surface of the mattress, including the corners and folds of the mattress are free from stains, dust or debris;</li> <li>lift mattress to inspect the underside is free from stains and dust;</li> <li>visually check all stretcher restraining harness straps, belts and belt housings are clean, and free of staining and dust;</li> <li>visually check the seating surfaces are free from stains, dust and debris;</li> <li>visually check metal ledge on underside of seat pad is free from dust;</li> <li>check seating arm rests are stain free;</li> <li>pull out seat belts and visually check they are free from stains and are clean;</li> <li>visually check seat belt housing units are free from stains and dust;</li> <li>visually check cab seating surfaces are free from stains, dust and debris;</li> <li>pull out cab seat belts and visually check they are free from stains and are clean.</li> <li>visually check seat belt housing units are free from stains and dust.</li> </ul>	
<b>Examples of how the element might fail</b>	
<b>Domestic Fail</b>	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.
<b>Estates Fail</b>	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. 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.
<b>User Issues</b>	Tape on stretcher frame or mattress. Arm rests taped.

## Ambulance - Low Level

3.22

**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.



LOW LEVEL  
Equipment storage  
cupboard accessed  
from exterior of  
ambulance

- 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**

<b>Domestic Fail</b>	<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>
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<b>Estates Fail</b>	<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.</p> <p>Floor mounted cupboards - doors broken, damaged or missing, door catches.</p> <p>Exterior accessed cupboard shelving units damaged.</p> <p>Floor mounted stretcher and seating fixings rusty or damaged.</p> <p>O2 cylinder brackets damaged/ fixings loose.</p> <p>Hand rail damaged or fixing loose or broken.</p> <p>Any surfaces of the low level ledges damaged.</p> <p>Damage to the surfaces of the cab dashboard or interior door panel and door pockets.</p>
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### Ambulance High Level

3.23

**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.

<b>How do you check this element?</b>	
<ul style="list-style-type: none"> <li>visually check vents and grilles are stain and dust free;</li> <li>visually check exterior and interior ceiling mounted unit doors are stain, dirt and dust free;</li> <li>visually check interior cupboard walls, top and base are stain, dirt and dust free;</li> <li>visually check the exterior under side of all ceiling mounted units are stain free;</li> <li>inspect high ledges check for dust, visually check for stains;</li> <li>inspect hand rails check for dust, visually check for stains;</li> <li>visually check ceiling spot lights and enclosed light covers are stain free, rotate swivel lights and check they are clean.</li> </ul>	
<b>Examples of how the element might fail</b>	
<b>Domestic Fail</b>	<p>Vents and grilles stained or dusty.</p> <p>Ceiling mounted unit doors stained, dirty or dusty.</p> <p>Interior of cupboards walls, top or base stained, dusty or dirty.</p> <p>Underside of ceiling wall units stained or dirty.</p> <p>Hand rails dusty or stained.</p> <p>High ledges stained or dusty.</p> <p>Spot lights or light covers stained, dirty or dusty.</p>
<b>Estates Fail</b>	<p>Vents or grilles broken or missing.</p> <p>Cupboard doors or handles broken or missing.</p> <p>Ceiling mounted hand rail fixings loose.</p> <p>Ceiling spot light fixings, light covers loose.</p>
<b>User Issues</b>	<p>Broken vents taped.</p> <p>Ceiling spot lights or light covers taped.</p>

## Ambulance - Telephones

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

<b>How do you check this element?</b>	
<ul style="list-style-type: none"> <li>visually check the equipment is dust and stain free</li> </ul>	
<b>Examples of how the element might fail</b>	
<b>Domestic Fail</b>	Equipment dusty or dirty
<b>Estates Fail</b>	N/A - Crew report

## Ambulance Paintwork

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

<b>How do you check this element?</b>	
<ul style="list-style-type: none"> <li>visually check the walls are free from stains and dirt;</li> <li>visually check exterior doors inside panels are free from stains and dirt.</li> </ul>	
<b>Examples of how the element might fail</b>	
<b>Domestic Fail</b>	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.
<b>Estates Fail</b>	Wall or ceiling panels damaged. Drill holes in wall or ceiling panels. Uncovered screw heads, screw caps missing. Wall panel surface scored.
<b>User Issues</b>	Scraping wall panel with swivel chairs.

## Ambulance Glasswork

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

<b>How do you check this element?</b>	
<ul style="list-style-type: none"> <li>visually check all interior windows and glass door panels are free from stains, finger marks and smears;</li> <li>visually check sliding glass as above.</li> </ul>	
<b>Examples of how the element might fail</b>	
<b>Domestic Fail</b>	Stains, finger prints and smears on glass.
<b>Estates Fail</b>	Sliding glass panel missing. Window or door glass cracked or chipped.

## Ambulance Window Blinds

3.27


**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.

<b>How do you check this element?</b>	
<ul style="list-style-type: none"> <li>pull the blinds out from housing and visually check both sides of the blind for stains and dirt;</li> <li>visually check the blind housing unit for stains or dust.</li> </ul>	
<b>Examples of how the element might fail</b>	
<b>Domestic Fail</b>	Stains or dust on the blinds. Stains or dust on the blind housing unit.
<b>Estates Fail</b>	Blinds torn, holes or frayed. Blind fixing mechanism broken. Rod missing.
<b>User Issues</b>	Tape on blinds.

## Ambulance Soap/Handtowels

3.28

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

<b>How do you check this element?</b>	
<ul style="list-style-type: none"> <li>visually check the out and inside of the paper towel dispenser is stain and dust free;</li> <li>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.</li> </ul>	
	
<b>Examples of how the element might fail</b>	
<b>Domestic Fail</b>	Outer casing of paper towel dispenser dusty.

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

### Ambulance Refuse

3.29

**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.

<b>How do you check this element?</b>	
<ul style="list-style-type: none"> <li>open bin housing lid and visually check for stains and dirt;</li> <li>visually check bin housing ledge and walls for stains, dust and debris;</li> <li>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.</li> </ul>	
<b>Examples of how the element might fail</b>	
<b>Domestic Fail</b>	<p>Bin housing lid stained or dirty.</p> <p>Bin housing ledges and walls stained, dirty or debris.</p> <p>Clinical waste bin stained, dirty.</p> <p>Clinical waste bin full or overflowing.</p>
<b>Estates Fail</b>	<p>Bin lid foot operating mechanism broken.</p> <p>Bin lid broken.</p> <p>Uncapped screw heads on bin lid or screw holes.</p> <p>Clinical waste bin cracked or damaged.</p>

<b>User Issues</b>	Over filling clinical waste bin. Full clinical waste bag tied off in the vehicle.
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## Dealing with interruptions or inaccessibility of rooms

- 3.30 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

- 3.31 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

- 3.32 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.

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## 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 mobile devices. 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 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 three 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.

**Re-audits** – re-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.

**Non-scheduled audits** – Non-scheduled 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.

### Carrying out a Scheduled Audit - OFFLINE (Windows)

- 4.3 The primary method for data input is offline, on a **Windows** mobile device.

#### Launching the Application

- 4.4 To access the FMT application, look on the main screen of your mobile device for this icon, and tap it twice with your finger or stylus.



The application will open and show you the log on screen.

#### Synchronising the Application

- 4.5 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 tablet 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.

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 go.

## Log In

- 4.6 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

- 4.7 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 23/11/2014-29/11/2014	Outstanding Audits Due this Month 1/11/2014-30/11/2014	Outstanding Audits Due this Quarter 1/10/2014-31/12/2014	Outstanding Audits Due 6 Months 1/10/2014-31/3/2015	Out Aud this 1/4
East	0	0	43	154	434	
North	0	0	8	39	99	
South	0	0	45	124	366	

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 43 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.

Hospital	Outstanding RE-Audits Due	Outstanding Audits Due this Week 23/11/2014-29/11/2014	Outstanding Audits Due this Month 1/11/2014-30/11/2014	Outstanding Audits Due this Quarter 1/10/2014-31/12/2014	Outstanding Audits Due 6 Months 1/10/2014-31/3/2015	C A t i l
Auchinleck	0	0	0	0	1	1
Bentnick Centre	0	0	0	1	2	
Catrine	0	0	0	1	2	
Crosshouse	0	0	40	133	385	
Cumnock	0	0	0	1	2	

In this example, I would like carry out an audit in an audit area in the hospital 'Crosshouse'.

To view the areas available for audit in a site, click on the site name on the audit schedule. You will see a screen similar to the example below.

Re-Audits Due:  
[No re-audit due]

Due This Week:  
[No audit due this week]

Not yet due but available for audit now :

✗	1-5 Lister St (Due 31/03/2015)
✗	12-19 Lister St (Due 31/03/2015)
✗	17 Simpson (Due 31/03/2015)
✗	1A (Due 30/11/2014)

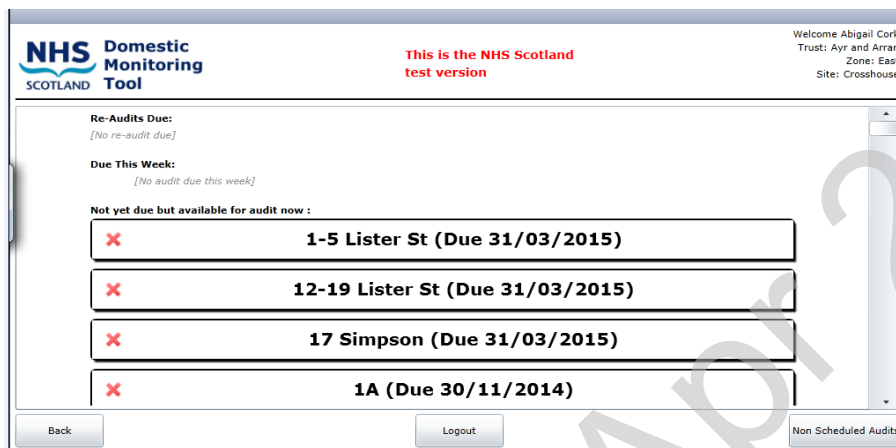
### Select an audit area

4.8 The audit areas in a site are organised into 3 categories:

**Re-audits** – 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.

**Audits 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.

**Audits available but not yet due** – 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.



In the example above, there are no re-audits or audits available and due this week, but there are audits available but not due.

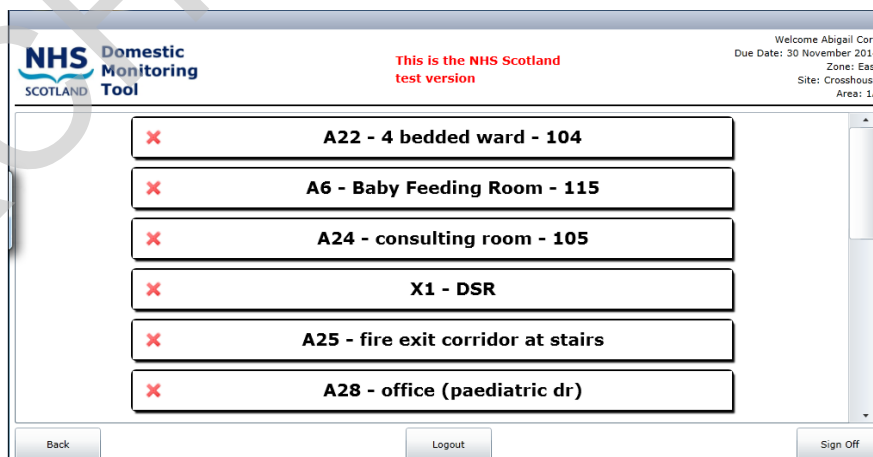
Choose an audit area to audit, by tapping on the name of the area.

### Select a room to audit

4.9

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 of the Manual.

When you open the audit for the first time, you will see that every room has a 'red cross' symbol next to its name. This symbol means that the room has not yet been audited.



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

- 4.10 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.

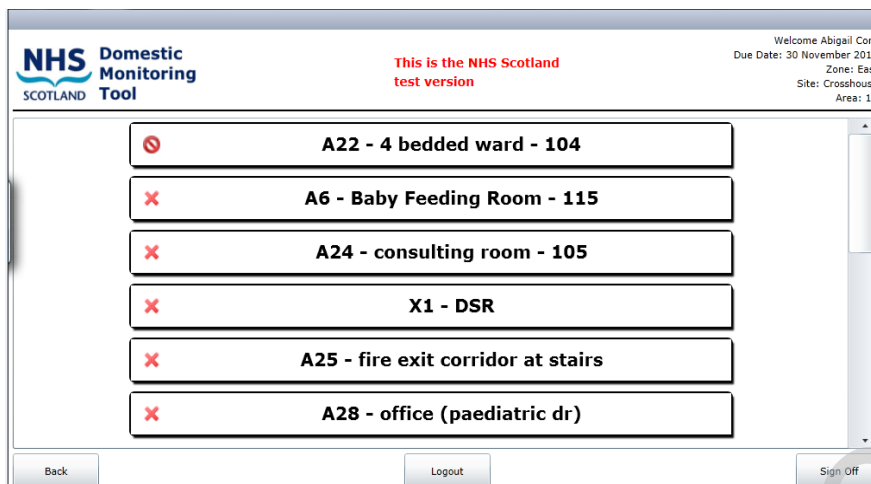
	Domestic	Estates	User
FLOORS	Pass	No	No
TOILET / WASH HAND BASIN / SINK	Pass	No	No
FURNITURE / FITTINGS	Pass	No	No
LOW LEVEL	Pass	No	No
HIGH LEVEL	Pass	No	No
PAINTWORK	Pass	No	No
GLASSWORK	Pass	No	No

## Skipping a room

- 4.11 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.



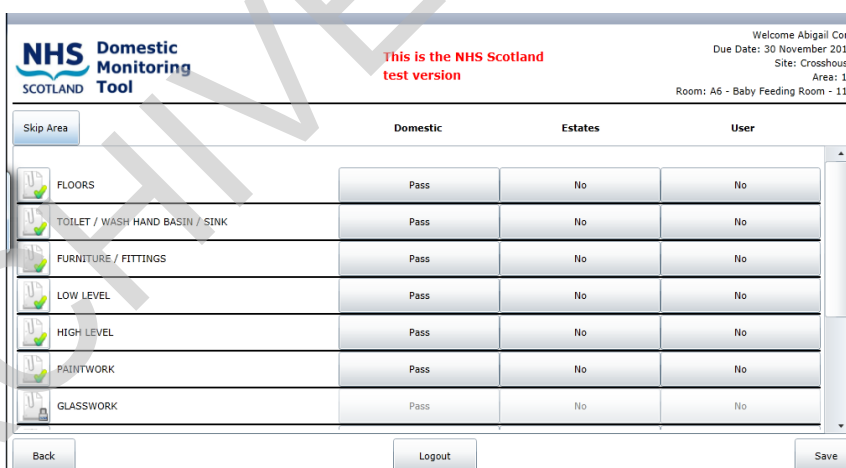
### Changes to the available elements for a room

4.12


Sometimes the set-up of a room can change, and the system needs to reflect exactly the correct make up 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 symbol to the left of each element in the room. In the example below for instance, floors has a green tick, whereas something else is a grey box.



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

The symbol  means that an element is not present in the room, and cannot be audited. As you can see on the example above, the buttons for the element Glasswork, which is currently disabled, are 'greyed out'. This means the buttons are inactive and cannot be used.

To add, or remove, an element from a room, simply click on the symbol. If you are removing an element, the symbol will change from a green tick to a grey box 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.

In the example below, the element Glasswork has been 'enabled' by clicking on the padlock symbol, which has enabled the audit buttons. The element Glasswork can now be audited for this room.

Skip Area	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
PAINTWORK	Pass	No	No
GLASSWORK	Pass	No	No

## Domestic Fails

4.13 For a detailed description of all types of Domestic fails, please see 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.

To add a Domestic fail, select the button for Domestic fail next to the relevant element. Once selected, a number of options to describe the fail will become visible, with tick boxes.

**Domestic Rectifications**

Dirty  Marked

Other  Stained

gritty in the corners

**Domestic Rectifications**

Not Cleaned  Other

Pipes  Stained

Taps & Drains  Underside

Select as many as you need to describe the issue, and add any detail required within the text box.

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

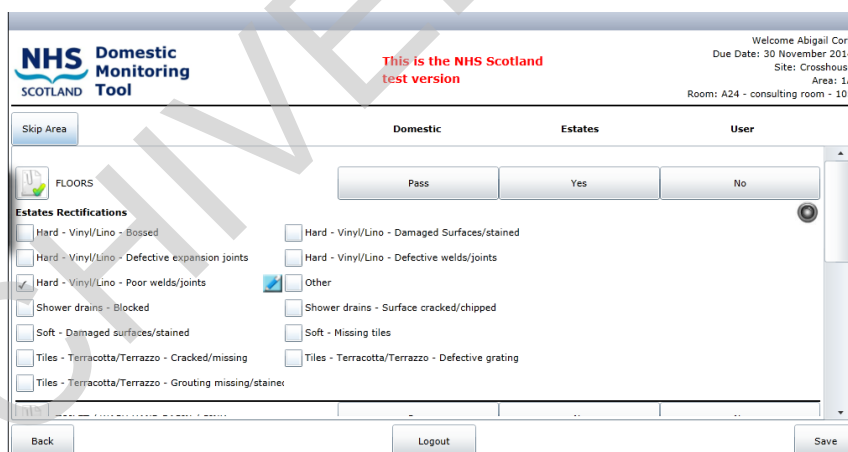
**Note:** Using Text Boxes and the Keyboard, to type into a text box you will need to use the mobile device virtual keyboard. Each model of mobile device has a different way of accessing the keyboard, but usually if you click a cursor into the text box, a small symbol like a keyboard will appear next 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

4.14 For a description of all types of Estates fails, please see Section 3.

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

To add an Estates fail, select the button for Estates fail next to the relevant element. Once selected, a number of options to describe the fail will become visible, with tick boxes.



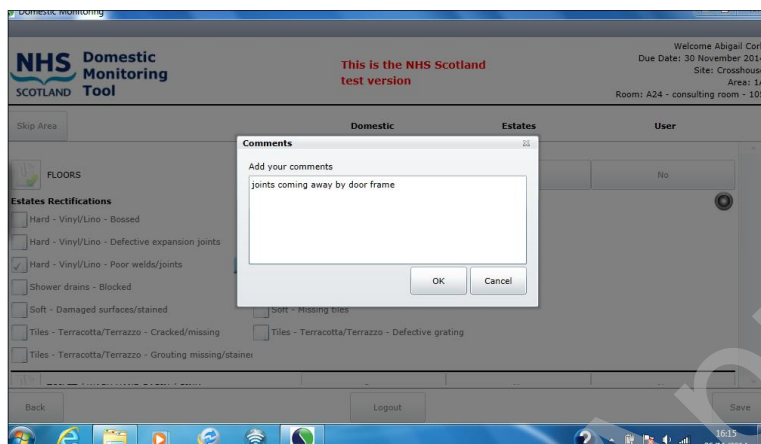
Select the best descriptor for the fail. You can choose 'other' if there is no suitable option available.

You can only use a single descriptor for an estates fail – once you have selected a description, an individual comments box will appear next to the descriptor (as a blue pencil). Click on the blue pencil symbol and enter your text description in the text box that appears.

You can add more than one Estates descriptor to an element but please be aware that one Estates rectification will be sent to your Estates Team from this

system for every descriptor you select, so if you are selecting more than one states option, it must be because there are more than one distinct issue with that element.

For example you can fail a toilet/WHB/sink for more than one problem, such as a tap insert missing, and a seal breaking away – this will create two separate rectifications and send two individual issues to the Estates Team.



Add as much information as is useful to be of help to your estates team. Once you have added all the information about that fail, move onto the next element.

For more information on how estates issues are communicated to local estates teams, see Section 5.

## User Issues

4.15 For a description of user issues, please see Section 3.

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

To add a user issue to the audit, select the button for user issues next to the element in question.

For user issues there are no description options as the issue could be from a wide variety, so describe the issue fully in the text box that appears. There is no word restriction on this text box; please be clear and describe the issue without using abbreviations.

Skip Area	Domestic	Estates	User
HIGH LEVEL	Pass	No	No
PAINTWORK	Pass	No	No
GLASSWORK	Pass	No	No
WINDOW BLINDS	Pass	No	No
SOAP/HANDTOWELS	Pass	No	No
REFUSE	Pass		Yes

**User Issues**  
wrong colour bin

Back Logout Save

## Photographs

4.16 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:

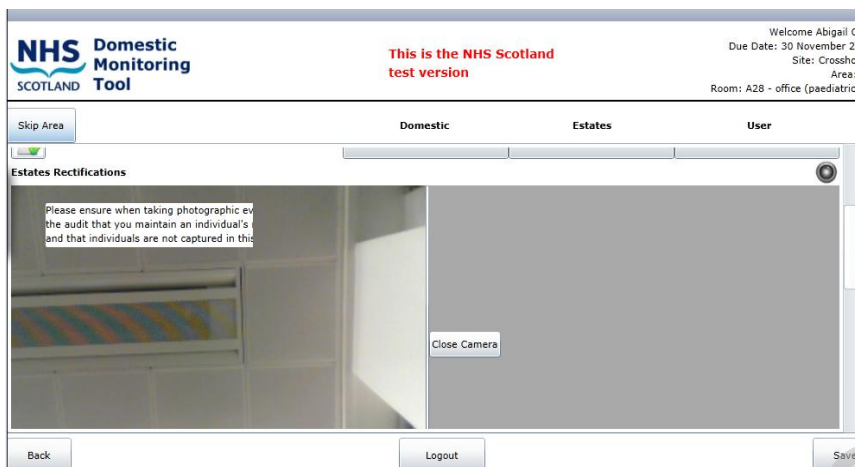


Tapping on this symbol will open the camera function. To take a photograph, position the mobile device correctly with the fail clearly visible on the screen.

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.\***

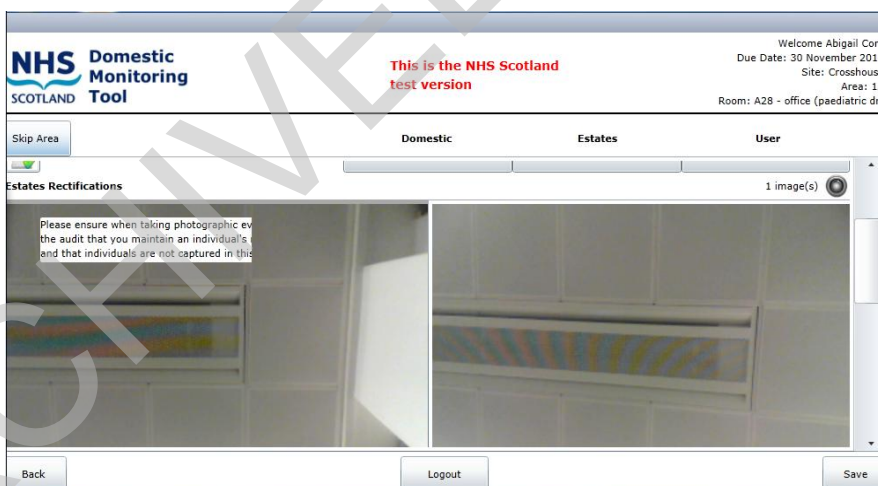




**It is a legal requirement that we ensure that no patient identifiable information is visible in the images we are capturing in this system, so if you are in any doubt, do not take a photograph.**

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.

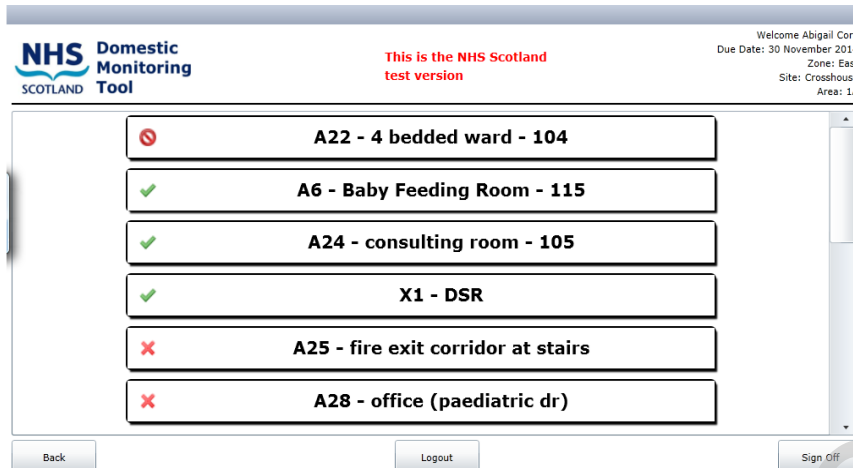
If you are not happy with the picture, reposition the mobile device, and take another picture. The new picture will replace the previously stored picture on the left of the screen. You can only store one picture for a fail.



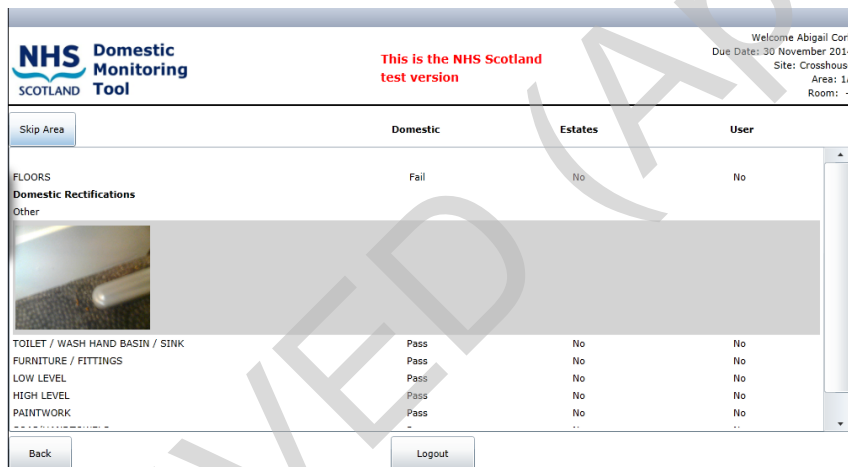
### **Saving the room audit**

4.17

Once you have entered all of the fails for the room, tap on the **'Save'** button at the bottom of the page. You will return to the room list, and the symbol by the name of the room will change from a red cross to a green tick, as below.



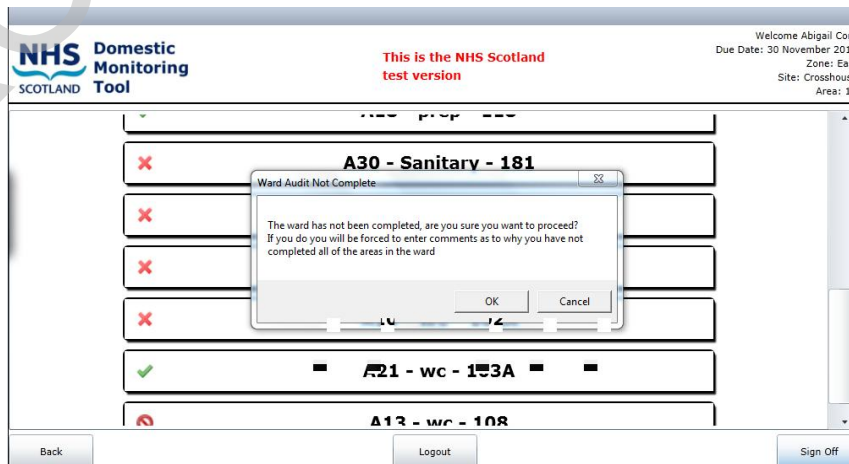
Continue through the rooms until all rooms have been completed. You can re-open any of the completed rooms audited to check what you have entered, however once saved, the room details cannot be edited. The format will look different, as below.



### Signing off the audit

4.18

Once all of the rooms have been completed, you can sign off the audit. The system will stop you from accidentally signing off an audit which still has some rooms yet to complete, by showing the following message.



Once you have completed all of the rooms, click on the button **'Sign Off'** in the bottom right of the screen. This will take you to a sign-off screen, looking for final information about the audit, and who was involved.

The system offers room for 3 standard signatures:

- Service User – the Charge Nurse or Head of Department should sign this, if available;
- Cleaning services provider representative – the auditor should sign this;
- Management Representative – the Domestic Manager (or similar) would sign this if they were present.

Enter the representative's names in the box to the right of the role, using the virtual keyboard. You can also give a signature, by clicking on the button **'Sign'** next to their typed name. This opens up a larger box underneath their typed name which is a signature box – get the appropriate person to sign with their finger or a stylus, in this box.

You can also add information about a peer reviewer or public involvement, if they were involved in the audit. To add a peer reviewer, click on the word **'No'** next to peer reviewer to change the value to **'Yes'**. This will then reveal a text box, to type their name, and a signature box for a physical signature.

The process is the same for adding details of public involvement.

And finally, there is a general comments box at the bottom of this screen. Use this to add any comments about the audit itself, or perhaps add any comments from the service users or anyone else involved in the audit.

Now you're ready to finish the audit – click the button '**Finish**' to the bottom right of the screen. The application will take a moment to calculate scores, and then show the audit summary for that audit. The completed audit is now saved to that device.

This gives you, immediately, the domestic and estates score for the audit area, which can then instantly be fed back to the Charge Nurse or Head of Department and the rest of the audit team.

This is the NHS Scotland test version

Welcome Abigail Cork

Auditor: Abigail Cork		Audit Date: 26 November 2014		Audit Submitted: 04:38	
1A	Domestic Score	97.3%	Estates Score	98.3%	
	Actual Score	531	Actual Score	463	
A Code	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

Back Logout

To continue auditing another area, click on the **‘Back’** button at the bottom left of the screen. This will return you to the list of audit areas for that site, showing the completed audit now has a ‘green tick’.

This is the NHS Scotland test version

Welcome Abigail Cork

Trust: Ayr and Arran  
Zone: East  
Site: Crosshouse

Re-Audits Due:  
[No re-audit due]

Due This Week:  
[No audit due this week]

Not yet due but available for audit now :

- 1-5 Lister St (Due 31/03/2015)
- 12-19 Lister St (Due 31/03/2015)
- 17 Simpson (Due 31/03/2015)
- 1A (Due 30/11/2014)

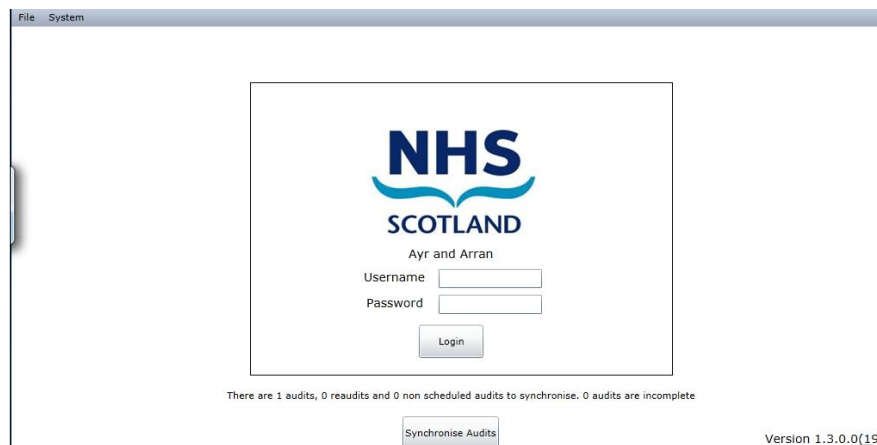
Back Logout Non Scheduled Audits

You can now carry out another audit.

Once you have finished gathering audit data, close the application by clicking the **‘Logout’** button in the bottom middle of the screen.

### Synchronising completed audits

- 4.19 When you are back in an area where you can connect to the network, you must synchronise your completed audits to the live system. To synchronise, launch the application, and from the log-on screen you will see how many audits need to be sent to the live system, in a message beneath the log-on box.



To synchronise, click on the button '**Synchronise Audits**'. You can also run a synchronisation by clicking on '**Tools**' and '**Synchronise Audits**' from the toolbar, as you did before you started auditing.



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

## Carrying out a Scheduled Audit - ONLINE

4.20

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 then, 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** then 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 following minor differences.

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.

Hospital	Outstanding RE-Audits Due	Audits Due this Week 23/11/2014-29/11/2014	Outstanding Audits Due this Month 1/11/2014-30/11/2014	Outstanding Audits Due this Quarter 1/10/2014-31/12/2014	Outstanding Audits Due 6 Months 1/10/2014-31/3/2015	Outstanding Audits Due this Year 1/4/2014-31/3/2015
Auchinleck	0	0	0	0	1	1
Bentnck Centre	0	0	0	1	2	2
Catrine	0	0	0	1	2	2
Crosshouse	0	0	41	134	386	386
Cumnock	0	0	0	1	2	2
East Ayrshire Community Hospital	0	0	2	5	12	12
Galston	0	0	0	1	2	2
Hurford	0	0	0	1	2	2
Kirklandside	0	0	1	2	8	8

Your screen will change to show the audit schedule as on the offline system, 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.

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.

**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:

Question	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
PAINTWORK	Pass	No	No
SOAP/HANDTOWELS	Pass	No	No

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.

The screenshot shows the NHS Scotland training system interface. At the top, there is a navigation bar with 'Home', 'Administration', 'My Profile', 'Tools', and 'Sign Out'. A user is logged in as 'abigail.cork'. The entry period is set to '01 Nov 2014 - 30 Nov 2014'. The site information is: 25 November 2014, Site: Crosshouse, Area: 1D, Room: A350- Bathroom - 116, Cleaning Code: A3. A 'Skip Area' button is visible. The main table has columns for 'Question', 'Domestic', 'Estates', and 'User'. The 'FLOORS' row shows 'Domestic' set to 'Fail', 'Estates' to 'No', and 'User' to 'No'. Under 'Domestic Actions', there are checkboxes for 'Stained', 'Marked', 'Dirty', and 'Other'. A text box contains 'grit accumulating in corners'.

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 NHS Scotland training system interface. The 'Estates' dropdown for 'FLOORS' is now set to 'Yes'. This reveals a list of 'Estates Actions' with checkboxes: 'Hard - Vinyl/Lino - Damaged Surfaces/stained', 'Hard - Vinyl/Lino - Defective welds/joints', 'Hard - Vinyl/Lino - Poor welds/joints', 'Hard - Vinyl/Lino - Defective expansion joints', 'Hard - Vinyl/Lino - Bossed', 'Soft - Damaged surfaces/stained', 'Soft - Missing tiles', 'Tiles - Terracotta/Terrazzo - Cracked/missing', 'Tiles - Terracotta/Terrazzo - Defective grating', 'Tiles - Terracotta/Terrazzo - Grouting missing/stained/mould', and 'Shower drains - Blocked', 'Shower drains - Surface cracked/chipped'. The 'Domestic' dropdown remains 'Pass' and 'User' remains 'No'.

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.

The screenshot shows the 'Question' section for 'FLOORS'. It includes a table with columns for 'Domestic', 'Estates', and 'User'. Below the table, there are several checkboxes for different types of floor issues, such as 'Hard - Vinyl/Lino - Damaged Surfaces/stained', 'Hard - Vinyl/Lino - Defective welds/joints', 'Hard - Vinyl/Lino - Poor welds/joints', 'Hard - Vinyl/Lino - Defective expansion joints', 'Coming loose by door frame', 'Hard - Vinyl/Lino - Bossed', 'Soft - Damaged surfaces/stained', 'Soft - Missing tiles', 'Tiles - Terracotta/Terrazzo - Cracked/missing', 'Tiles - Terracotta/Terrazzo - Defective grating', 'Tiles - Terracotta/Terrazzo - Grouting missing/stained/mould', and 'Shower drains - Blocked'.

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.

The screenshot shows the 'User Comments' section for 'FLOORS'. The 'User' column in the table above is now set to 'Yes'. Below the table, there is a text box containing the comment: 'Boxes stored underneath cupboards, can't access for cleaning'.

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.

**2. There is no option for taking or entering a photograph** - to illustrate a rectification identified.

**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.

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.

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 - OFFLINE

4.21

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.

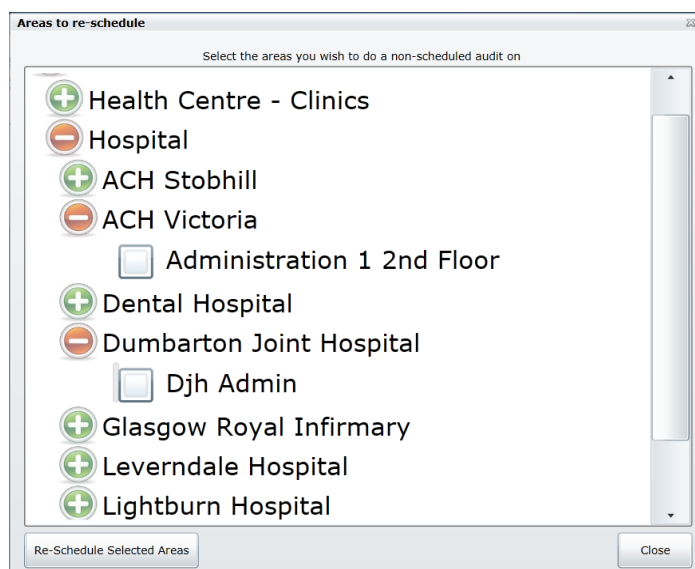
**2. Find available Non-scheduled audits** – from the data capture page, click the button on the bottom right of the screen **'Prepare non-scheduled audits'**

The screenshot shows the 'NHS Domestic Monitoring Tool' interface. At the top right, it says 'Welcome Abigail Cork Trust: GGC'. Below the header, there is a red warning: 'This is the NHS Scotland test version'. The main part of the screen is a table with the following data:

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	1962
Resource Centre	0	0	0	19	19	
South West Division	0	0	0	2	2	
West Central Division	0	0	0	6	6	

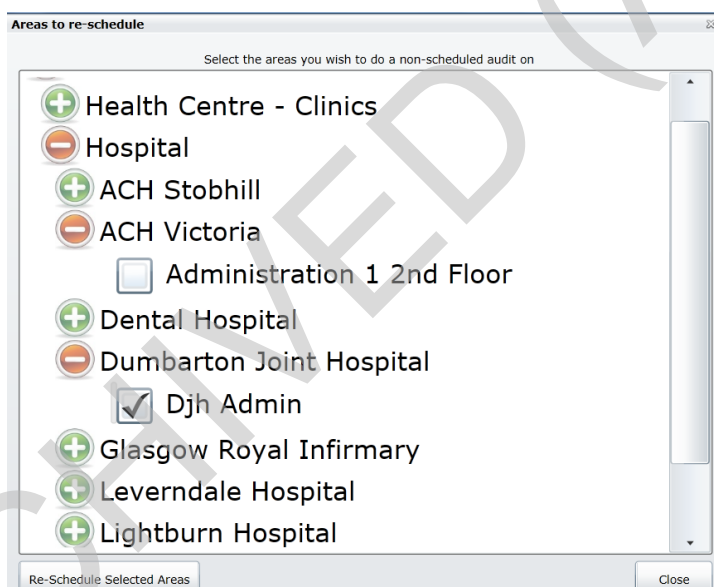
At the bottom of the interface, there are two buttons: 'Logout' and 'Prepare Non-scheduled Audits'.

**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'**.

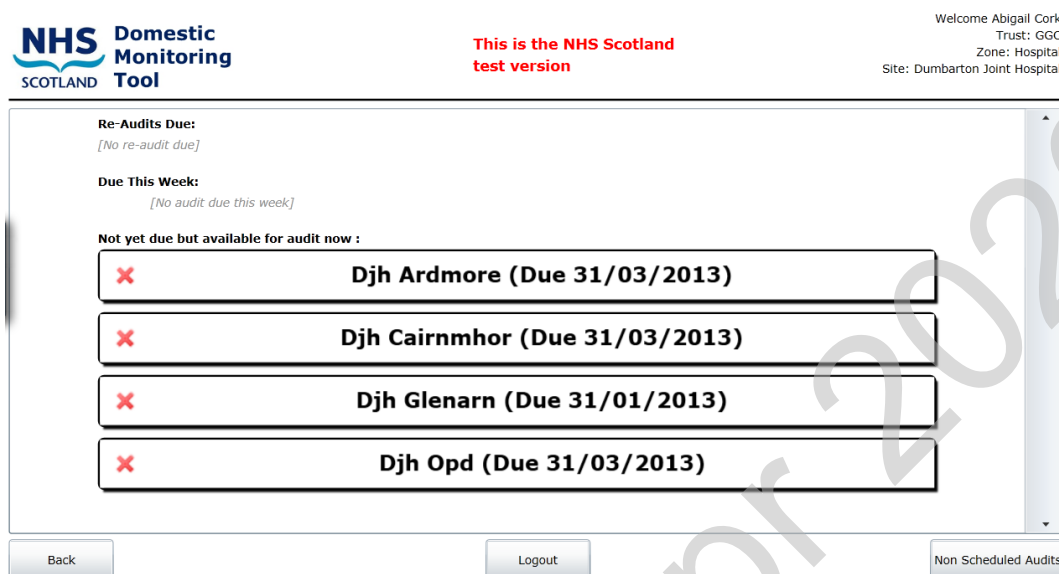


The words 'rooms rescheduled' will appear next to the audit areas you have selected. This means that the offline application has contacted the online system and downloaded a randomised selection of rooms (following the standard set of rules for that audit area risk code) from the audit area to create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

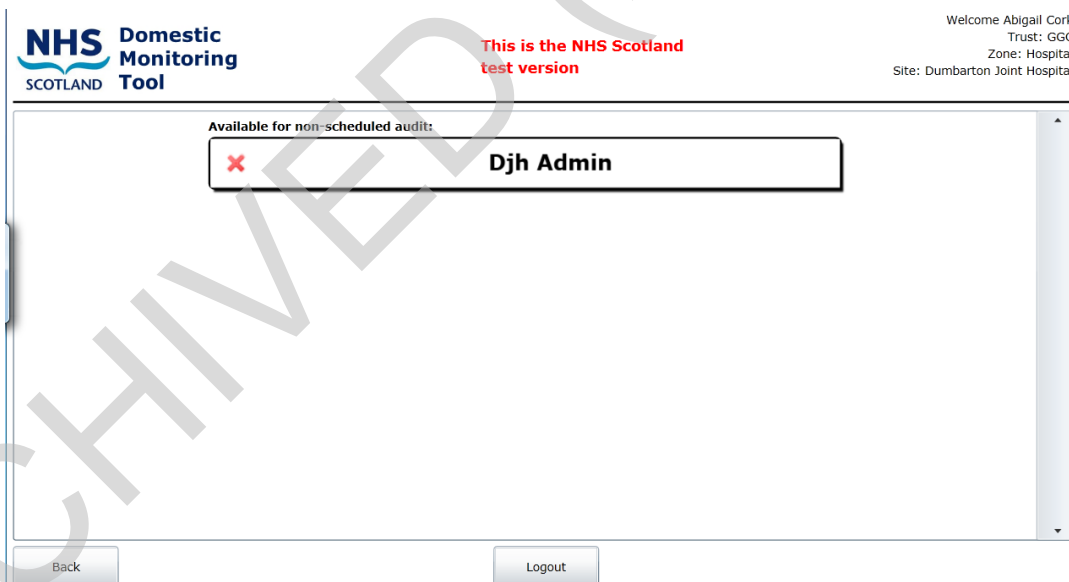
**4. Access the non-scheduled audit** – You can now disconnect from the network as the new non-scheduled audits are now saved to your device. To access the new audit for completion, navigate through the data capture screens as usual to the site you need.



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

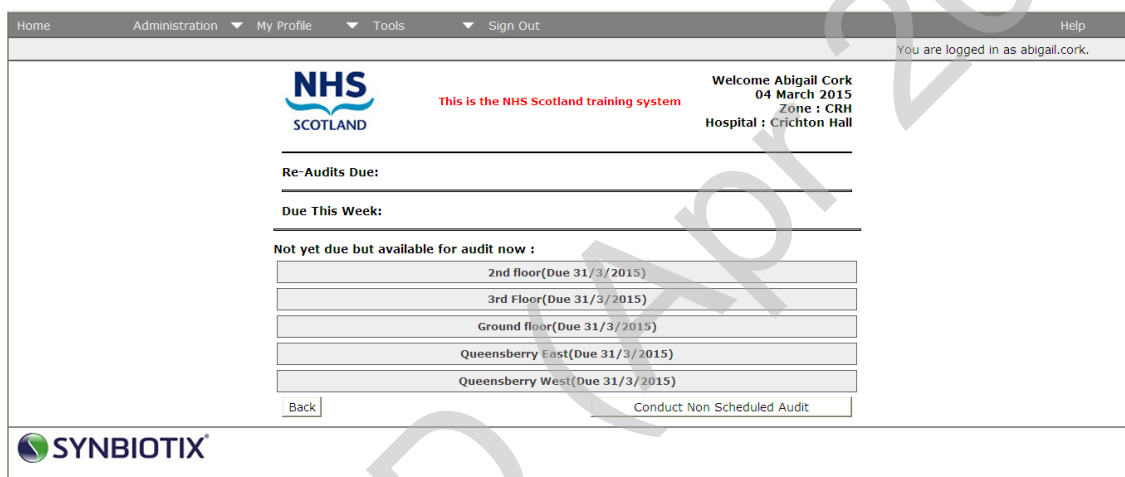
complete your audits, never a combination of online and offline, to avoid problems caused by differing room lists in either method.

## Carrying out a Non-Scheduled Audit - ONLINE

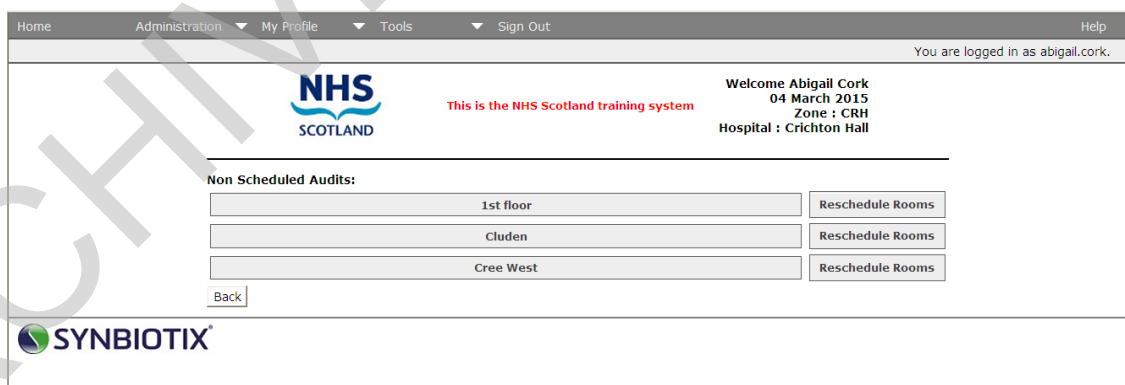
4.22 The method for carrying out an audit online differs from the offline method, since the online system has instant access to the rooms available for any audit.

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

**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.



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 non-scheduled audit is available.



**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 Scheduled Audit - OFFLINE (iOS - Apple)

4.23 In 2016 HFS worked with system suppliers to develop an offline application that would be compatible with Apple devices such as Apple iPad and iPad mini.

At the time of printing, this application has been tested in two boards and will shortly be available across the country for any board that wishes to adopt Apple devices to replace existing Windows hardware for the purposes of data capture for FMT. The following section gives a brief overview of the application and how it differs visually from the Windows application in Sections 4.3 to 4.19. The functionality of the iOS compatible tool is identical to the Windows version.

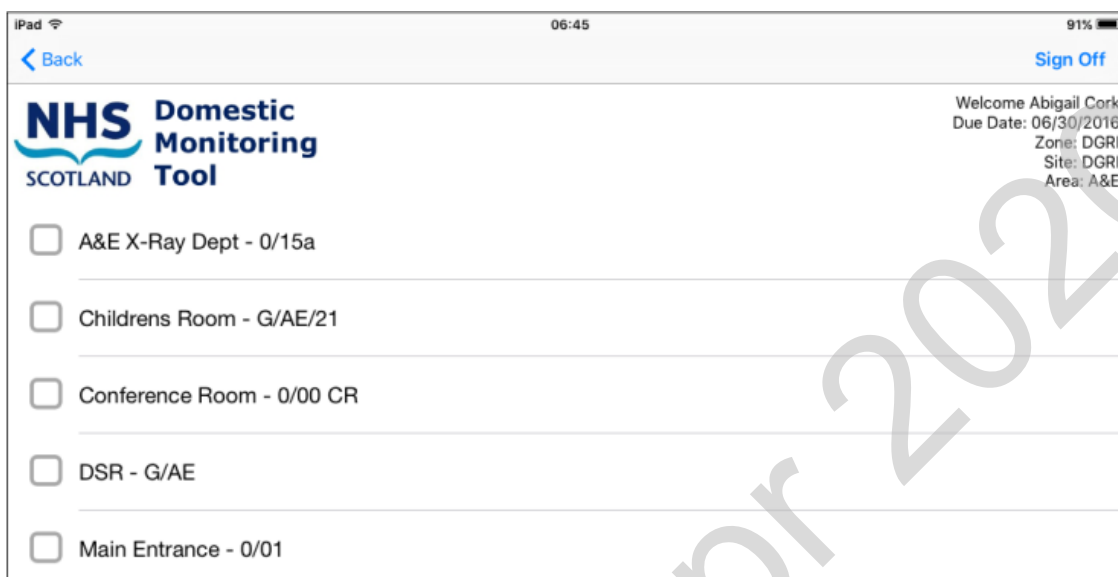
1. The audit schedule is the same as the Windows version. Tap on the name of the zones or sites to navigate to available audits:

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

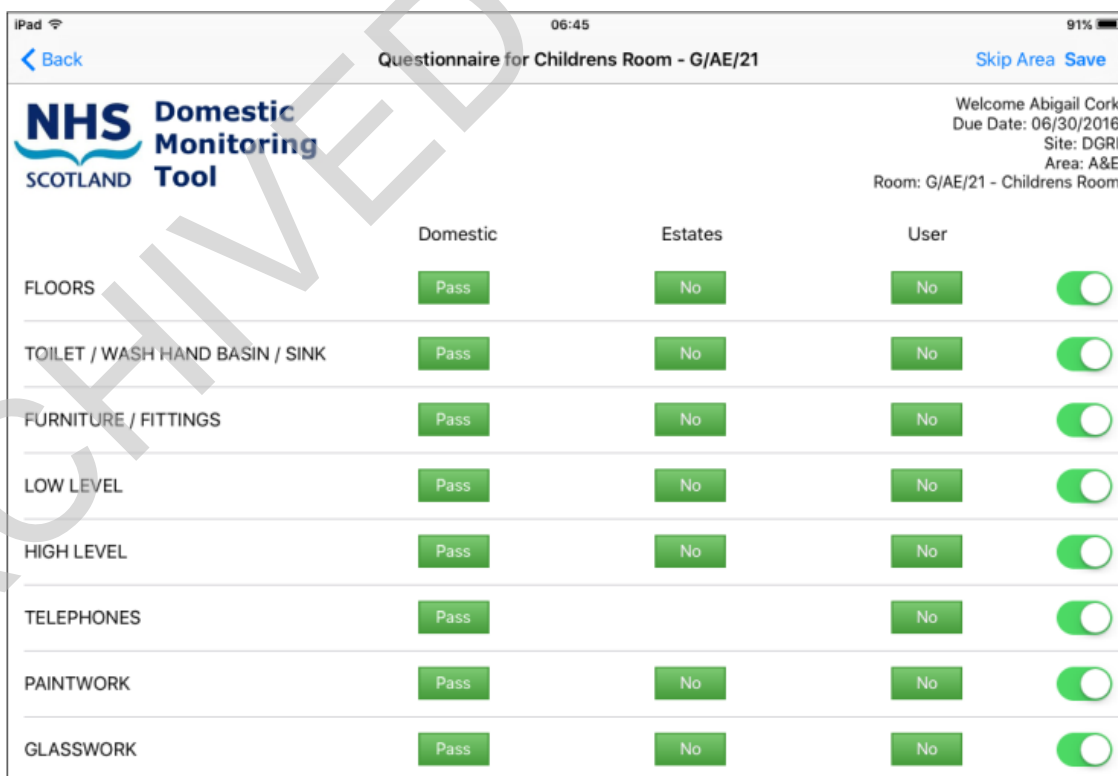
2. The site level audit schedule shows available (incomplete) audits with a grey box to the left, and the due date to the right of the audit area name.

Not yet due but available for audit now	
<input type="checkbox"/>	A&E (Due 30/06/2016)
<input type="checkbox"/>	Admin (Due 30/09/2016)

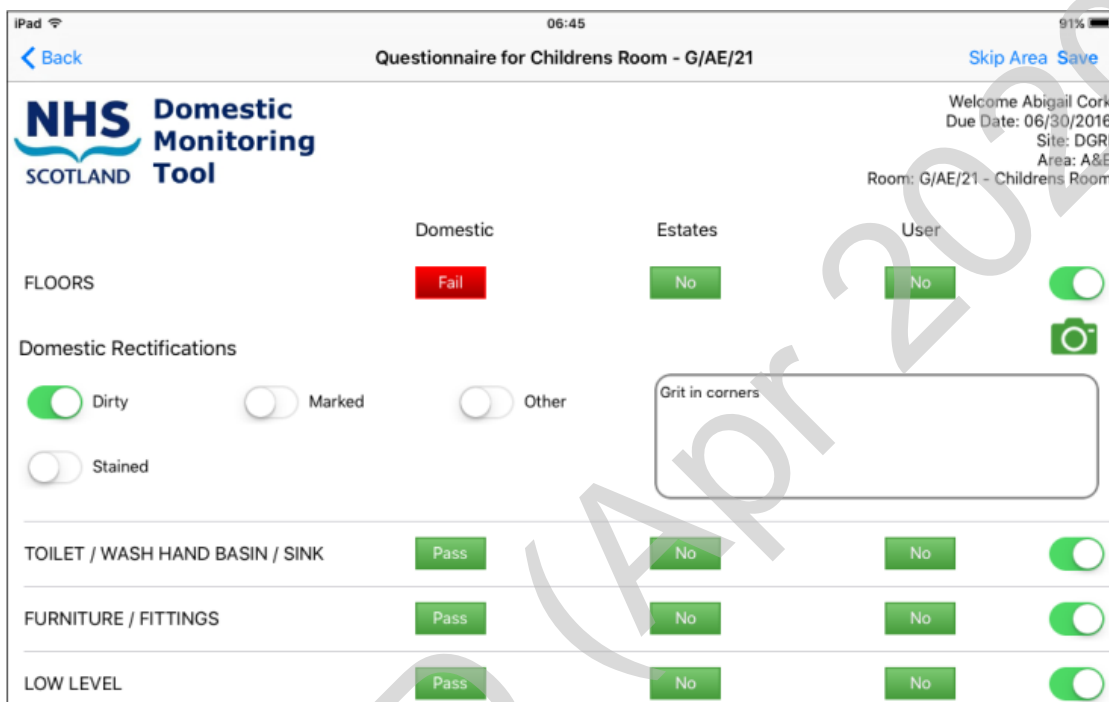
- The room list shows available rooms to audit, with incomplete rooms showing with a grey box.



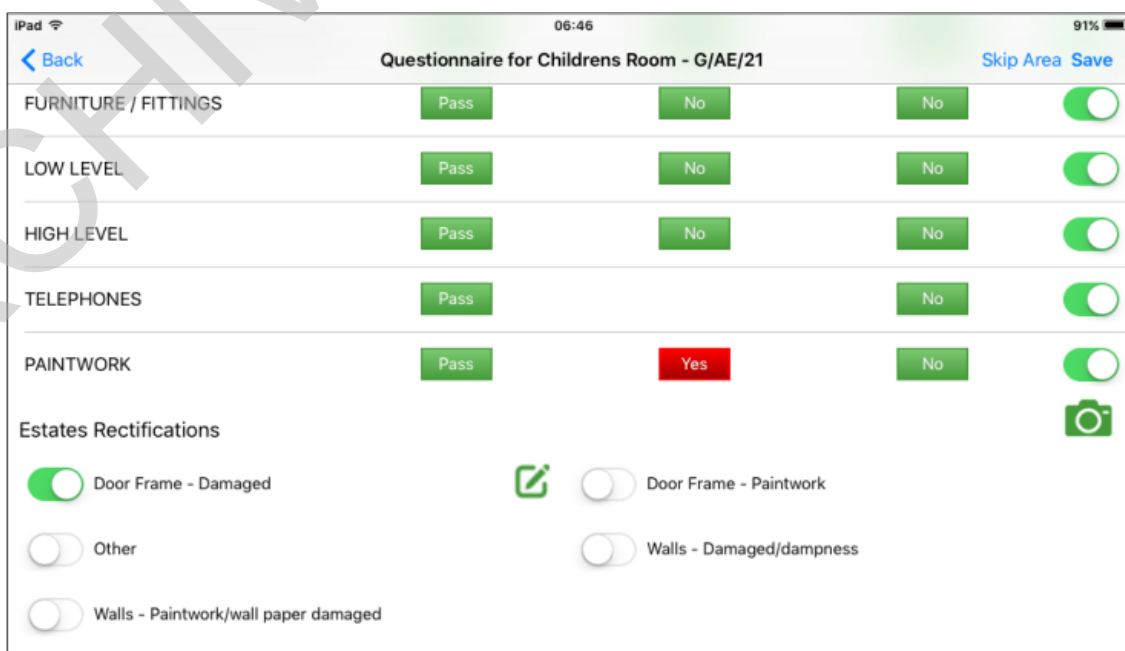
- The room audit uses the same format as the Windows and online application. To enable or disable items, use the slider on the far right of the screen next to the element. All items are set to be a 'pass' as a default, as usual.



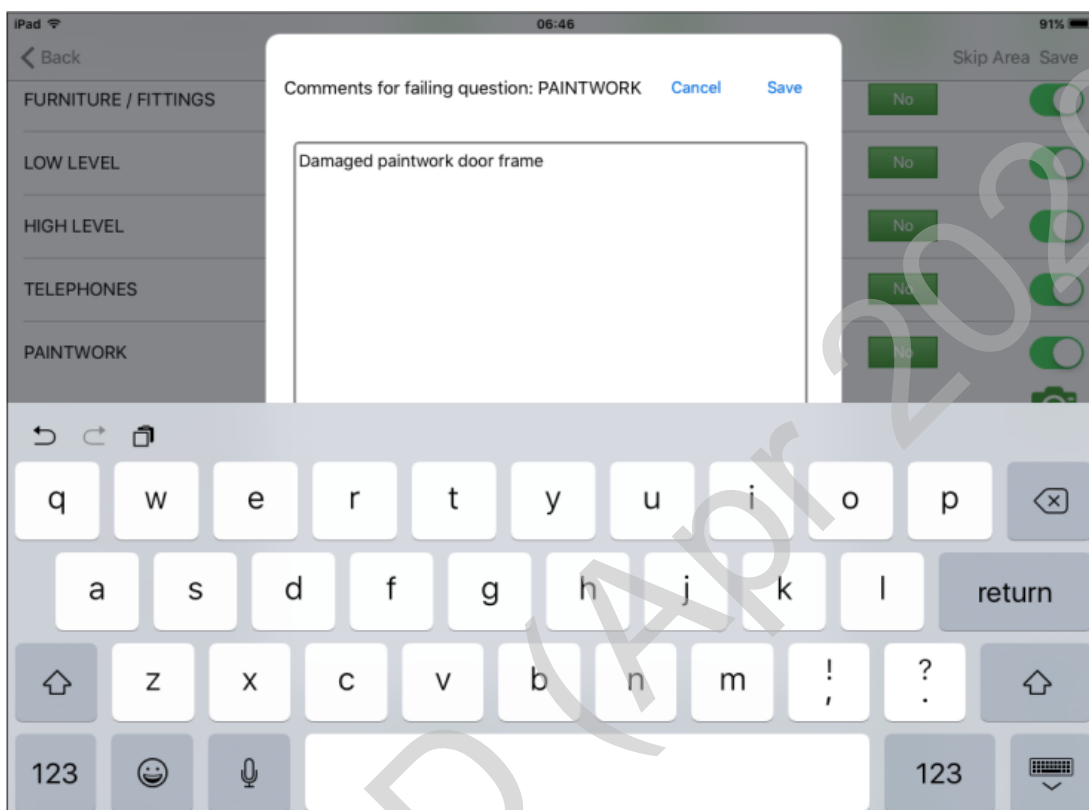
- To 'fail' an element, tap on the green button as appropriate. The button will change to a 'fail' and the colour will change from green to red. Options to describe the reason for the fail will appear, along with a text box to add further detail. The keyboard will appear automatically when you tap in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



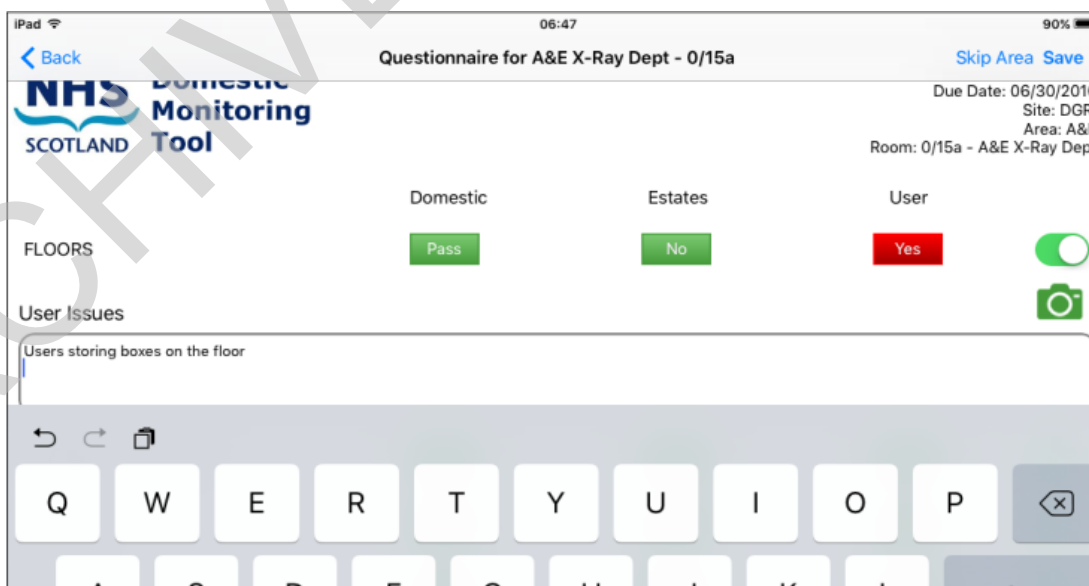
- To 'fail' an element for an Estates issue, tap the appropriate button and select the slider button that best describes the issue. To add more text to the issue, tap on the 'pencil' symbol and a text box will appear.



7. 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'.

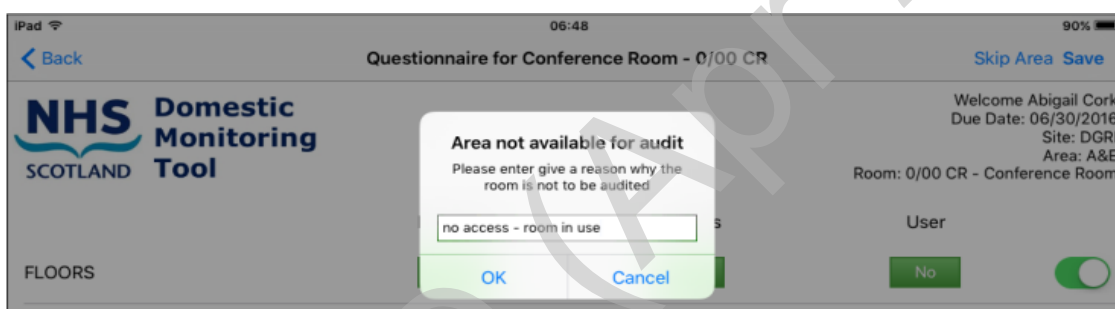


8. To add a user issue, tap the appropriate button and add text to describe the issue.



When you have completed adding information for that room, click the button 'Save' at the top right of the screen.

- If you need to skip a room because you do not have access to audit, select the button **'Skip Area'** at the top of the page. You will need to enter a reason for skipping the room.



- 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.





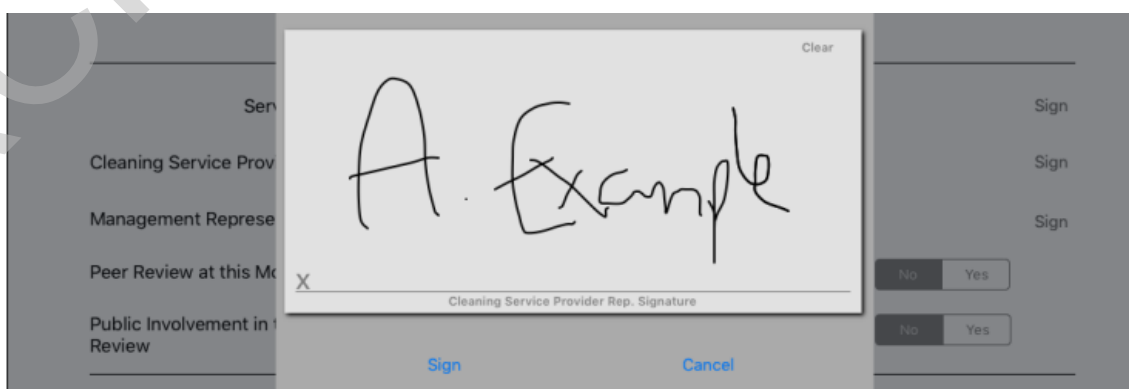
11. When you have completed all of the rooms in the audit, tap on the button '**Sign Off**' at the top of the room list screen.



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



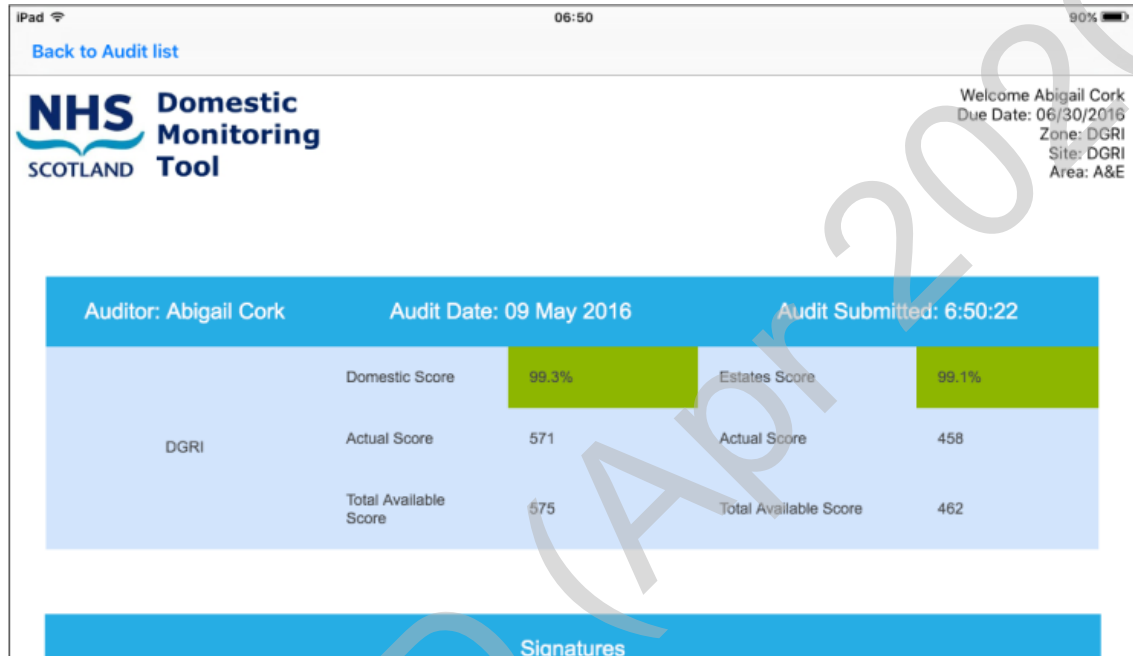
If you are adding the name of a participant in any of the fields here, the system will expect you to also add a signature. To add a signature, click on the button '**Sign**' to the right of the name. The system will show a signature box. Enter the signature here and click '**Sign**' to store the signature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



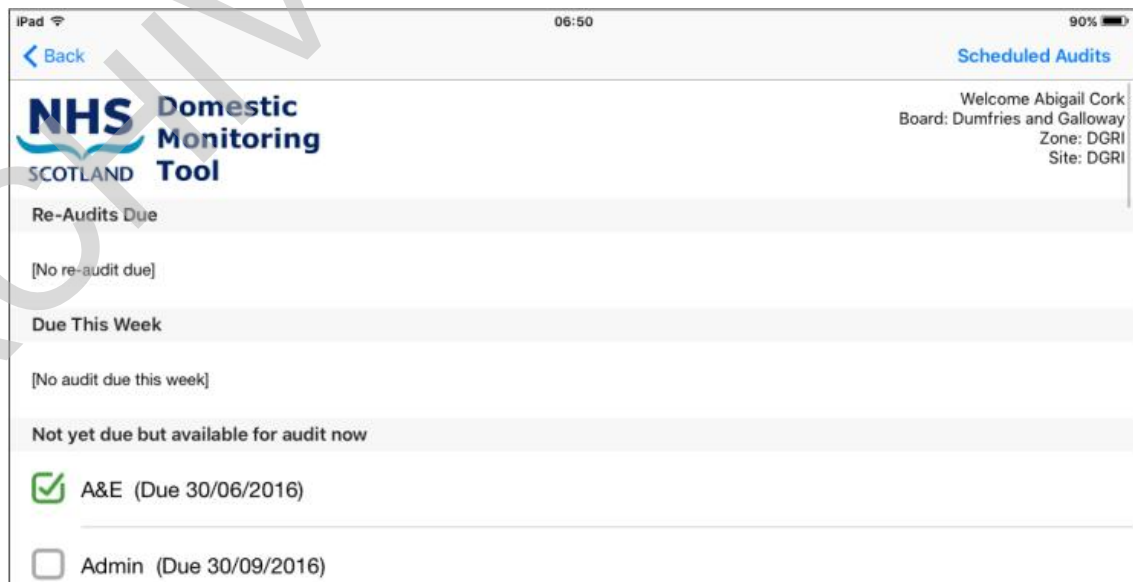
Add peer and public reviewer information here if present.

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.



- To synchronise your completed audit to the online system, return to the audit schedule and click on the '**Synchronise Audits**' button on the top right of the screen. This will send the audit data to the online system ready for further management.

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	2
DGRI	0	0	23	70	1
PCCD East	0	0	5	15	3
PCCD West	0	0	10	30	7

ARCHIVED (April 2020)

## 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)

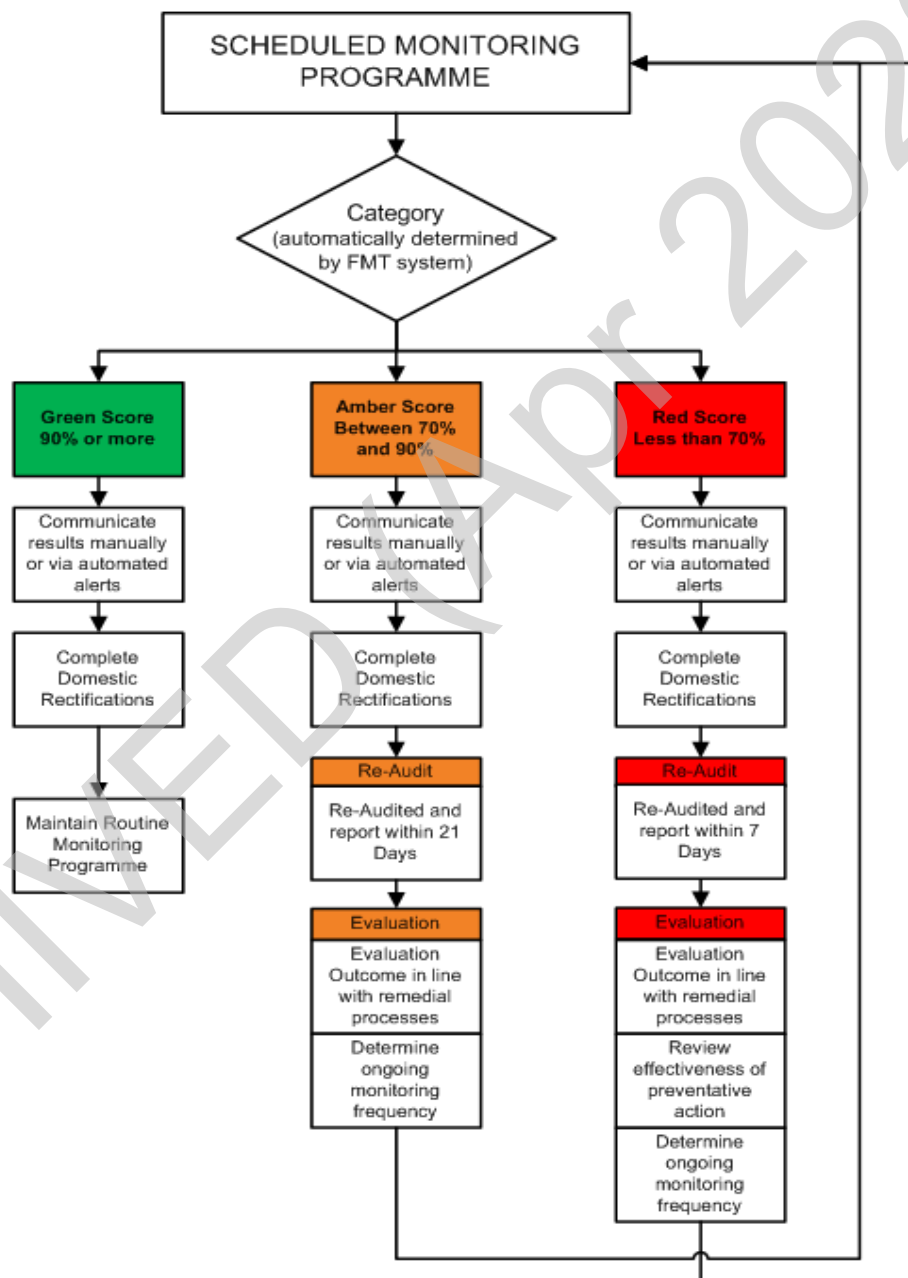


Figure 8 Domestic Red, Amber and Green Process

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 Green (90% or more) or 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 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 an Amber or Red 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 an Amber Domestic score) or 7 days (for a Red).

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 9th March 2016 at 2pm, and resulted in an Amber score, the rectifications must be completed and the re-audit carried out, signed off and completed by 2pm on Monday 30th 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 Western Isles Hospital. An audit has been completed in the Acute Psychiatry Ward, generating 7 Domestic rectifications and 3 Estates rectifications. To view all 7 Domestic rectifications, click on the blue number 7 underneath the score for the ward.

Start Date		End Date		Go	
01 March 2015		31 March 2015		Reset	
56 of the scheduled audits in the selected period are outstanding				Of all completed audits within the selected period:	
No Re-audits have been missed within the selected period				0 scored between 70% and 90%	
				0 scored less than 70%	
There are no user issues					
Western Isles Hospital Overall		57 Scheduled-1 Completed		Domestic score: 95.42%	
		0 Re-Audits Completed		Estate score: 97.52%	
		0 Non Scheduled Audits Completed		Domestic Rectifications: 7	
				Estate Rectifications: 3	
Western Isles Hospital - Score Summary by Ward					
A&E		1 Scheduled - 0 Completed		Domestic score: N/A	
		0 Re-Audits Completed		Estate score: N/A	
		0 Non Scheduled Audits Completed		Domestic Rectifications: 0	
				Estate Rectifications: 0	
Acute Psychiatry Ward		1 Scheduled-1 Completed		Domestic score: 95.42%	
		0 Re-Audits Completed		Estate score: 97.52%	
		0 Non Scheduled Audits Completed		Domestic Rectifications: 7	
				Estate Rectifications: 3	
Admin		1 Scheduled - 0 Completed		Domestic score: N/A	
		0 Re-Audits Completed		Estate score: N/A	
		0 Non Scheduled Audits Completed		Domestic Rectifications: 0	
				Estate Rectifications: 0	

The following screen will load. This lists all 7 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.

Rectification Status	Start Date	End Date	Go				
All	01 March 2015	01 April 2015	Reset				
ID	Location	Description	Rectification	Date Due	Responsible Person	Status	5 x 5 Risk Score (M)
552742	Hospital:Western Isles Hospital, Area:Acute Psychiatry Ward, Room:2.63 WC & Shower	Pipes Not Cleaned	Domestic Actions: TOILET / WASH HAND BASIN / SINK	30 March 2015	Abigail Cork	Not started	12
552746	Hospital:Western Isles Hospital, Area:Acute Psychiatry Ward, Room:2.91 Dining Room	Dirty corners	Domestic Actions: FLOORS	30 March 2015	Abigail Cork	Not started	4
552744	Hospital:Western Isles Hospital, Area:Acute Psychiatry Ward, Room:2.86 Single Room	Dirty corners	Domestic Actions: FLOORS	30 March 2015	Abigail Cork	Not started	4
552743	Hospital:Western Isles Hospital, Area:Acute Psychiatry Ward, Room:2.85 Single Room	Dusty skirting boards	Domestic Actions: LOW LEVEL	30 March 2015	Abigail Cork	Not started	4
552741	Hospital:Western Isles Hospital, Area:Acute Psychiatry Ward, Room:2.81 Pantry	Streaky	Domestic Actions: PAINTWORK	30 March 2015	Abigail Cork	Not started	4
552738	Hospital:Western Isles Hospital, Area:Acute Psychiatry Ward, Room:2.78 Single Room	Dusty	Domestic Actions: HIGH LEVEL	30 March 2015	Abigail Cork	Not started	4
552739	Hospital:Western Isles Hospital, Area:Acute Psychiatry Ward, Room:2.78 Single Room	Outside Dirty castors	Domestic Actions: REFUSE	30 March 2015	Abigail Cork	Not started	4



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 then use the drop down box for status to open and select another status such as 'In Progress' or 'Complete'.

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.

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.

Rectification Status	Start Date	End Date						Go
All	01 March 2015	01 April 2015						Reset
ID	Location	Description	Rectification	Date Due	Responsible Person	Status	5 x 5 Risk Score	
552742	Hospital:Western Isles Hospital, Area:Acute Psychiatry Ward, Room:2.83 WC & Shower	Pipes Not Cleaned	Domestic Actions: TOILET / WASH HAND BASIN / SINK	30 March 2015	Abigail Cork	Complete	12	
552746	Hospital:Western Isles Hospital, Area:Acute Psychiatry Ward, Room:2.91 Dining Room	Dirty corners	Domestic Actions: FLOORS	30 March 2015	Abigail Cork	In Progress	4	
552744	Hospital:Western Isles Hospital, Area:Acute Psychiatry Ward, Room:2.86 Single Room	Dirty corners	Domestic Actions: FLOORS	30 March 2015	Abigail Cork	Not started	4	
552743	Hospital:Western Isles Hospital, Area:Acute Psychiatry Ward, Room:2.85 Single Room	Dusty skirting boards	Domestic Actions: LOW LEVEL	30 March 2015	Abigail Cork	Not started	4	
552741	Hospital:Western Isles Hospital, Area:Acute Psychiatry Ward, Room:2.81 Pantry	Streaky	Domestic Actions: PAINTWORK	30 March 2015	Abigail Cork	Not started	4	
552738	Hospital:Western Isles Hospital, Area:Acute Psychiatry Ward, Room:2.78 Single Room	Dusty	Domestic Actions: HIGH LEVEL	30 March 2015	Abigail Cork	Not started	4	
552739	Hospital:Western Isles Hospital, Area:Acute Psychiatry Ward, Room:2.78 Single Room	Outside Dirty castors	Domestic Actions: REFUSE	30 March 2015	Abigail Cork	Not started	4	

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 location (you can see this from the symbol that is visible in the column header for 'location'). To list by any other aspect, click on the column headers.

## Re-audit Process

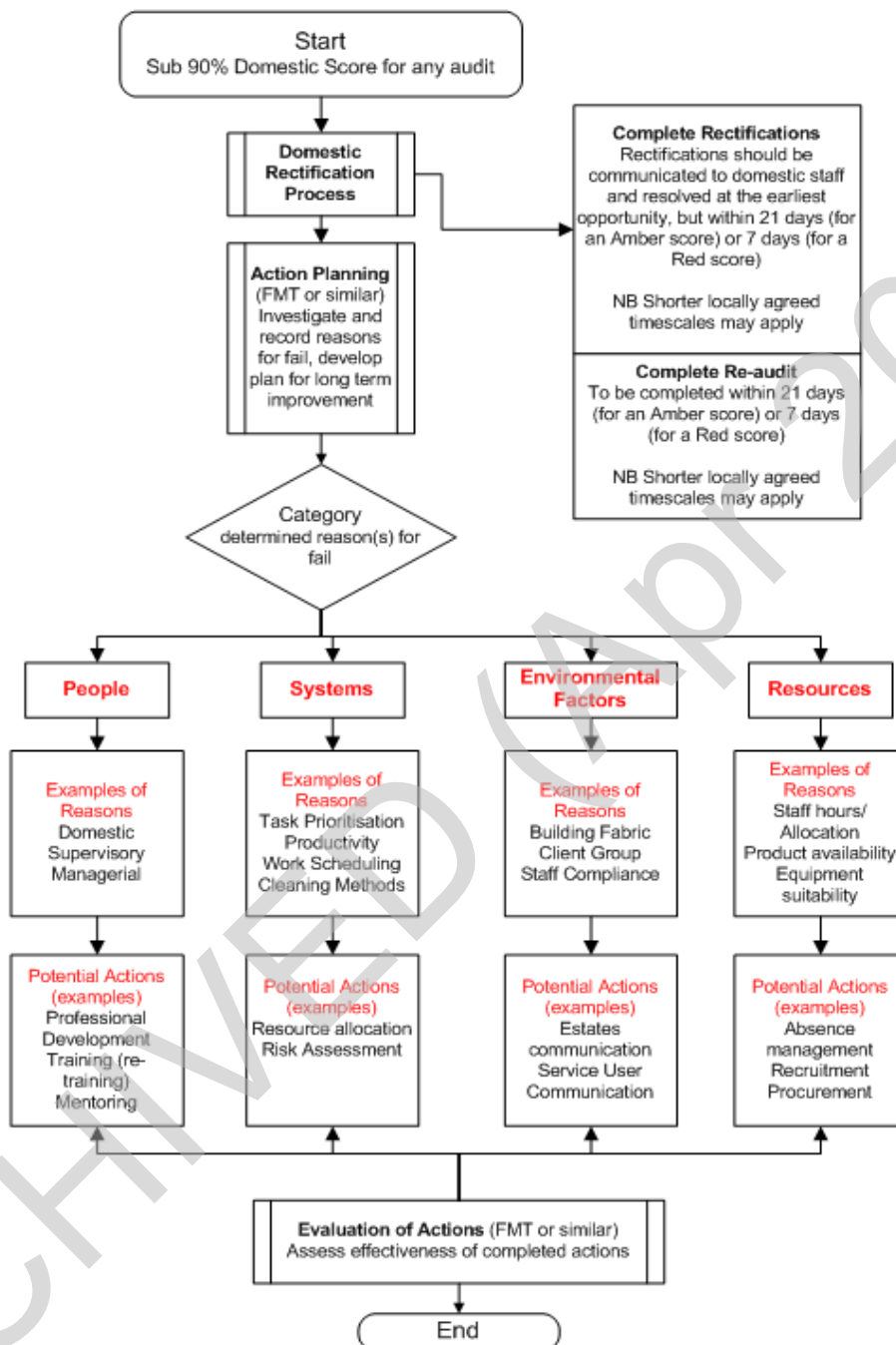
- 5.5 A re-audit will become available within the FMT system as soon as the domestic rectifications from the sub-90% domestic scoring audit have been completed. The re-audit will be available in the data capture section, and will be visible at the top of the list of audits, with a due date visible next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

## Action Planning and Evaluation

- 5.6 The Domestic process in the Framework (see Figure 8) 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.

**Domestics Remedial Processes**



**Figure 9 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.

Home Administration My Profile Tools Sign Out Help			
You are logged in as abigail.cork.			
< 70%	70% - 90%	> 90%	N/A
Non-Compliant	Partial Compliance	Compliant	Not Applicable
Auditor: Abigail Cork		Audit Date: 01/06/2016	Audit Submitted: 14:59
1A Area Risk Code: A Code	Domestic Score:	87.21%	Estates Issues: 100%
	Actual Score:	525	Actual Score: 527
	Total Available Points:	602	Total Available Points: 527
Environmental Factors			
Building Fabric:	Good	Client Group:	Good
Local Governance:	Good	Domestic Staff Compliance:	Good
Total Score: 0			
Signatures			
Peer Review at this Monitor ? No		Public Involvement in the Peer Review ? No	
Overall Comments			
<a href="#">Add an Action Plan</a>			
A10-WC - 102A			
FLOORS	Domestic Score:	PASS	Estates Score: NO
TOILET / WASH HAND BASIN / SINK	Domestic Score:	PASS	Estates Score: NO
FURNITURE / FITTINGS	Domestic Score:	PASS	Estates Score: NO
LOW LEVEL	Domestic Score:	FAIL (Rectification)	Estates Score: NO
HIGH LEVEL	Domestic Score:	FAIL (Rectification)	Estates Score: NO
PAINTWORK	Domestic Score:	PASS	Estates Score: NO
GLASSWORK	Domestic Score:	PASS	Estates Score: NO
CURTAINS/SCREENS	Domestic Score:	PASS	Estates Score: N/A
SOAP/HANDTOWELS	Domestic Score:	PASS	Estates Score: NO
REFUSE	Domestic Score:	PASS	Estates Score: N/A
A13-WC - 10B			

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

Home Administration My Profile Tools Sign Out Help			
You are logged in as abigail.cork.			
< 70%	70% - 90%	> 90%	N/A
Non-Compliant	Partial Compliance	Compliant	Not Applicable
Auditor: Abigail Cork		Audit Date: 01/06/2016	Audit Submitted: 14:59
1A Area Risk Code: A Code	Domestic Score:	87.21%	Estates Issues: 100%
	Actual Score:	525	Actual Score: 527
	Total Available Points:	602	Total Available Points: 527
Environmental Factors			
Building Fabric:	Good	Client Group:	Good
Local Governance:	Good	Domestic Staff Compliance:	Good
Signatures			
Peer Review at this Monitor ? No		Public Involvement in the Peer Review ? No	
A10-WC - 102A			
FLOORS	Domestic Score:	PASS	Estates Score: NO
TOILET / WASH HAND BASIN / SINK	Domestic Score:	PASS	Estates Score: NO
FURNITURE / FITTINGS	Domestic Score:	PASS	Estates Score: NO
LOW LEVEL	Domestic Score:	FAIL (Rectification)	Estates Score: NO
HIGH LEVEL	Domestic Score:	FAIL (Rectification)	Estates Score: NO
PAINTWORK	Domestic Score:	PASS	Estates Score: NO
GLASSWORK	Domestic Score:	PASS	Estates Score: NO
CURTAINS/SCREENS	Domestic Score:	PASS	Estates Score: N/A
SOAP/HANDTOWELS	Domestic Score:	PASS	Estates Score: NO
A13-WC - 10B			

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.

**REMEDIAL ACTION PLAN FOR MONITORING FAIL**

Audit Date: 01/06/2016  
Area: 1A  
Auditor: Abigail Cork

87.21%

Rectification Summary:

ID	Location	Rectification	Description	Date Due	Responsible Person	Title	5 x 5
695001	A6 Baby Feeding Room - 115	FURNITURE / FITTINGS	Dusty Underside Chairs	22-Jun-16	Abigail Cork	Not started	4
695002	A7 Store - 114	FURNITURE / FITTINGS	Dusty Underside Beds	22-Jun-16	Abigail Cork	Not started	4
695003	A7 Store - 114	LOW LEVEL	Dusty Behind Radiator	22-Jun-16	Abigail Cork	Not started	4
695004	A10 WC - 102A	LOW LEVEL	Dusty	22-Jun-16	Abigail Cork	Not started	4
695005	A10 WC - 102A	HIGH LEVEL	Dusty	22-Jun-16	Abigail Cork	Not started	4
695006	A13 wc - 108	HIGH LEVEL	Dusty	22-Jun-16	Abigail Cork	Not started	4
695007	A16 reception - 170	LOW LEVEL	Dusty	22-Jun-16	Abigail Cork	Not started	4
695008	A23 wc - 104A	LOW LEVEL	Dusty	22-Jun-16	Abigail Cork	Not started	4
695009	A23 wc - 104A	HIGH LEVEL	Dusty	22-Jun-16	Abigail Cork	Not started	4
695010	A25 fire exit corridor at stairs	FURNITURE / FITTINGS	Dusty Underside	22-Jun-16	Abigail Cork	Not started	3
695011	A25 fire exit corridor at stairs	LOW LEVEL	Dusty	22-Jun-16	Abigail Cork	Not started	3
695012	A30 Sanitary - 181	TOILET / WASH HAND BASIN / SINK	Underside Pipes	22-Jun-16	Abigail Cork	Not started	4
695013	A30 Sanitary - 181	LOW LEVEL	Dusty	22-Jun-16	Abigail Cork	Not started	4
695014	A32 Day Room - 182	REFUSE	Outside Dirty	22-Jun-16	Abigail Cork	Not started	4
695015	A38 On-Call Sanitary	TOILET / WASH HAND BASIN / SINK	Underside Not Cleaned	22-Jun-16	Abigail Cork	Not started	4
695016	X1 DSR	HIGH LEVEL	Dusty	22-Jun-16	Abigail Cork	Not started	3

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.

Reason(s) for fail

Recorded by

No Entries Found

Action(s)

Problem Categories

Status

Date Due

Responsible

No Entries Found

Reason for Fail:

A lot of rectifications being raised for low level, under furniture - attention to detail

Save Reason

Cancel

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

ID	Location	Rectification	Description	Date Due	Responsible Person	Title	5	5
695001	A6 Baby Feeding Room - 115	FURNITURE / FITTINGS	Dusty Underside Chairs	22-Jun-16	Abigail Cork	Not started	4	4
695002	A7 Store - 114	FURNITURE / FITTINGS	Dusty Underside Beds	22-Jun-16	Abigail Cork	Not started	4	4
695003	A7 Store - 114	LOW LEVEL	Dusty Behind Radiator	22-Jun-16	Abigail Cork	Not started	4	4
695004	A10 WC - 102A	LOW LEVEL	Dusty	22-Jun-16	Abigail Cork	Not started	4	4
695005	A10 WC - 102A	HIGH LEVEL	Dusty	22-Jun-16	Abigail Cork	Not started	4	4
695006	A13 wc - 108	HIGH LEVEL	Dusty	22-Jun-16	Abigail Cork	Not started	4	4
695007	A16 reception - 170	LOW LEVEL	Dusty	22-Jun-16	Abigail Cork	Not started	4	4
695008	A23 wc - 104A	LOW LEVEL	Dusty	22-Jun-16	Abigail Cork	Not started	4	4
695009	A23 wc - 104A	HIGH LEVEL	Dusty	22-Jun-16	Abigail Cork	Not started	4	4
695010	A25 fire exit corridor at stairs	FURNITURE / FITTINGS	Dusty Underside	22-Jun-16	Abigail Cork	Not started	3	3
695011	A25 fire exit corridor at stairs	LOW LEVEL	Dusty	22-Jun-16	Abigail Cork	Not started	3	3
695012	A30 Sanitary - 181	TOILET / WASH HAND BASIN / SINK	Underside Pipes	22-Jun-16	Abigail Cork	Not started	4	4
695013	A30 Sanitary - 181	LOW LEVEL	Dusty	22-Jun-16	Abigail Cork	Not started	4	4
695014	A32 Day Room - 182	REFUSE	Outside Dirty	22-Jun-16	Abigail Cork	Not started	4	4
695015	A38 On-Call Sanitary	TOILET / WASH HAND BASIN / SINK	Underside Not Cleaned	22-Jun-16	Abigail Cork	Not started	4	4
695016	X1 DSR	HIGH LEVEL	Dusty	22-Jun-16	Abigail Cork	Not started	3	3

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.

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



The screenshot displays a web interface for monitoring facilities. On the left, there is a navigation menu with categories like 'Home', 'Administration', 'My Profile', and 'Non-Compliant'. The main area shows a table of issues with columns for ID, description, level, category, status, date due, and responsible person. Below the table, there is an 'ACTION' form with fields for 'Category of Problem', 'Action Title', 'Action Description', 'Status', 'Due Date', and 'Responsible Person'. A 'Save Action' button is at the bottom right of the form.

Issue ID	Description	Level	Category	Status	Date Due	Responsible	Count
695007	A16 reception - 170	LOW LEVEL	Dusty	Not started	22-Jun-16	Abigail Cork	4
695008	A23 wc - 104A	LOW LEVEL	Dusty	Not started	22-Jun-16	Abigail Cork	4
695009	A23 wc - 104A	HIGH LEVEL	Dusty	Not started	22-Jun-16	Abigail Cork	4
695010	A25 fire exit corridor at stairs	FURNITURE / FITTINGS	Dusty Underside	Not started	22-Jun-16	Abigail Cork	3
695011	A25 fire exit corridor at stairs	LOW LEVEL	Dusty	Not started	22-Jun-16	Abigail Cork	3
695012	A30 Sanitary - 181	TOILET / WASH HAND BASIN / SINK	Underside Pipes	Not started	22-Jun-16	Abigail Cork	4
695013	A30 Sanitary - 181	LOW LEVEL	Dusty	Not started	22-Jun-16	Abigail Cork	4
695014	A32 Day Room - 182	REFUSE	Outside Dirty	Not started	22-Jun-16	Abigail Cork	4
695015	A38 On-Call Sanitary	TOILET / WASH HAND BASIN / SINK	Underside Not Cleaned	Not started	22-Jun-16	Abigail Cork	4
695016	X1 DSR	HIGH LEVEL	Dusty	Not started	22-Jun-16	Abigail Cork	3

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.

This screenshot shows the same interface as above, but with the 'ACTION' form filled out. The 'Category of Problem' is set to 'People - Training Issues', the 'Action Title' is 'Retraining for staff', and the 'Action Description' is 'Staff to be retrained to improve attention to detail for low level areas and underneath furniture'. The 'Status' is 'Not started', the 'Due Date' is '17/06/2016', and the 'Responsible Person' is 'Abigail Cork'. The 'Save Action' button is visible.



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

Issue ID	Location	Category	Description	Date Due	Responsible	Status
695002	A7 Store - 114	FURNITURE / FITTINGS	Chairs	22-Jun-16	Abigail Cork	started
695003	A7 Store - 114	FURNITURE / FITTINGS	Dusty Underside Beds	22-Jun-16	Abigail Cork	Not started
695004	A7 Store - 114	LOW LEVEL	Dusty Behind Radiator	22-Jun-16	Abigail Cork	Not started
695005	A10 WC - 102A	LOW LEVEL	Dusty	22-Jun-16	Abigail Cork	Not started
695006	A10 WC - 102A	HIGH LEVEL	Dusty	22-Jun-16	Abigail Cork	Not started
695007	A13 wc - 108	HIGH LEVEL	Dusty	22-Jun-16	Abigail Cork	Not started
695008	A16 reception - 170	LOW LEVEL	Dusty	22-Jun-16	Abigail Cork	Not started
695009	A23 wc - 104A	LOW LEVEL	Dusty	22-Jun-16	Abigail Cork	Not started
695010	A23 wc - 104A	HIGH LEVEL	Dusty	22-Jun-16	Abigail Cork	Not started
695011	A25 fire exit corridor at stairs	FURNITURE / FITTINGS	Dusty Underside	22-Jun-16	Abigail Cork	Not started
695012	A25 fire exit corridor at stairs	LOW LEVEL	Dusty	22-Jun-16	Abigail Cork	Not started
695013	A30 Sanitary - 181	TOILET / WASH HAND BASIN / SINK	Underside Pipes	22-Jun-16	Abigail Cork	Not started
695014	A30 Sanitary - 181	LOW LEVEL	Dusty	22-Jun-16	Abigail Cork	Not started
695015	A32 Day Room - 182	REFUSE	Outside Dirty	22-Jun-16	Abigail Cork	Not started
695016	A38 On-Call Sanitary	TOILET / WASH HAND BASIN / SINK	Underside Not Cleaned	22-Jun-16	Abigail Cork	Not started
695017	X1 DSR	HIGH LEVEL	Dusty	22-Jun-16	Abigail Cork	Not started

Reason(s) for fail	Recorded by
1. A lot of rectifications being raised for low level, under furniture - attention to detail	Abigail Cork

Action(s)	Problem Categories	Status	Date Due	Responsible
Retraining for staff to be retrained to improve attention to detail for low level areas and underneath furniture	People - Training Issues	Not started	17/06/2016	Abigail Cork

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 dialogue box to print the action plan. To open and print the document, select **'open'** from the dialogue box shown below.

Windows Internet Explorer dialog box:

What do you want to do with 10009\_ActionPlanDetails\_01\_06\_16.doc?

Size: 133 KB  
Type: Microsoft Office Word 97 - 2003  
From: drh@nhs.uk

Options: Open, Save, Save as, Cancel

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

Crosshouse

87.21%

Area: 1A  
Auditor: Abigail Cork

Audit Date: 01/06/2016

Rectification Summary:

Location	Rectification	Description	Date Due	Responsible Person	Status
A6 Baby Feeding Room - 115	FURNITURE / FITTINGS	Dusty Underside Chairs	22-Jun-16	Abigail Cork	Not started
A7 Store - 114	FURNITURE / FITTINGS	Dusty Underside Beds	22-Jun-16	Abigail Cork	Not started
A7 Store - 114	LOW LEVEL	Dusty Behind Radiator	22-Jun-16	Abigail Cork	Not started
A10 WC - 102A	LOW LEVEL	Dusty	22-Jun-16	Abigail Cork	Not started
A10 WC - 102A	HIGH LEVEL	Dusty	22-Jun-16	Abigail Cork	Not started
A13 wc - 108	HIGH LEVEL	Dusty	22-Jun-16	Abigail Cork	Not started
A16 reception - 170	LOW LEVEL	Dusty	22-Jun-16	Abigail Cork	Not started
A23 wc - 104A	LOW LEVEL	Dusty	22-Jun-16	Abigail Cork	Not started
A23 wc - 104A	HIGH LEVEL	Dusty	22-Jun-16	Abigail Cork	Not started
A25 fire exit corridor at stairs	FURNITURE / FITTINGS	Dusty Underside	22-Jun-16	Abigail Cork	Not started
A25 fire exit corridor at stairs	LOW LEVEL	Dusty	22-Jun-16	Abigail Cork	Not started
A30 Sanitary - 181	TOILET / WASH HAND BASIN / SINK	Underside Pipes	22-Jun-16	Abigail Cork	Not started
A30 Sanitary - 181	LOW LEVEL	Dusty	22-Jun-16	Abigail Cork	Not started
A32 Day Room - 182	REFUSE	Outside Dirty	22-Jun-16	Abigail Cork	Not started
A38 On-Call Sanitary	TOILET / WASH HAND BASIN / SINK	Underside Not Cleaned	22-Jun-16	Abigail Cork	Not started
X1 DSR	HIGH LEVEL	Dusty	22-Jun-16	Abigail Cork	Not started

Reason(s) for fail: 1. A lot of rectifications being raised for low level, under furniture - attention to detail  
Recorded by: Abigail Cork

Action(s)	Description	Problem Categories	Status	Date Due	Responsible
1. Retraining for staff	Staff to be retrained to improve attention to detail for low level areas and underneath furniture	People - Training Issues	Not started	17/06/2016	Abigail Cork

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**.

NHS Scotland - FMT Action Plans - 07 Jun 2016								
Healthboards	Zones	Hospitals	Areas	Start Date				
Ayr and Arran	All	All	All	01 March				
Filtered By Healthboards: Ayr and Arran								
Action	Health Board				Total No. of Actions	Incomplete Actions	Overdue Actions	
87.21%	01/06/2016 - Abigail Cork	Ayr and Arran	East	Crosshouse	1A	1	1	0



You can then access any action plan that has been developed for your area. Click on the blue link for the action plan to edit or view its contents.

You can also access all of the individual actions in order to efficiently manage them. To access a list of individual actions for your area: click on **Tools>Facilities Monitoring Tool>Action Plans – Actions**.

ID	Health Board	Zone	Hospital	Ward	Action Title	Problem Category	Status	Date Entered	Date Due	Responsible
695917	Ayr and Arran	East	Crosshouse	1A	Action: Retraining for staff	Staff to be	Not started	01/06/2016	17/06/2016	Abigail Cork

Actions can be managed or updated by clicking on the ID of 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'.

Editing Rectification	
Title	Action: Retraining for staff
Location	1A
Responsible Person	Abigail Cork
Status	Not started
Due Date	17/06/2016
Description	Staff to be retrained to improve attention to detail for low level areas and underneath furniture
Image	
Comments	

## 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)

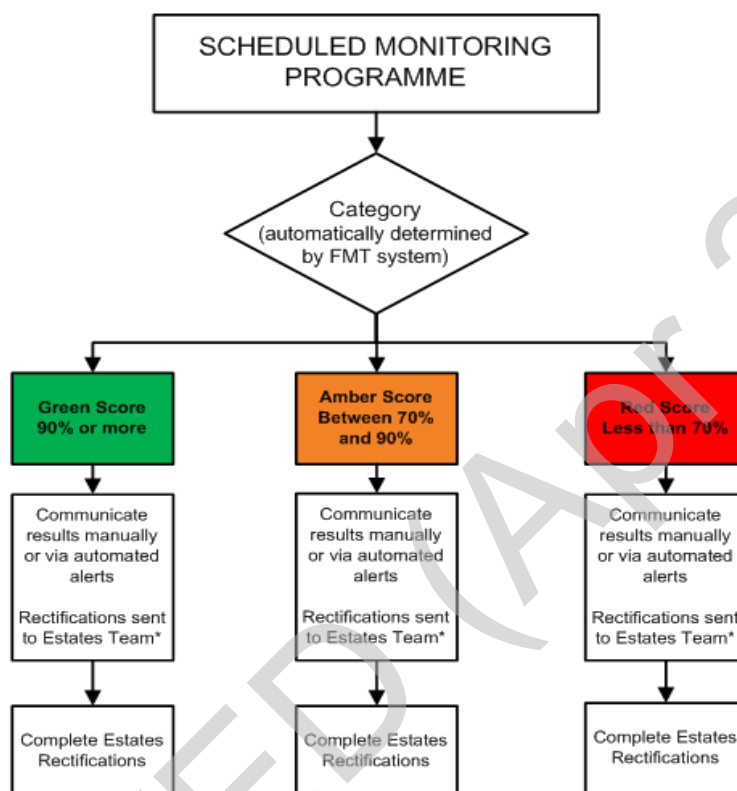


Figure 10 Estates Red, Amber and Green Process

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 Between 2014 and 2016 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.

The following table summarises the type of communication that has been established for each Board, and the actions required by auditors or ward managers to manage that communication process.

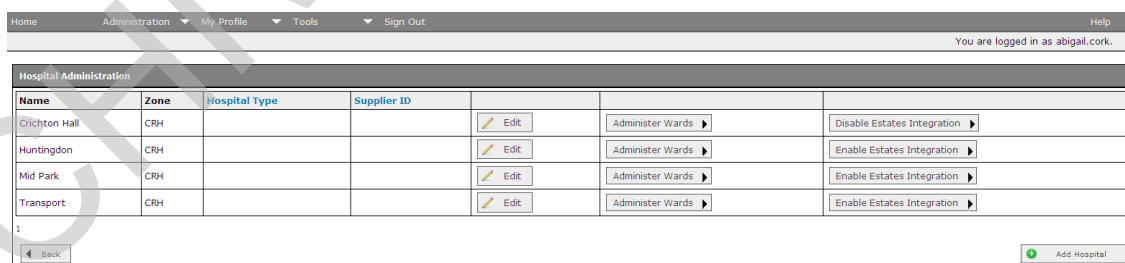
At the time of printing all integration projects are underway or completed.

<b>Board</b>	<b>Type of Integration</b>	<b>Method of estates rectification submission</b>	<b>Estates System</b>
Ayrshire and Arran	Electronic Integration at ward level via Ward Managers.	Ward Managers are notified when estates issues are identified. It is their responsibility to submit the relevant issues via FMT, which then sends the issue via the electronic link.	Apollo
Borders	Electronic Integration at room level.	Estates issues are communicated automatically to the estates system.	Backtraq
Dumfries and Galloway	Electronic Integration at ward level.	Estates issues are communicated automatically to the estates system.	Apollo
Fife	Electronic Integration at ward level.	Estates issues are communicated automatically to the estates system.	Apollo
Forth Valley (non PFI estate)	Electronic Integration at room level.	Estates issues are communicated automatically to the estates system.	FM First
Golden Jubilee	Electronic Integration at room level.	Estates issues are communicated automatically to the estates system.	Agility
Grampian	Electronic Integration at ward level via Ward Managers.	Ward Managers are notified when estates issues are identified. It is their responsibility to submit the relevant issues via FMT, which then sends the issue via the electronic link.	FM Planet Enterprise
Greater Glasgow and Clyde	Electronic Integration at room level.	Estates issues are communicated automatically to the estates system.	FM First
Highland	Communication Support Tool.	Estates teams are notified when estates issues are identified. It is their responsibility to access the issues within FMT and transfer them manually to their estates system.	Not linked
Lanarkshire	Fully Integrated within Mass system.	Estates issues are communicated automatically to the estates system.	Mass Archibus
Lothian	Electronic Integration.	Estates issues are communicated automatically to the estates system.	Backtraq
NSS – SNBTS	Fully Integrated within Mass system.	Estates issues are communicated automatically to the estates system.	Mass Archibus
Orkney	Electronic Integration at ward level.	Ward Managers are notified when estates issues are identified. It is their responsibility to submit the relevant issues via FMT, which then sends the issue via the electronic link.	FM Planet Enterprise
Scottish Ambulance Service	None.	Station Managers use FMT to manage estates and fleet issues with a modified rectifications management screen tailored for their needs.	None

Shetland	Communication Support Tool.	Estates teams are notified when estates issues are identified. It is their responsibility to access the issues within FMT and transfer them manually to their estates system.	Not linked
State Hospital	Electronic Integration at room level.	Estates issues are communicated automatically to the estates system.	FM First
Tayside	Communication Support Tool.	Estates teams are notified when estates issues are identified. It is their responsibility to access the issues within FMT and transfer them manually to their estates system.	Not linked
Western Isles	Communication Support Tool.	Estates teams are notified when estates issues are identified. It is their responsibility to access the issues within FMT and transfer them manually to their estates system.	Not linked

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 – you will see to the right of the site list is a button that says either **‘Disable Estates Integration’** (it will say this if the integration is active) or **‘Enable Estates Integration’** (it will say 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 Supplier ID which matches the 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’.

Code	Name	Hospital	Ward Type	Supplier ID	Active			
22787	1st floor	Crichton Hall	E Code	014CH001	<input checked="" type="checkbox"/>		Administer Areas ▶	Reschedule ▶
22788	2nd floor	Crichton Hall	E Code	014CH002	<input checked="" type="checkbox"/>		Administer Areas ▶	Reschedule ▶
22789	3rd Floor	Crichton Hall	E Code	014CH003	<input checked="" type="checkbox"/>		Administer Areas ▶	Reschedule ▶
22790	Cluden	Crichton Hall	D Code	014CHC00	<input checked="" type="checkbox"/>		Administer Areas ▶	Reschedule ▶
22791	Cree West	Crichton Hall	D Code	014CHCEW	<input checked="" type="checkbox"/>		Administer Areas ▶	Reschedule ▶
22792	Ground floor	Crichton Hall	E Code	014CHGF0	<input checked="" type="checkbox"/>		Administer Areas ▶	Reschedule ▶
22793	Queensberry East	Crichton Hall	D Code	014CHQYE	<input checked="" type="checkbox"/>		Administer Areas ▶	Reschedule ▶
22794	Queensberry West	Crichton Hall	D Code	014CHQW0	<input checked="" type="checkbox"/>		Administer Areas ▶	Reschedule ▶



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.

### Estates Communication Support Tool

5.10 If the Board has not been electronically linked to its Estates system, the status of the rectifications will require manual management. Those Boards will have opted for communication support from FMT – the Estates Team will receive regular communications from the FMT system to let them know when there are Estates rectifications requiring action within FMT and allowing them to select the issues that require to be added to their own local systems.

The Estates Team can then retrieve the rectifications from FMT and input and manage them in their own Estates Management System. It is not the responsibility of Domestic Services Teams to manage Estates rectifications in FMT.

### Estates Rectification – Ward Managers Submission

5.11 Two Boards (NHS Ayrshire and Arran, and NHS Grampian) have opted to involve Ward Managers in the communication of their Estates issues. When Estates issues are identified during the course of an audit, an email alert will be sent to the relevant Ward Manager of the area. It will be their responsibility to check those issues and ‘submit’ the rectifications to the Estates system. The process is under development at the time of publication; full guidance will be



made available to those boards once the system development has been completed.

## SAS – Domestic and Estates Rectification for Station Managers

5.12

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.

ID	Type	Location	Description	Rectification	Date Due	Responsible Person	Status	5 x 5 Risk Score	Image	
552730	Domestic	Hospital:Falkirk, Area:Falkirk, Room:021 Male Toilets & Shower	Stained Taps & Drains wash hand basin	Domestic Actions: TOILET / WASH HAND BASIN / SINK	27 March 2015	Abigail Cork	Not started	8		<input type="checkbox"/>
552733	Domestic	Hospital:Falkirk, Area:Falkirk, Room:008 Central Store	Dirty Inside	Domestic Actions: SOAP/HANDTOWELS	27 March 2015	Abigail Cork	Not started	3		<input type="checkbox"/>
552728	Domestic	Hospital:Falkirk, Area:Falkirk, Room:001 Ambulance - Registration: T3 STO	Dusty cab seats dust and debris	Domestic Actions: FURNITURE / FITTINGS	27 March 2015	Abigail Cork	Not started	12		<input type="checkbox"/>
552732	Domestic	Hospital:Falkirk, Area:Falkirk, Room:011 Entrance	Dusty Underside Chairs	Domestic Actions: FURNITURE / FITTINGS	27 March 2015	Abigail Cork	Not started	3		<input type="checkbox"/>
552726	Domestic	Hospital:Falkirk, Area:Falkirk, Room:001 Meeting Room	Dirty corners gritty	Domestic Actions: FLOORS	27 March 2015	Abigail Cork	Not started	3		<input type="checkbox"/>
552729	Estates	Hospital:Falkirk, Area:Falkirk, Room:001 Ambulance - Registration: T3 STO	Other apron dispenser broken	Estate Actions: SOAP/HANDTOWELS	27 March 2015	Abigail Cork	Not linked to estates system	8		<input type="checkbox"/>
552731	Estates	Hospital:Falkirk, Area:Falkirk, Room:015 DSR	Walls - Paintwork/wall paper damaged wall behind sink damaged	Estate Actions: PAINTWORK	27 March 2015	Abigail Cork	Not linked to estates system	3		<input type="checkbox"/>
552727	Estates	Hospital:Falkirk, Area:Falkirk, Room:001 Meeting Room	Skirting - damaged surface/stained coming away from the wall by the door	Estate Actions: LOW LEVEL	27 March 2015	Abigail Cork	Not linked to estates system	3		<input type="checkbox"/>

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.

ID	Type	Location	Description	Rectification	Date Due	Responsible Person	Status	5 x 5 Risk Score	Image	
552730	Domestic	Hospital:Falkirk, Area:Falkirk, Room:021 Male Toilets & Shower	Stained Taps & Drains wash hand basin	Domestic Actions: TOILET / WASH HAND BASIN / SINK	27 March 2015	Abigail Cork	Not started	8		<input type="checkbox"/>
552733	Domestic	Hospital:Falkirk, Area:Falkirk, Room:008 Central Store	Dirty Inside	Domestic Actions: SOAP/HANDTOWELS	27 March 2015	Abigail Cork	Not started	3		<input type="checkbox"/>
552728	Domestic	Hospital:Falkirk, Area:Falkirk, Room:001 Ambulance - Registration: T3 STO	Dusty cab seats dust and debris	Domestic Actions: FURNITURE / FITTINGS	27 March 2015	Abigail Cork	Not started	12		<input checked="" type="checkbox"/>
552732	Domestic	Hospital:Falkirk, Area:Falkirk, Room:011 Entrance	Dusty Underside Chairs	Domestic Actions: FURNITURE / FITTINGS	27 March 2015	Abigail Cork	Not started	3		<input type="checkbox"/>
552726	Domestic	Hospital:Falkirk, Area:Falkirk, Room:001 Meeting Room	Dirty corners gritty	Domestic Actions: FLOORS	27 March 2015	Abigail Cork	Not started	3		<input type="checkbox"/>
552729	Estates	Hospital:Falkirk, Area:Falkirk, Room:001 Ambulance - Registration: T3 STO	Other apron dispenser broken	Estate Actions: SOAP/HANDTOWELS	27 March 2015	Abigail Cork	Not linked to estates system	8		<input checked="" type="checkbox"/>
552731	Estates	Hospital:Falkirk, Area:Falkirk, Room:015 DSR	Walls - Paintwork/wall paper damaged wall behind sink damaged	Estate Actions: PAINTWORK	27 March 2015	Abigail Cork	Not linked to estates system	3		<input type="checkbox"/>
552727	Estates	Hospital:Falkirk, Area:Falkirk, Room:001 Meeting Room	Skirting - damaged surface/stained coming away from the wall by the door	Estate Actions: LOW LEVEL	27 March 2015	Abigail Cork	Not linked to estates system	3		<input type="checkbox"/>

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

Rectification Status	Rectification Type	Start Date	End Date							
All	All	01 March 2015	31 March 2015							
ID	Type	Location	Description	Rectification	Date Due	Responsible Person	Status	5 x 5 Risk Score	Image	
552730	Domestic	Hospital:Falkirk, Area:Falkirk, Room:021 Male Toilets & Shower	Stained Taps & Drains wash hand basin	Domestic Actions: TOILET / WASH HAND BASIN / SINK	27 March 2015	Abigail Cork	Not started	8	<input type="checkbox"/>	
552733	Domestic	Hospital:Falkirk, Area:Falkirk, Room:008 Central Store	Dirty Inside	Domestic Actions: SOAP/HANDTOWELS	27 March 2015	Abigail Cork	Not started	3	<input type="checkbox"/>	
552728	Domestic	Hospital:Falkirk, Area:Falkirk, Room:001 Ambulance - Registration: T3 STO	Dusty cab seats dust and debris	Domestic Actions: FURNITURE / FITTINGS	27 March 2015	Ann Example	Not started	12	<input type="checkbox"/>	
552732	Domestic	Hospital:Falkirk, Area:Falkirk, Room:011 Entrance	Dusty Underside Chairs	Domestic Actions: FURNITURE / FITTINGS	27 March 2015	Abigail Cork	Not started	3	<input type="checkbox"/>	
552726	Domestic	Hospital:Falkirk, Area:Falkirk, Room:001 Meeting Room	Dirty corners gritty	Domestic Actions: FLOORS	27 March 2015	Abigail Cork	Not started	3	<input type="checkbox"/>	
552729	Estates	Hospital:Falkirk, Area:Falkirk, Room:001 Ambulance - Registration: T3 STO	Other apron dispenser broken	Estate Actions: SOAP/HANDTOWELS	27 March 2015	Ann Example	Not linked to estates system	8	<input type="checkbox"/>	
552731	Estates	Hospital:Falkirk, Area:Falkirk, Room:015 DSR	Walls - Paintwork/wall paper damaged wall behind sink damaged	Estate Actions: PAINTWORK	27 March 2015	Abigail Cork	Not linked to estates system	3	<input type="checkbox"/>	
552727	Estates	Hospital:Falkirk, Area:Falkirk, Room:001 Meeting Room	Skirting - damaged surface/stained coming away from the wall by the door	Estate Actions: LOW LEVEL	27 March 2015	Abigail Cork	Not linked to estates system	3	<input type="checkbox"/>	

## Email alerts – Communication of audit information

5.13 There are a number of email alerts available within the system. Users with the following roles will receive automated alerts from the system (providing the email address entered into the user profile is correct)

- Estates Manager – the Estates Manager role is tailored specifically for individual Board’s requirements. Please contact your Board Estates Team for more information if required;
- Estates Administrator – the Estates Administrator role is tailored to the individual Board’s requirements. Please contact your local Estates Team for more information if required;
- Station Manager – SAS Station Managers receive an alert when audits are completed in their areas, which notifies them of the outstanding rectifications for their station;
- Ward Manager – Ward Managers 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 the ward manager can access the full audit report and actions they are responsible for (generally user issues).

## 6. Peer Review and Public Involvement

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### 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 control professionals;
- Professional Managers with domestic services expertise;
- Estates representatives;
- Members of the Health Board Quality Team (if applicable).

### Purpose of Public Involvement

- 6.2 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

6.3 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

- 6.7 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 screenshot shows a web-based form for signing off an audit. At the top, there is a green checkmark and the text 'X6 DSR'. Below this is the 'Environmental Factors' section with four rows: 'Building Fabric', 'Local Governance', 'Client Group', and 'Domestic Staff Compliance', each with a 'Good' dropdown menu. The 'Signatures' section includes fields for 'Service User' (A Smith), 'Cleaning Services Provider Rep' (J Jones), and 'Management Representative', each with a 'Browse...' button. It also has a 'Peer review at this monitor?' dropdown set to 'Yes' and a 'Peer Reviewer' field (P Reviewer) with a 'Browse...' button. A 'Public involvement in this peer review?' dropdown is set to 'No'. The 'General Comments' section is a large empty text area. At the bottom, there are 'Back' and '>> Finish >>' buttons.

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.

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## 7. Accessing Results and Reports

### National and Local reporting

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

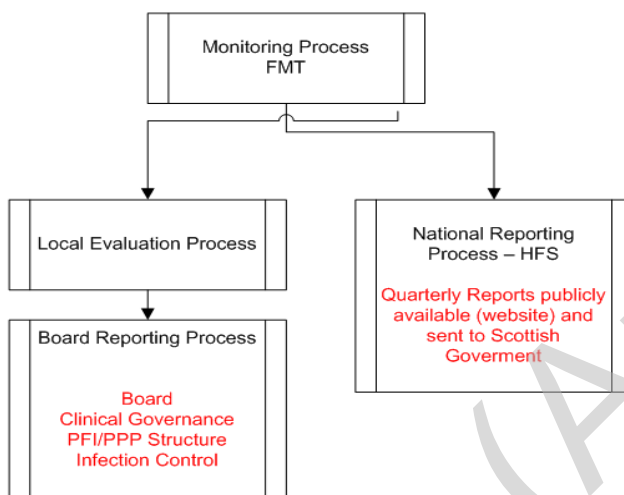


Figure 11 Reporting Processes

### 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.



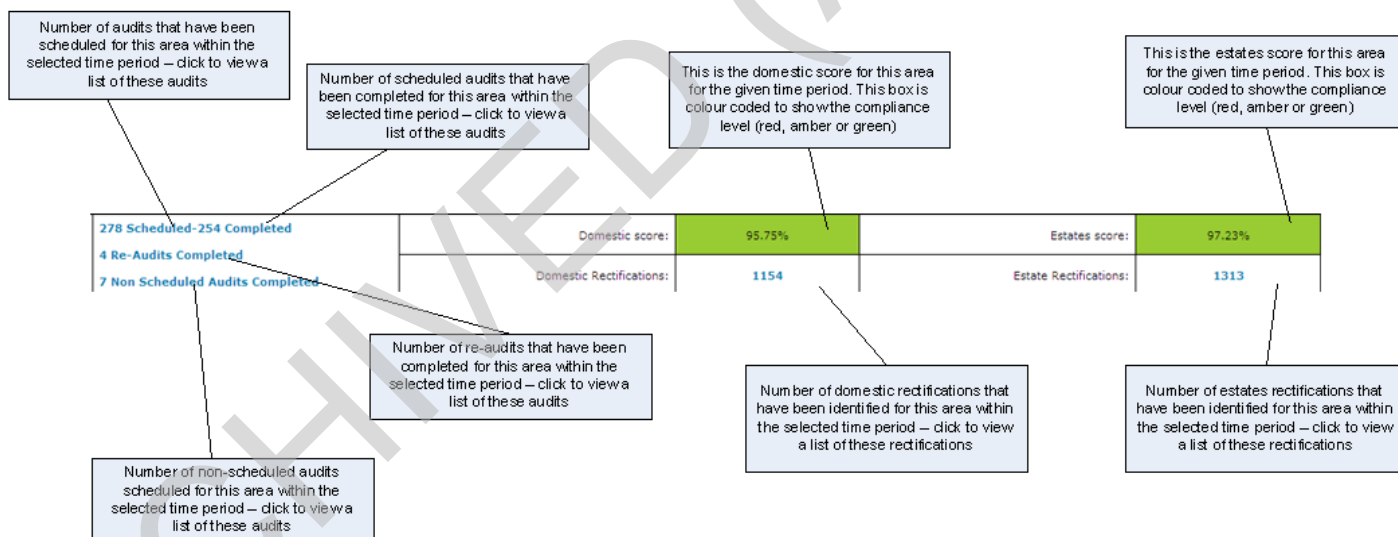
The structure of the Board dashboard is very similar to the dashboards at zone and site level, and many of the features are duplicated across all the levels.

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

Any page that shows the symbol  in the top right hand 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.

Health Board	Annual Apr - Mar	Q1 13/14 Apr - Jun	Q2 13/14 Jul - Sep	Q3 13/14 Oct - Dec	Q4 13/14 Jan - Mar
NHS Scotland Overall	N/A	95.43	95.38	95.46	95.46
NHS Archived Dumfries and Galloway	N/A	96.39	96.37	95.85	95.01
NHS Ayr and Arran	N/A	95.12	95.68	95.2	95.41
NHS Borders	N/A	97.2	96.81	97.39	96.76
NHS Dumfries and Galloway	N/A	N/A	N/A	97.85	96.49
NHS Fife	N/A	96.92	96.19	95.98	95.21
NHS Forth Valley	N/A	97.21	97.05	96.66	95.88
NHS GGC	N/A	94.78	94.89	95.01	95.11
NHS Golden Jubilee	N/A	97.63	97.63	97.98	97.05
NHS Grampian	N/A	94.85	95	92.73	93.07
NHS Highland	N/A	95.61	95.6	94.12	96.1
NHS Lothian	N/A	96.34	96.27	96.26	96.17
NHS NHS LANARKSHIRE	N/A	96.87	96.38	94.05	94.71
NHS NGS	N/A	N/A	98.1	98.24	97.69
NHS Orkney	N/A	94.79	96.19	95.69	96.1
NHS Scottish Ambulance Service	N/A	94.28	95.24	94.76	96.09
NHS Shetland	N/A	96.64	97.15	96.21	96.4
NHS State Hospital	N/A	96.29	95.42	96.58	94.97
NHS Tayside	N/A	94.47	94.98	94.66	94.83
NHS W.Dales	N/A	96.33	96.04	95.63	96.83

Dashboard For A1 Hospitals	Annual Apr - Mar	Q1 13/14 Apr - Jun	Q2 13/14 Jul - Sep	Q3 13/14 Oct - Dec	Q4 13/14 Jan - Mar
A1 Hospitals Overall	95.21	95.17	95.35	94.84	95.21

## 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.

Home Administration My Profile Tools Sign Out Help

You are logged in as abigail.cork.

**Ayr and Arran**

< 70%	70% - 90%	> 90%	N/S
Non-Compliant	Partial Compliance	Compliant	Not Applicable

Quarter: Q2 - 01-07-2014 to 30-09-2014

Filtered By: Quarter: Q2 - 01-07-2014 to 30-09-2014

67 of the scheduled audits in the selected period are outstanding  
15 of the Re-audits have not been completed within the selected period

Of all completed audits within the selected period:  
23 scored between 70% and 90%  
0 scored less than 70%

Ayr and Arran Overall		Domestic score:	95.21%	Estates score:	96.90%
578 Scheduled-511 Completed	27 Re-Audits Completed	Domestic Rectifications:	2757	Estate Rectifications:	2779
9 Non Scheduled Audits Completed					

Ayr and Arran - Score Summary by Zone					
East	278 Scheduled-254 Completed	Domestic score:	95.75%	Estates score:	97.23%
	4 Re-Audits Completed	Domestic Rectifications:	1154	Estate Rectifications:	1313
North	7 Non Scheduled Audits Completed	Domestic score:	95.72%	Estates score:	98.10%
	69 Scheduled-52 Completed	Domestic Rectifications:	251	Estate Rectifications:	138
South	0 Non Scheduled Audits Completed	Domestic score:	94.48%	Estates score:	96.25%
	240 Scheduled-205 Completed	Domestic Rectifications:	1352	Estate Rectifications:	1328
	22 Re-Audits Completed				
	2 Non Scheduled Audits Completed				

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.

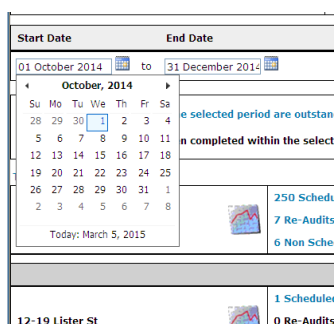
Secondly, because of the potentially large volume of data that is gathered in order to load the Board dashboard page, this page is ‘cached’ at 2am every night, instead of being calculated and loaded every time the page is requested.

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.

Home Administration My Profile Tools Sign Out Help			
You are logged in as abigail.cork.			
Ayr and Arran \ East			
< 70%	70% - 90%	> 90%	N/A
Non-Compliant	Partial Compliance	Compliant	Not Applicable
Start Date	End Date	Go	
01 December 2014	31 December 2014	Reset	
83 of the scheduled audits in the selected period are outstanding			
1 of the Re-audits has not been completed within the selected period			
Of all completed audits within the selected period:			
1 scored between 70% and 90%			
0 scored less than 70%			
There are 43 User Issues			
East Overall	136 Scheduled-73 Completed 0 Re-Audits Completed 3 Non Scheduled Audits Completed	Domestic score: 95.63%	Estate score: 96.80%
		Domestic Rectifications: 329	Estate Rectifications: 442
East - Score Summary by Hospital			
Auchleck	1 Scheduled-1 Completed 0 Re-Audits Completed 0 Non Scheduled Audits Completed	Domestic score: 92.40%	Estate score: 98.26%
		Domestic Rectifications: 8	Estate Rectifications: 3
Bainbridge Centre	1 Scheduled-1 Completed 0 Re-Audits Completed 0 Non Scheduled Audits Completed	Domestic score: 97.22%	Estate score: 98.42%
		Domestic Rectifications: 4	Estate Rectifications: 2
Catrine	1 Scheduled-1 Completed 0 Re-Audits Completed 0 Non Scheduled Audits Completed	Domestic score: 97.35%	Estate score: 100.00%
		Domestic Rectifications: 4	Estate Rectifications: 0
Crosshouse	131 Scheduled-68 Completed 0 Re-Audits Completed 3 Non Scheduled Audits Completed	Domestic score: 95.62%	Estate score: 96.57%
		Domestic Rectifications: 265	Estate Rectifications: 432
	1 Scheduled-1 Completed	Domestic score: 96.19%	Estate score: 98.99%

## 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.

Home Administration My Profile Tools Sign Out				Help	
You are logged in as abigail.cork.					
Ayr and Arran \ East \ Crosshouse					
< 70%		70% - 90%		> 90%	
Non-Compliant		Partial Compliance		Compliant	
				N/S	
				Not Applicable	
Start Date		End Date		Go	
01 October 2014		to 31 December 2014		Reset	
30 of the scheduled audits in the selected period are outstanding				Of all completed audits within the selected period:	
2 of the Re-audits have not been completed within the selected period				7 scored between 70% and 90%	
				0 scored less than 70%	
There are 115 User Issues					
Crosshouse Overall		250 Scheduled-220 Completed		Domestic score: 95.51%	
		7 Re-Audits Completed		Estates score: 96.9%	
		6 Non Scheduled Audits Completed		Domestic Rectifications: 993	
				Estate Rectifications: 1228	
Crosshouse - Score Summary by Ward					
12-19 Lister St		1 Scheduled-1 Completed		Domestic score: 92.98%	
		0 Re-Audits Completed		Estates score: 100.00%	
		0 Non Scheduled Audits Completed		Domestic Rectifications: 4	
				Estate Rectifications: 0	
1-5 Lister St		1 Scheduled-1 Completed		Domestic score: 95.08%	
		0 Re-Audits Completed		Estates score: 93.96%	
		0 Non Scheduled Audits Completed		Domestic Rectifications: 3	
				Estate Rectifications: 7	
17 Simpson		1 Scheduled - 0 Completed		Domestic score: N/A	
		0 Re-Audits Completed		Estates score: N/A	
		0 Non Scheduled Audits Completed		Domestic Rectifications: 0	
				Estate Rectifications: 0	

## 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 Ayr Hospital, for example, between the 1st December and 31st December, I would click on the link that says **61 Scheduled - 32 Completed** on the page below.

Home Administration My Profile Tools Sign Out				Help	
You are logged in as abigail.cork.					
Ayr and Arran \ South \ Ayr					
< 70%		70% - 90%		> 90%	
Non-Compliant		Partial Compliance		Compliant	
				N/S	
				Not Applicable	
Start Date		End Date		Go	
01 December 2014		to 31 December 2014		Reset	
29 of the scheduled audits in the selected period are outstanding				Of all completed audits within the selected period:	
1 of the Re-audits has not been completed within the selected period				3 scored between 70% and 90%	
				0 scored less than 70%	
There are 65 User Issues					
Ayr Overall		61 Scheduled-32 Completed		Domestic score: 93.97%	
		2 Re-Audits Completed		Estates score: 95.11%	
		1 Non Scheduled Audits Completed		Domestic Rectifications: 214	
				Estate Rectifications: 207	
Ayr - Score Summary by Ward					
Accident & Emergency		2 Scheduled-1 Completed		Domestic score: 95.94%	
		0 Re-Audits Completed		Estates score: 93.29%	
		0 Non Scheduled Audits Completed		Domestic Rectifications: 5	
				Estate Rectifications: 12	
Ballochmyle Suite		1 Scheduled-1 Completed		Domestic score: 99.81%	
		0 Re-Audits Completed		Estates score: 100.00%	
		0 Non Scheduled Audits Completed		Domestic Rectifications: 0	
				Estate Rectifications: 0	

The following screen – the Completed Audits Summary - will then load.

Start Date	End Date											Go
01 December 2014	to 31 December 2014											Reset
Board	Zone	Hospital	Ward	Audit Date	Audit Type	Domestic	Estates	Peer	Public	Auditor	Offline	
Ayr and Arran	South	Ayr	Station 1	02/12/2014 18:44:00	Audit	97.69	98.27	No	No	Caroline McLaughlin	True	
Ayr and Arran	South	Ayr	Day Medical	03/12/2014 08:21:00	Audit	93.60	96.15	No	No	Elaine Dinwoodie	True	
Ayr and Arran	South	Ayr	Station 10B	03/12/2014 11:01:00	Audit	92.53	93.67	No	No	Pauline McGrady	True	
Ayr and Arran	South	Ayr	Station 12	04/12/2014 11:26:00	Audit	92.82	93.78	No	No	Elaine Dinwoodie	True	
Ayr and Arran	South	Ayr	Station 16	04/12/2014 11:38:41	Re-Audit	94.75	96.86	No	No	Pauline McGrady	False	
Ayr and Arran	South	Ayr	Station 2	04/12/2014 18:58:00	Audit	94.85	98.57	No	No	Caroline McLaughlin	True	
Ayr and Arran	South	Ayr	Theatre	07/12/2014 10:46:00	Audit	96.94	99.37	No	No	Liz Brown	True	
Ayr and Arran	South	Ayr	Renal Unit	07/12/2014 15:09:37	Audit	100.00	100.00	No	No	Patricia Lunemann	False	
Ayr and Arran	South	Ayr	Day Surgery Theatre	07/12/2014 15:30:43	Audit	95.12	95.58	No	No	Patricia Lunemann	False	
Ayr and Arran	South	Ayr	Station 5	08/12/2014 18:41:00	Audit	91.65	91.13	No	No	Wendy Smith	True	
Ayr and Arran	South	Ayr	Station 15	09/12/2014 10:32:00	Audit	90.22	96.47	No	No	Pauline McGrady	True	
Ayr and Arran	South	Ayr	ICU/HDU	09/12/2014 10:53:00	Audit	92.80	91.70	No	No	Jane McDowall	True	
Ayr and Arran	South	Ayr	Endoscopy	09/12/2014 11:06:41	Audit	96.97	100.00	No	No	Shona McLean	False	
Ayr and Arran	South	Ayr	Station 16	09/12/2014 12:47:00	Audit	92.22	87.29	No	No	Jane McDowall	True	
Ayr and Arran	South	Ayr	Offices - 1st Floor	09/12/2014 18:17:00	Re-Audit	93.86	96.88	No	No	Wendy Smith	True	
Ayr and Arran	South	Ayr	Station 10A	09/12/2014 18:49:00	Audit	95.85	100.00	No	No	Kevin Duly	True	
Ayr and Arran	South	Ayr	Accident & Emergency	10/12/2014 11:47:00	Audit	95.94	93.29	No	No	Jane McDowall	True	
Ayr and Arran	South	Ayr	Staff Change	10/12/2014 19:45:21	Non Scheduled	90.72	95.15	No	No	Kevin Duly	False	
Ayr and Arran	South	Ayr	Station 3	11/12/2014 18:54:00	Audit	92.83	90.05	No	No	Wendy Smith	True	
Ayr and Arran	South	Ayr	Clinical Decisions Unit	14/12/2014 09:52:00	Audit	96.40	96.98	No	No	Carol Lambie	True	

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 blue** 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.

Home Administration My Profile Tools Sign Out Help			
You are logged in as abigail.cork.			
< 70%	70% - 90%	> 90%	N/S
Non-Compliant	Partial Compliance	Compliant	Not Applicable
Auditor: Liz Brown		Audit Date: 14/12/2014	
Audit Submitted: 10:8			
Ballochmyle Suite Area Risk Code: D Code	Domestic Score:	99.81%	Estates Issues: 100%
	Actual Score:	525	Actual Score:
	Total Available Points:	526	Total Available Points:
Environmental Factors			
Building Fabric:	Average	Client Group:	Average
Local Governance:	Average	Domestic Staff Compliance:	Good
Total Score: 3			
Signatures			
Peer Review at this Monitor ? No		Public Involvement in the Peer Review ? No	
liz brown			
Overall Comments			
Add an Action Plan			
D264-Office - Main/Reception Desk			
FLOORS	Domestic Score:	PASS	Estates Score:
FURNITURE / FITTINGS	Domestic Score:	PASS	Estates Score:
LOW LEVEL	Domestic Score:	PASS	Estates Score:
HIGH LEVEL	Domestic Score:	PASS	Estates Score:
TELEPHONES	Domestic Score:	PASS	Estates Score:
CURTAINS/SCREENS	Domestic Score:	PASS	Estates Score:

## 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'.

Home Administration My Profile Tools Sign Out Help			
You are logged in as abigail.cork.			
< 70%	70% - 90%	> 90%	N/S
Non-Compliant	Partial Compliance	Compliant	Not Applicable
Start Date		End Date	
01 December 2013		31 December 2013	
Go		Reset	
83 of the scheduled audits in the selected period are outstanding		Of all completed audits within the selected period:	
1 of the Re-audits has not been completed within the selected period		0 scored between 70% and 90%	
		0 scored less than 70%	
There are 45 User Issues			
East Overall	156 Scheduled-73 Completed	Domestic score:	95.65%
	0 Re-Audits Completed	Domestic Rectifications:	329
3 Non Scheduled Audits Completed		Estates score:	96.80%
		Estates Rectifications:	442
East - Score Summary by Hospital			
Auchinleck	1 Scheduled-1 Completed	Domestic score:	92.40%
	0 Re-Audits Completed	Domestic Rectifications:	8
0 Non Scheduled Audits Completed		Estates score:	98.26%
		Estates Rectifications:	3
Bentnick Centre	1 Scheduled-1 Completed	Domestic score:	97.22%
	0 Re-Audits Completed	Domestic Rectifications:	4
		Estates score:	98.43%
		Estates Rectifications:	2

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

Home Administration My Profile Tools Sign Out Help				
You are logged in as abigail.cork.				
Start Date		End Date		
01 December 2013		15 December 2013		
Go		Reset		
User Name	Site	Location	Question	Comment
Sharon Lennon	Crosshouse	Mat - Labour Suite, H195 - GD33 Prep	FLOORS	personal belongings on floor bags
Sharon Lennon	Crosshouse	CDU, A731 - 4 bedded area	FURNITURE / FITTINGS	under table chipped
Marion Deay	Crosshouse	1A, A7 - Store - 114	FURNITURE / FITTINGS	shelves dusty
Lorraine Smith	Crosshouse	Ward 6, A714 - Single Room - 903	FURNITURE / FITTINGS	over top tables chipped
Lorraine Smith	Crosshouse	Ward 6, A690 - Pantry - 914	APPLIANCES/FIXTURES / FITTINGS	inside microwave
Lorraine Smith	Crosshouse	Mat- Day Ward, A851 - Room 2 - Recovery Room - FE38	FLOORS	floor badly marked
Lorraine Smith	Crosshouse	Mat- Day Ward, A849 - Room 1 - Recovery Room - FE36	FLOORS	floor badly marked
Lorraine Smith	Crosshouse	Intensive Care Unit, B370 - Male staff WC/Cloak - 550	FURNITURE / FITTINGS	jackets behind toilet door
Joanne McClung	Crosshouse	4A, A168 - Store Cupboard - 415	HIGH LEVEL	shelves dust
Joanne McClung	Crosshouse	28-34 Lister St, E426 - Flat 28A Kitchen	FURNITURE / FITTINGS	inside microwave dirty
Dianne Fleming	Crosshouse	3D, A485 - Day Room - 305	FLOORS	floors all marked with pulling chairs out to clean behind
Dawn Campbell	Crosshouse	RENAL, B202 - Bay 3	FURNITURE / FITTINGS	food trolley marked underside
Dawn Campbell	Crosshouse	RENAL, B190 - Kitchen	APPLIANCES/FIXTURES / FITTINGS	microwave dirty inside
Dawn Campbell	Crosshouse	4D, A553 - Sanitary Area - 401	REFUSE	white bin needs pedal
Dawn Campbell	Crosshouse	3E, A528 - Sanitary Area - 322	REFUSE	need pedal for bin
Dawn Campbell	Crosshouse	3A, B99 - Palliative Care 366	REFUSE	need pedal for bin
Dawn Campbell	Crosshouse	3A, B101 - relatives sanitary	REFUSE	need pedal on bin
Dawn Campbell	Crosshouse	2A, B20 - Treatment 209	FURNITURE / FITTINGS	patient chair needs cleaned and vax sac needs cleaned
Anne Davidson	Crosshouse	Day Surgery, H58 - Staff Room theatres	REFUSE	bins are being filled by staff till running over they need to empty as no staff available during the day

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.


User Name	Site	Location	Question	Comment
Dawn Campbell	Crosshouse	RENAL, B190 - Kitchen	APPLIANCES/FIXTURES / FITTINGS	microwave dirty inside
Lorraine Smith	Crosshouse	Ward 6, A690 - Pantry - 914	APPLIANCES/FIXTURES / FITTINGS	inside microwave
Sharon Lennon	Crosshouse	Mat - Labour Suite, H195 - GD23 Prep	FLOORS	personel belongings on floor bags
Lorraine Smith	Crosshouse	Mat- Day Ward, A849 - Room 1 - Recovery Room - FE36	FLOORS	floor badly marked
Lorraine Smith	Crosshouse	Mat- Day Ward, A851 - Room 2 - Recovery Room - FE38	FLOORS	floor badly marked
Dianne Fleming	Crosshouse	3D, A485 - Day Room - 305	FLOORS	floors all marked with pulling chairs out to clean behind.
Jeanne McClung	Crosshouse	28-34 Lister St, E426 - Flat 28A Kitchen	FURNITURE / FITTINGS	inside microwave dirty
Lorraine Smith	Crosshouse	Intensive Care Unit, B370 - Male staff WC/Cloak - 550	FURNITURE / FITTINGS	jackets behind toilet door
Dawn Campbell	Crosshouse	RENAL, B202 - Bay 3	FURNITURE / FITTINGS	food trolley marked underside
Marion Deay	Crosshouse	1A, A7 - Store - 114	FURNITURE / FITTINGS	shelves dusty
Sharon Lennon	Crosshouse	CDU, A731 - 4 bedded area	FURNITURE / FITTINGS	under table chipped
Lorraine Smith	Crosshouse	Ward 6, A714 - Single Room - 903	FURNITURE / FITTINGS	over top tables chipped
Dawn Campbell	Crosshouse	2A, B20 - Treatment 209	FURNITURE / FITTINGS	patient chair needs cleaned and wax sac needs cleaned
Jeanne McClung	Crosshouse	4A, A168 - Store Cupboard - 415	HIGH LEVEL	shelves dust
Anne Davidson	Crosshouse	Day Surgery, H58 - Staff Room theatres	REFUSE	bins are being filled by staff till running over they need to empty as no staff available during the day
Dawn Campbell	Crosshouse	3A, B99 - Palliative Care 366	REFUSE	need pedal for bin
Dawn Campbell	Crosshouse	3A, B101 - relatives sanitary	REFUSE	need pedal on bin
Dawn Campbell	Crosshouse	3E, A508 - Sanitary Area - 322	REFUSE	need pedal for bin
Dawn Campbell	Crosshouse	4D, A553 - Sanitary Area - 401	REFUSE	white bin needs pedal

SYNBIOTIX


## 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

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.





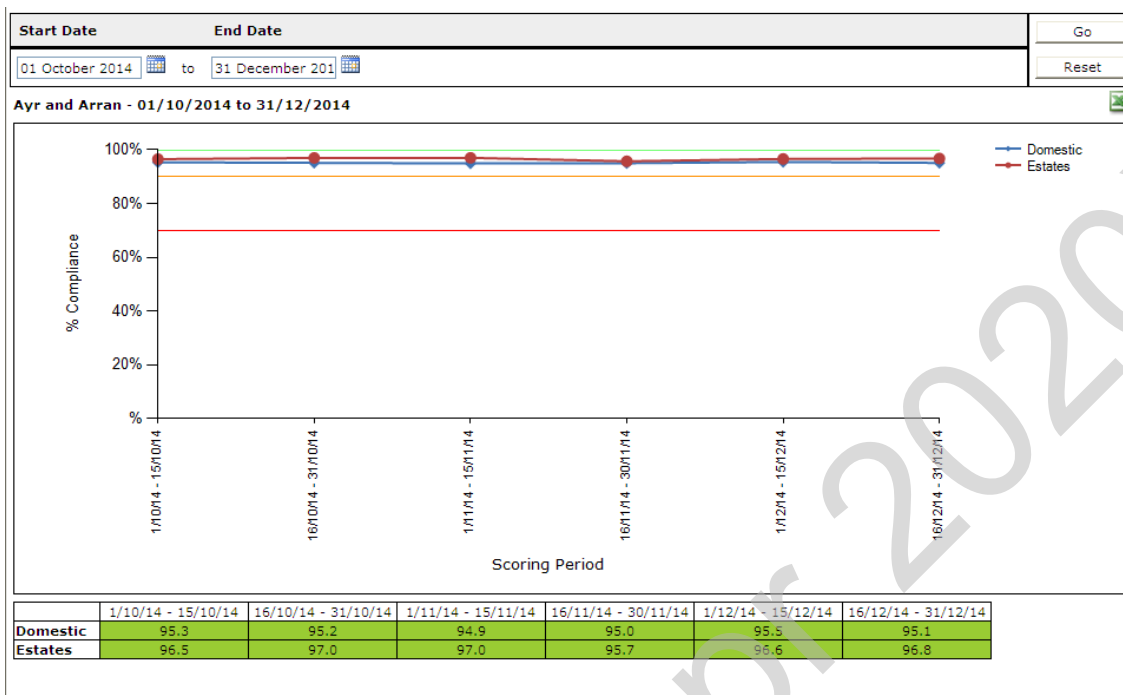
### Site, Zone or Board Run Charts

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.

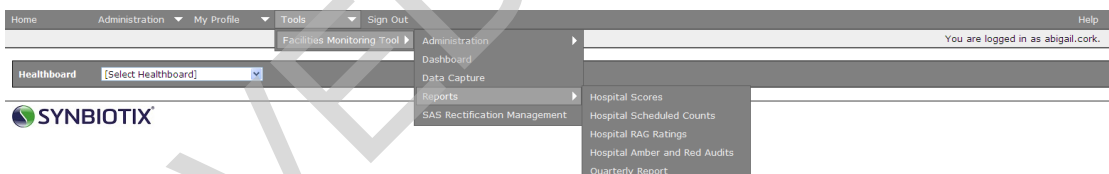
Board, zone or site charts are created from data gathered at regular intervals for that area (once every two weeks).



## 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

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 control reporting purposes.

Home Administration My Profile Tools Sign Out Help

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### Hospital Scores for Trusts

Healthboards: Ayr and Arran Start Date: 01 October 2014 End Date: 31 December 2015

Filtered By: Healthboards: Ayr and Arran

Healthboard	Zone	Hospital	Domestic Score	Estates Score
Ayr and Arran	East	Auchinleck	92.401600	98.256700
Ayr and Arran	East	Bentnick Centre	96.527700	98.425100
Ayr and Arran	East	Catrine	97.350000	100.000000
Ayr and Arran	East	Crosshouse	95.511262	96.986338
Ayr and Arran	East	Cumnock	96.190400	98.989800
Ayr and Arran	East	Dundonald		
Ayr and Arran	East	East Ayrshire Community Hospital	96.551700	100.000000
Ayr and Arran	East	Galston		
Ayr and Arran	East	Hurford		
Ayr and Arran	East	Kirklandside	94.226050	97.644650
Ayr and Arran	East	Muirkirk	94.497900	98.104200
Ayr and Arran	East	Netherthird	96.173400	100.000000

## Hospital Scheduled Counts Report

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.

Home Administration My Profile Tools Sign Out Help

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### Scheduled Hospital Audits for Trusts

Healthboards: Ayr and Arran Start Date: 01 December 2015 End Date: 31 December 2015

Filtered By: Healthboards: Ayr and Arran

Healthboard	Zone	Hospital	Scheduled	Completed
Ayr and Arran	East	Auchinleck	1	1
Ayr and Arran	East	Bentnick Centre	1	1
Ayr and Arran	East	Catrine	1	1
Ayr and Arran	East	Crosshouse	183	66
Ayr and Arran	East	Cumnock	1	1
Ayr and Arran	East	Dundonald	1	0
Ayr and Arran	East	East Ayrshire Community Hospital	7	0
Ayr and Arran	East	Galston	1	0
Ayr and Arran	East	Hurford	1	0
Ayr and Arran	East	Kirklandside	5	0
Ayr and Arran	East	Muirkirk	1	1
Ayr and Arran	East	Netherthird	1	1
Ayr and Arran	East	New Cumnock	1	0

## Hospital RAG (Red, Amber, Green) Rating Report

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.

Home Administration My Profile Tools Sign Out Help

You are logged in as abigail.cork.

### Hospital RAG Breakdown for Trusts

Healthboards: Ayr and Arran Start Date: 01 December 2015 End Date: 31 December 2015

Filtered By: Healthboards: Ayr and Arran

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	1	0	0	1	0	0
Ayr and Arran	East	Bentnick Centre	1	0	0	1	0	0
Ayr and Arran	East	Catrine	1	0	0	1	0	0
Ayr and Arran	East	Crosshouse	69	0	0	67	2	0
Ayr and Arran	East	Cumnock	1	0	0	1	0	0
Ayr and Arran	East	Dundonald						
Ayr and Arran	East	East Ayrshire Community Hospital						
Ayr and Arran	East	Galston						
Ayr and Arran	East	Hurford						
Ayr and Arran	East	Kirklandside						
Ayr and Arran	East	Muirkirk	1	0	0	1	0	0
Ayr and Arran	East	Netherthird	1	0	0	1	0	0
Ayr and Arran	East	New Cumnock						
Ayr and Arran	East	Newmilns						
Ayr and Arran	East	North West Area Centre						

## Hospital Amber and Red Audits Report

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
Ayr and Arran	East	Crosshouse	21L-24U-25 Simpson St	95.200000	88.215700
Ayr and Arran	East	Crosshouse	RECEPTION/RECOVERY	94.792600	87.428900
Ayr and Arran	South	Ayr	Corridor - Ground/Stairs/Lifts (Main)	85.000000	88.888800
Ayr and Arran	South	Ayr	Day Surgery Theatre	94.657700	88.323900
Ayr and Arran	South	Ayr	Offices - 2nd Floor	87.628800	87.058800
Ayr and Arran	South	Ayr	Station 16	92.217800	87.286800
Ayr and Arran	South	Ayr	Station 5	96.698000	97.731900
Ayr and Arran	South	Ayr	Theatre	91.787300	87.119800



## Quarterly Report

The Quarterly Report function allows you to retrieve scores for the Board for a whole quarter, in a similar format to existing Board reporting, such as the Healthcare Associated Infection Reporting Template (HAIRT) report. This report is a combination of the data presented in all the other reports.

To use this report, select the relevant quarter and click 'Go'. This generates a report covering the monthly Domestic and Estates scores for every site in your Board, alongside the number of audits completed and information about the results in terms of their RAG rating.

Healthboard	Zone	Hospital	October Domestic	October Estates	November Domestic	November Estates	December Domestic	December Estates	Quarter 3 Domestic	Quarter 3 Estates	Quarter 3 Number of Audits Due	Quarter 3 Number of Audits Complete	Domestic Green Count	Domestic Amber Count	Domestic Red Count	Estates Green Count	Estates Amber Count	Estates Red Count
Ayr and Arran	East	Auchincloss					92.4016	98.2567	92.4016	98.2567	1	1	1	0	0	1	0	0
Ayr and Arran	East	Bentnick Centre					96.5277	98.4251	96.5277	98.4251	1	1	1	0	0	1	0	0
Ayr and Arran	East	Catrine					97.3500	100.0000	97.3500	100.0000	1	1	1	0	0	1	0	0
Ayr and Arran	East	Crosshouse	95.3698	97.2106	95.5585	97.1203	95.6194	96.5671	95.5113	96.9863	878	220	224	7	0	222	9	0
Ayr and Arran	East	Cumnock					96.1904	98.9898	96.1904	98.9898	1	1	1	0	0	1	0	0
Ayr and Arran	East	Dundonald									1	0						
Ayr and Arran	East	East Ayrshire Community Hospital	96.8817	100.0000					96.8817	100.0000	11	1	1	0	0	1	0	0
Ayr and Arran	East	Galston									1	0						
Ayr and Arran	East	Hunford									1	0						
Ayr and Arran	East	Kirklandside	94.5497	95.2893	93.9024	100.0000			94.2261	97.6447	6	2	2	0	0	2	0	0
Ayr and Arran	East	Muirkirik					94.4979	98.1042	94.4979	98.1042	1	1	1	0	0	1	0	0
Ayr and Arran	East	Netherthirid					96.1734	100.0000	96.1734	100.0000	1	1	1	0	0	1	0	0
Ayr and Arran	East	New Cumnock									1	0						
Ayr and Arran	East	Newmilns									1	0						
Ayr and Arran	East	North West Area Centre									1	0						

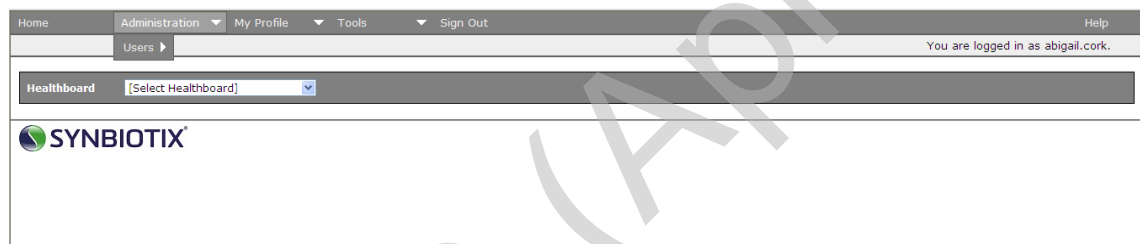
## 8. Administration of the FMT System

The following instructions refer only to the national (Synbiotix) FMT system. For guidance on administrative functions within Mass Archibus please seek guidance from your Board.

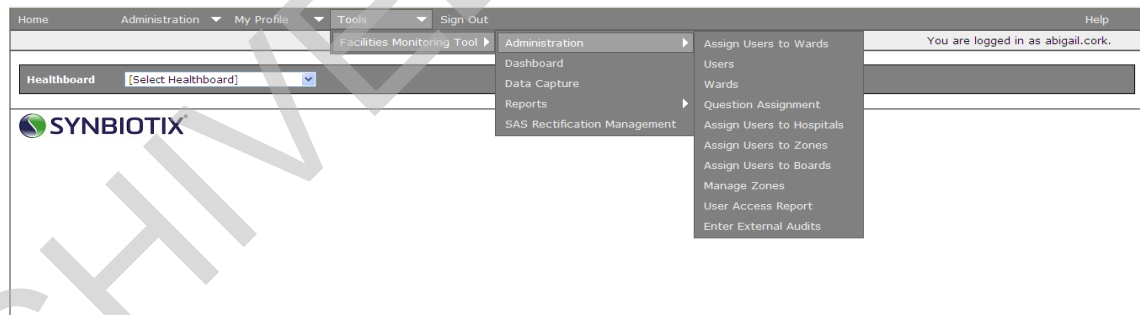
### Types of Administration

- 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 as an auditor for 'hospital X'.

Please note that in 2016 it is planned to simplify the roles and permission allocations for all FMT users. HFS will be working with the system suppliers to transfer the roles (such as 'auditor') to a set of functional permissions ('data capture', 'dashboards' and 'reporting') so that there is more clarity and transparency to the permissions for each user. It is hoped that this change will allow for more flexibility for users, and also allow more control over the email alerts that are generated by the system. HFS will distribute more information about this change when it is due to occur.

<b>Role</b>	<b>Role Permissions</b>	<b>Toolbar Access</b>
Administrators	This is a role for IT developers and not for end users of the system DO NOT USE	N/A
Auditor	Auditors have access to complete audits and access results for the areas they have been assigned	My Profile>Change My Password Tools>Facilities Monitoring Tool>Dashboard Tools>Facilities Monitoring Tool>Data Capture Tools>Facilities Monitoring Tool>Reports
Board Admin	Board Administrators have 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	Administration>Users My Profile>Change My Password Tools>Facilities Monitoring Tool>Administration Tools>Facilities Monitoring Tool>Dashboard Tools>Facilities Monitoring Tool>Data Capture Tools>Facilities Monitoring Tool>Reports
Board Data Access	The main purpose of this profile is to allow the user access to the dashboard and reports for the area in their allocation. Access is also allowed to data capture, but the screen defaults to the current quarter of the board's dashboard	My Profile>Change My Password Tools>Facilities Monitoring Tool>Dashboard Tools>Facilities Monitoring Tool>Data Capture Tools>Facilities Monitoring Tool>Reports
Domestic Manager	The Domestic Manager user has access to the dashboard and reports for the area in their allocation. Access is also allowed to data capture, but the screen defaults to the current quarter of the board's dashboard.	My Profile>Change My Password Tools>Facilities Monitoring Tool>Dashboard Tools>Facilities Monitoring Tool>Data Capture Tools>Facilities Monitoring Tool>Reports
Estates Administrator	The Estates Manager user has access to the dashboard and reports for the area in their allocation. The role enables the manual administration of	My Profile>Change My Password Tools>Facilities Monitoring Tool>Dashboard Tools>Facilities Monitoring

	<p>estates actions from the monitoring process.</p> <p>The screen defaults to the current quarter of the board's dashboard.</p> <p>This user profile is tailored to each boards requirements.</p>	Tool>Reports
Estates Manager	<p>The Estates 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.</p> <p>The screen defaults to the current quarter of the board's dashboard.</p> <p>This user profile is tailored to each boards requirements.</p>	<p>My Profile&gt;Change My Password</p> <p>Tools&gt;Facilities Monitoring Tool&gt;Dashboard</p> <p>Tools&gt;Facilities Monitoring Tool&gt;Reports</p>
HFS Admin	<p>HFS Administrator has access to all user tools, to support end users in boards with any profiles with any user issues</p>	<p>Administration&gt;Users</p> <p>My Profile&gt;Change My Password</p> <p>Tools&gt;Facilities Monitoring Tool&gt;Administration</p> <p>Tools&gt;Facilities Monitoring Tool&gt;Dashboard</p> <p>Tools&gt;Facilities Monitoring Tool&gt;Data Capture</p> <p>Tools&gt;Facilities Monitoring Tool&gt;Reports</p> <p>Tools&gt;Facilities Monitoring Tool&gt;SAS Rectification Management</p>
Hospital Admin	<p>The Hospital Administration provides basic administrative support to the location, with access to be able to assign users to the site or wards within the site, access reports, and the dashboard and data capture elements of the site to which they are assigned</p>	<p>My Profile&gt;Change My Password</p> <p>Tools&gt;Facilities Monitoring Tool&gt;Administration (limited to hospital admin)</p> <p>Tools&gt;Facilities Monitoring Tool&gt;Dashboard</p> <p>Tools&gt;Facilities Monitoring Tool&gt;Data Capture</p> <p>Tools&gt;Facilities Monitoring Tool&gt;Reports</p>
Station Manager	<p>The main purpose of the Station Manager role is to enable access to the SAS Rectification Management function, allowing for the efficient management of both domestic and estates rectifications identified through the audit of Ambulance Stations and Ambulances.</p> <p>The Station Manager role can also access reports for their area.</p> <p>Station Managers receive alerts from the system when audits</p>	<p>My Profile&gt;Change My Password</p> <p>Tools&gt;Facilities Monitoring Tool&gt;SAS Rectification Management</p> <p>Tools&gt;Facilities Monitoring Tool&gt;Reports</p>



	have been completed in their area – see Section 5.9 for more information.	
Ward Manager	<p>A 'Ward Manager' could be a Charge Nurse or a Head of Department. It is the Manager who is ultimately responsible for an audit area.</p> <p>Ward Managers have access to information about their own audit areas/wards (as allocated) via their local site dashboard.</p> <p>Ward Managers should be considering and responding to the user issues that have been raised in their areas.</p> <p>They may also have a role in the communication of estates rectifications to the Estates Team - board specific Ward Manager roles are being developed as part of the integration project – to be updated</p> <p>Ward Managers receive alerts from the system when audits have been completed in their area – see Section 5.9 for more information.</p>	<p>Administration&gt;Users</p> <p>My Profile&gt;Change My Password</p> <p>Tools&gt;Facilities Monitoring Tool&gt;Administration</p> <p>Tools&gt;Facilities Monitoring Tool&gt;Dashboard</p> <p>Tools&gt;Facilities Monitoring Tool&gt;Data Capture</p> <p>Tools&gt;Facilities Monitoring Tool&gt;Reports</p>
Zone Admin	<p>Zone Administrators have permission to make changes to user profiles and their allocations for members within their zone, and changes to the location information for their board, in addition to access to data capture and dashboards within their board area</p>	<p>Administration&gt;Users</p> <p>My Profile&gt;Change My Password</p> <p>Tools&gt;Facilities Monitoring Tool&gt;Administration</p> <p>Tools&gt;Facilities Monitoring Tool&gt;Dashboard</p> <p>Tools&gt;Facilities Monitoring Tool&gt;Data Capture</p> <p>Tools&gt;Facilities Monitoring Tool&gt;Reports</p>

### 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.

Home Administration My Profile Tools Sign Out Help

Users Manage Users Create New User Assign User Roles

You are logged in as abigail.cork.

Create New User	
Username	<input type="text"/>
Email Address	<input type="text"/>
Title	<input type="text"/>
Forename	<input type="text"/>
Surname	<input type="text"/>

Create User

SYNBIOTIX

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 Ann Example, the username should be **ann.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 **ann.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.

Home Administration My Profile Tools Sign Out Help

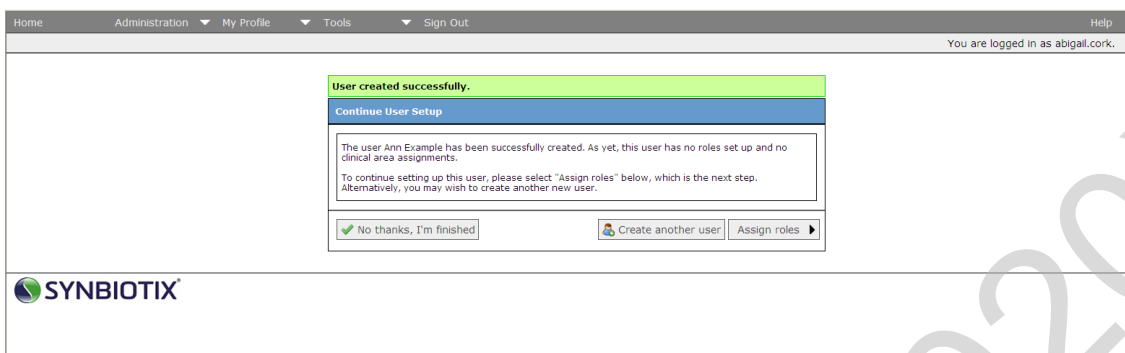
You are logged in as abigail.cork.

Create New User	
Username	ann.example
Email Address	ann.example@nhs.net
Title	<input type="text"/>
Forename	Ann
Surname	Example

Create User

SYNBIOTIX

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.



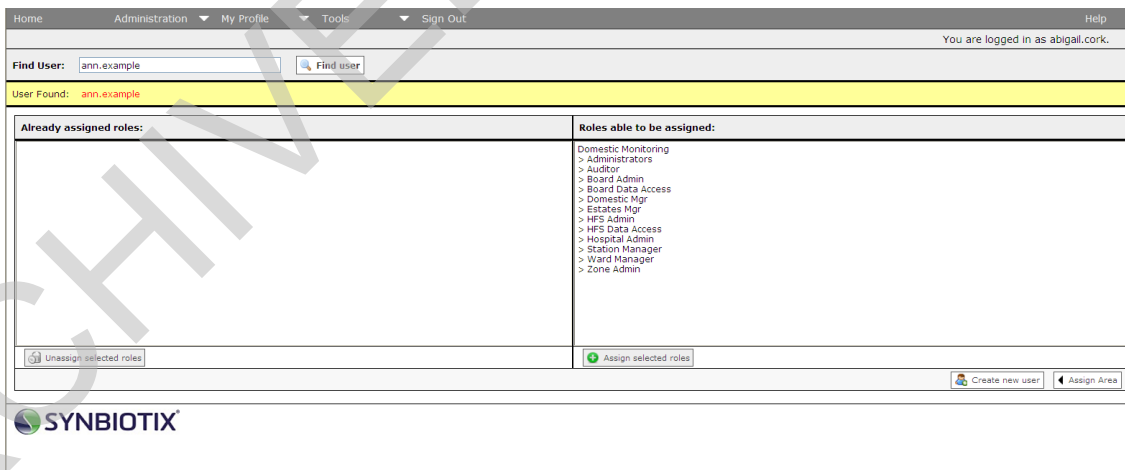
You can now add roles and permissions to the newly created user, appropriate to the activities they will be carrying out.

You can do this now, by clicking on the **'Assign roles'** button from this screen, or at a later point by selecting Administration and Assign User Roles from the menu (you will need to enter the users allocated username).

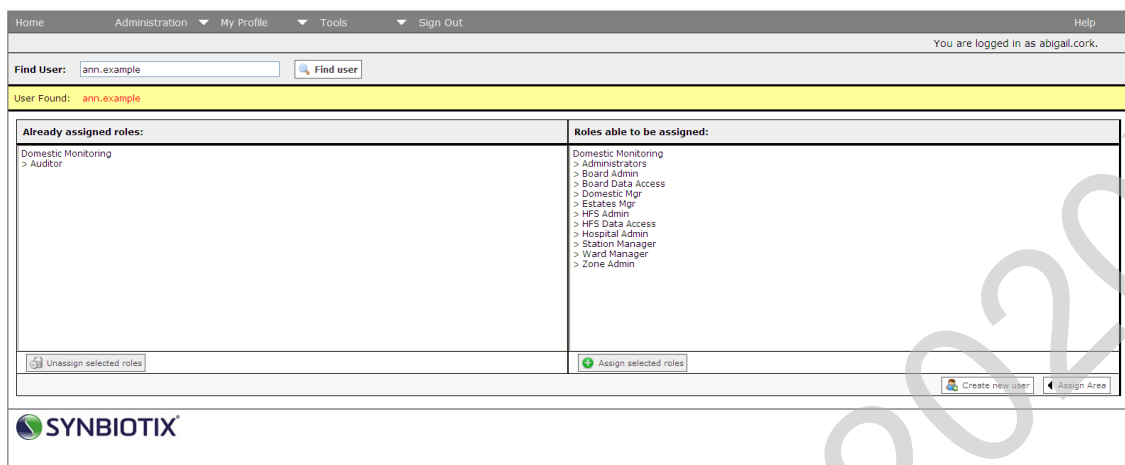
### Assigning roles to a user

8.4

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 **Assign selected roles**. Repeat the process for every role required. The role(s) will now appear in the left hand window of the screen.



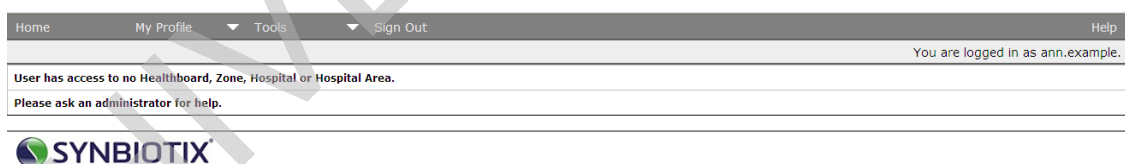
Once all roles have been added, you **must** assign appropriate locations to the new user.

### Assigning locations to an FMT user

8.5

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:



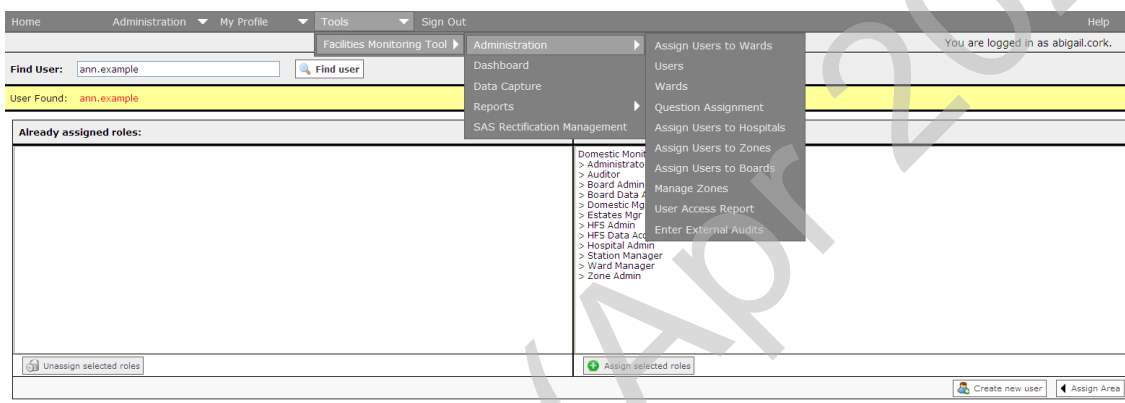
Access can be given at audit area/ward level (this is generally only appropriate for Ward Managers who will have requirements to access only information about their own area or areas), site level, zone level, and board level, or a combination of those levels. For instance, you may wish to assign a user 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 **Tools>Facilities Monitoring Tool> Administration**.

There are a number of options under this toolbar for adding locations to user’s permissions:

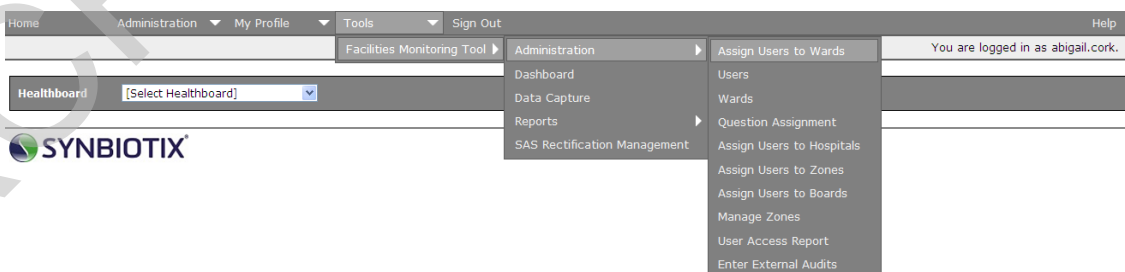
- assign users to wards;
- assign users to hospitals;
- assign users to zones;
- assign users to boards.



### Assigning Users to Wards (Audit Areas)

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, select **Tools>Facilities Monitoring Tool>Administration>Assign User to Wards**



The ‘Assign wards’ administration screen will load. On the left hand side of the screen is a list of users. Highlight the name of the user you are working on. In the example below, the user Ann Example is selected. Next, use the drop down menus at the top of the page to 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.

Select all of the wards required and click on '**Save Assignments**' to save the changes. The wards that have been saved will move to the top of the list.

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. The rectifications and audit information for the wards they do not have permission to view are seen

here in black, not in blue, which signifies that the links have been disabled for those areas.

You are logged in as ann.example.					
< 70%	70% - 90%	> 90%	N/S		
Non-Compliant	Partial Compliance	Compliant	Not Applicable		
Start Date		End Date			
01 April 2014		31 March 2015			
			Go		
			Reset		
6 of the scheduled audits in the selected period are outstanding		Of all completed audits within the selected period:			
No Re-audits have been missed within the selected period		0 scored between 70% and 90%			
		0 scored less than 70%			
There are 8 User Issues					
Kirklandside Overall	16 Scheduled-10 Completed	Domestic score:	94.37%	Estate score:	98.51%
	0 Re-Audits Completed	Domestic Rectifications:	68	Estate Rectifications:	17
	0 Non Scheduled Audits Completed				
<b>Kirklandside - Score Summary by Ward</b>					
Admin Building	2 Scheduled-1 Completed	Domestic score:	94.44%	Estate score:	97.87%
	0 Re-Audits Completed	Domestic Rectifications:	6	Estate Rectifications:	2
	0 Non Scheduled Audits Completed				
Day Hospital	4 Scheduled-3 Completed	Domestic score:	94.87%	Estate score:	99.53%
	0 Re-Audits Completed	Domestic Rectifications:	21	Estate Rectifications:	1
	0 Non Scheduled Audits Completed				
	2 Scheduled-1 Completed	Domestic score:	93.18%	Estate score:	100.00%

ARCHIVED (April 2015)



## Assigning Users to Hospitals

Select **Tools>Facilities Monitoring Tool>Administration>Assign User to Hospitals**.

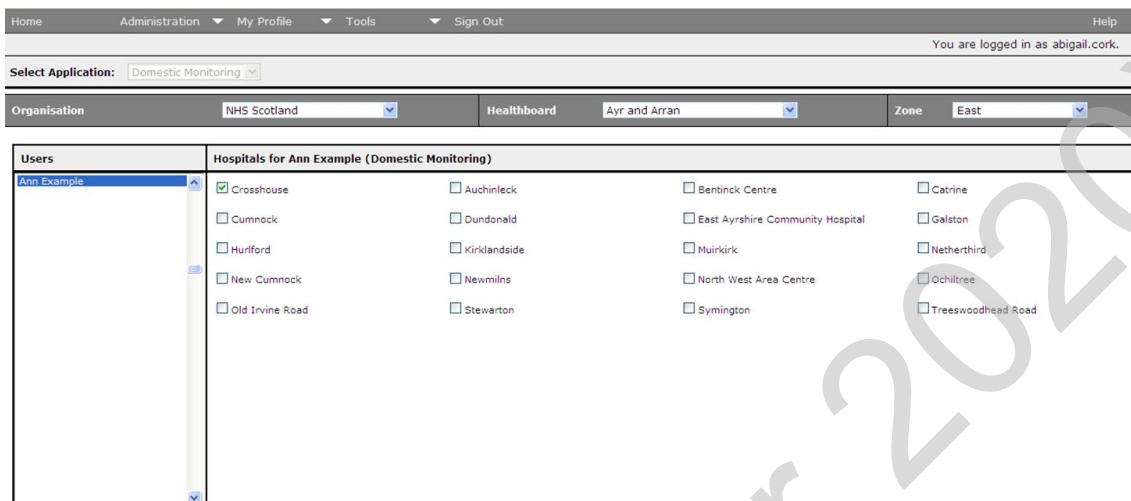
The following screen will load.

On the left of the screen will be a list of users (user names will be visible in the live system, but have been hidden here). Highlight the name of the user you are working on. In the example above, the user Ann Example is selected.

Next, use the drop down menus at the top of the page 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.

In order to assign hospitals, select the tick boxes as required and click on '**Save Assignments**' at the bottom of the screen. In the example, the site '**Crosshouse**' has been selected.

Once the assignments have been saved, the page will reload and the assigned sites will move to the top of the screen, as below.

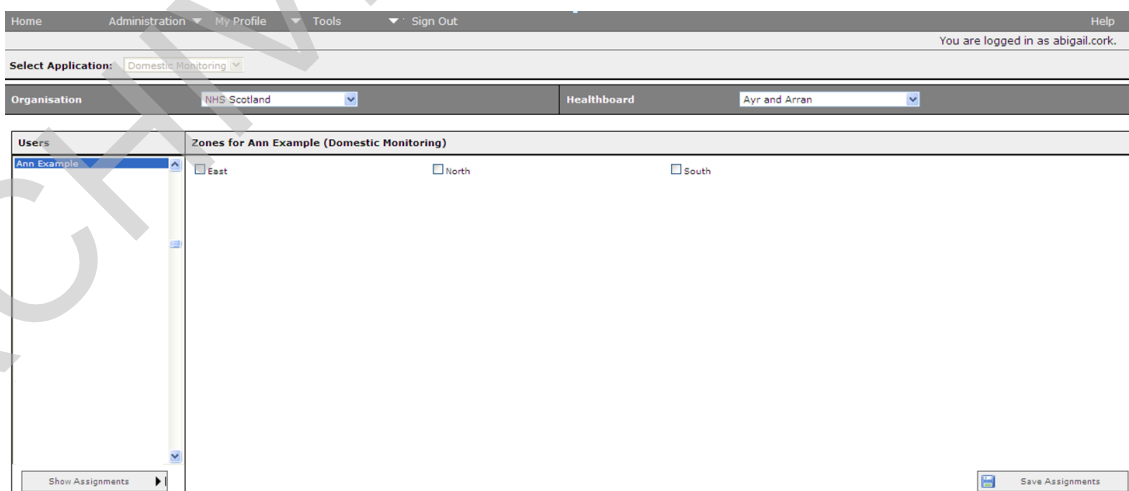


The user will now be able to access this site to carry out audit and access results.

### Assigning Users to Zones

Select **Tools>Facilities Monitoring Tool>Administration>Assign User to Zones**.

Again, select the user you are working with by highlighting their name from the list to the left of the screen, and select the relevant board from the drop down list at the top of the screen. The available zones will then show on the screen.

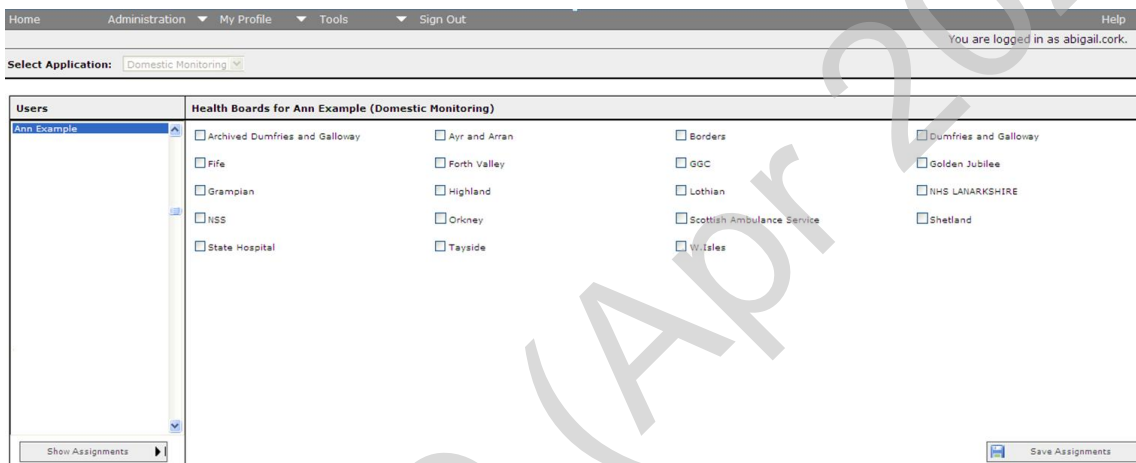


Select the zone or zones as required, and click on '**Save Assignments**' at the bottom of the screen, to save your changes. The user will then have access to the zones selected and therefore all of the sites within that zone.

## Assigning Users to Boards

Select **Tools>Facilities Monitoring Tool>Administration>Assign User to Boards**.

Again, select the user you are working with by highlighting their name from the list to the left of the screen, and this time click on the button 'Show Assignments' at the bottom of the screen. This will show you a list of boards available for NHSScotland users. Select the appropriate board and click on 'Save Assignments' to save your changes. The user will then have access to all zones, and sites, within that Board area.

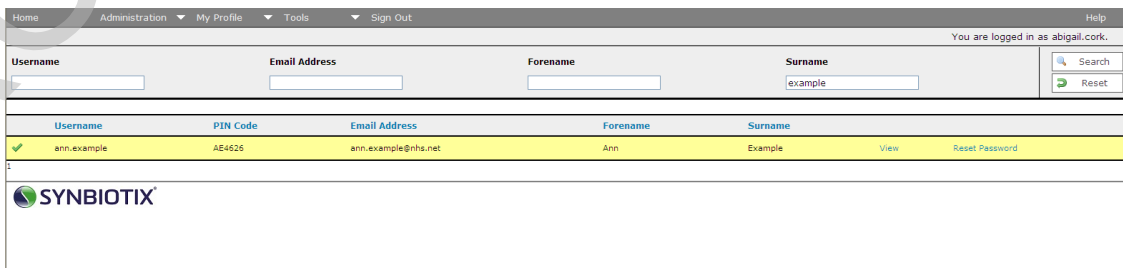


## Managing existing user accounts

8.6 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

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 any of the fields the information you have and click on the '**Search**' button to find the user account you need.



## Changing User Roles

To add or remove a set of permissions for a user, click on **'View'** beside the users name on the user list. Then click on the button at the top of the profile that says **'Assign roles'**.

The screenshot shows a user profile page for 'ann.example'. At the top, there are navigation tabs: Home, Administration, My Profile, Tools, Sign Out, and Help. A yellow banner indicates 'Viewing user: ann.example' and 'Back to user list'. Below this is a table with account information:

Account Information	
Username	ann.example
Email	ann.example@nhs.net
Title	
First Name	Ann
Last Name	Example
Is Approved	✔ User is approved
Is Locked Out	No
Failed Password Attempt Count	0
Registered	27 Feb 2015 10:34
Last Updated	6 Mar 2015 10:51
Last Logged In	6 Mar 2015 10:49

An 'Assign Roles' button is located at the top right of the profile section. An 'Edit' button is at the bottom left.

You will then be taken to the Assign Roles screen, where you can add or remove roles and permissions for that user, as appropriate (see Section 8.4 for more details).

The screenshot shows the 'Assign Roles' screen. At the top, there are navigation tabs: Home, Administration, My Profile, Tools, Sign Out, and Help. A yellow banner indicates 'User Found: ann.example' and 'Find user'. Below this are two columns:

- Already assigned roles:** Domestic Monitoring > Auditor
- Roles able to be assigned:** Domestic Monitoring > Administrators, Board Admin, Board Data Access, Domestic Mgr, Estates Mgr, HFS Admin, HFS Data Access, Hospital Admin, Station Manager, Ward Manager, Zone Admin

Buttons for 'Unassign selected roles' and 'Assign selected roles' are at the bottom. There are also 'Create new user' and 'Assign Area' buttons.

## Resetting passwords and unlocking accounts

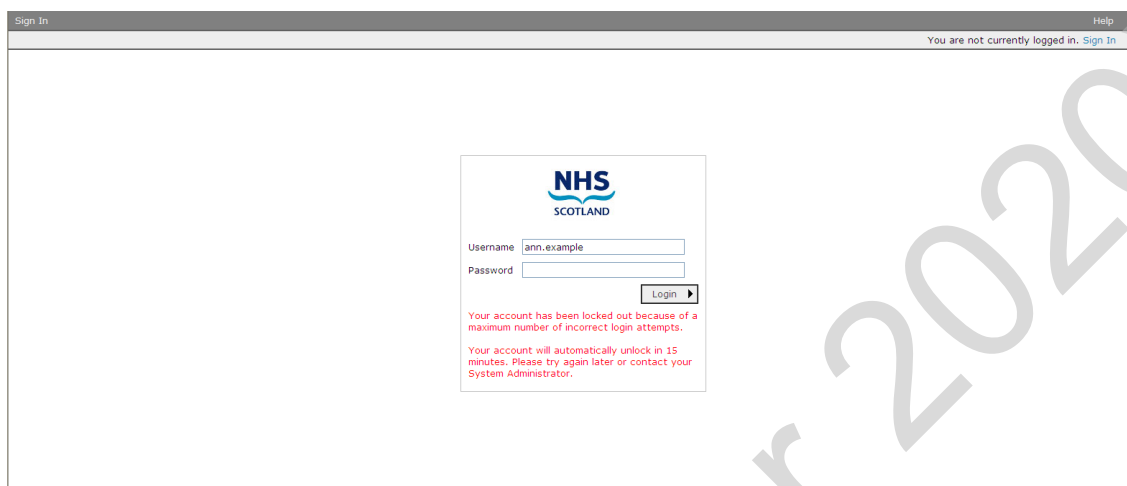
If a user forgets their password, their details can be changed from the Manage Users screen. Search for the user, and once the user has been found, click on the words **'Reset Password'** to the far right of their user profile.

The screenshot shows the 'Manage Users' screen. At the top, there are navigation tabs: Home, Administration, My Profile, Tools, Sign Out, and Help. A yellow banner indicates 'The password for user 'ann.example' has been updated to 'password15'; the next time they log in they will be prompted to change it.' Below this is a table with user details:

Username	Pin Code	Email Address	Forename	Surname		
✔ ann.example	AE4626	ann.example@nhs.net	Ann	Example	View	Reset Password

A search bar at the top right contains 'example' and has 'Search' and 'Reset' buttons.

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

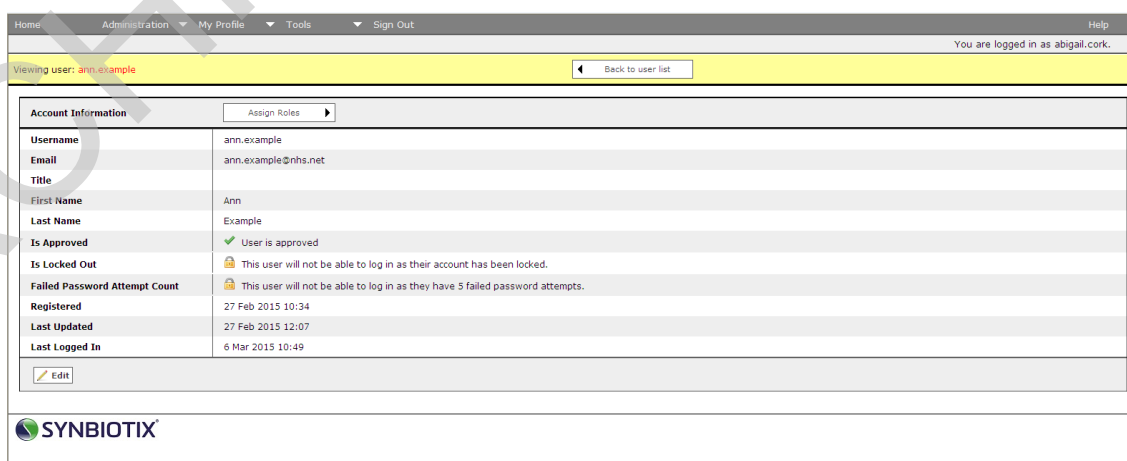


The users account will need to be unlocked at the same time as the password is reset. You will be able to see that the users account is locked if the ‘padlock’ symbol appears by their name in the user list.

To unlock their account, click on the word ‘**View**’ next to the user name.



You will then view the users account screen.



Click ‘**Edit**’ and amend the details within the account, you’ll see that the tick boxes become editable.

Home Administration My Profile Tools Sign Out Help

You are logged in as abigail.cork.

Viewing user: ann.example [Back to user list](#)

Account Information	
Username	ann.example
Email	ann.example@nhs.net
Title	
First Name	Ann
Last Name	Example
Is Approved	<input checked="" type="checkbox"/>
Is Locked Out	<input checked="" type="checkbox"/>
Failed Password Attempt Count	5
Registered	27 Feb 2015 10:34
Last Updated	27 Feb 2015 12:07
Last Logged In	6 Mar 2015 10:49

[Save](#) [Cancel](#)



Remove the tick from the '**Locked out**' box, and return the attempt count to zero, as below.

Home Administration My Profile Tools Sign Out Help

You are logged in as abigail.cork.

Viewing user: ann.example [Back to user list](#)

Account Information	
Username	ann.example
Email	ann.example@nhs.net
Title	
First Name	Ann
Last Name	Example
Is Approved	<input checked="" type="checkbox"/>
Is Locked Out	<input type="checkbox"/>
Failed Password Attempt Count	0
Registered	27 Feb 2015 10:34
Last Updated	27 Feb 2015 12:07
Last Logged In	6 Mar 2015 10:49

[Save](#) [Cancel](#)

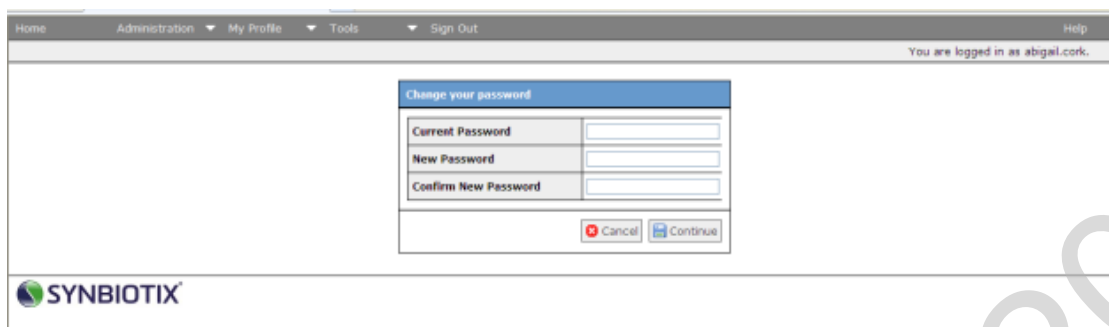


**Note:** If users wish to change their own password once they are logged into the system, they can do so by clicking on 'My Profile' from the main menu, selecting 'Change My Password' and following the instructions to create a new password.

Home Administration My Profile Tools Sign Out Help

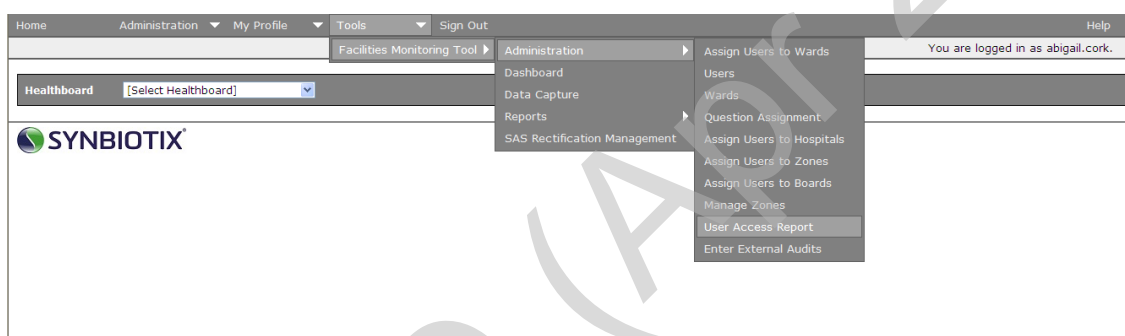
[Change My Password](#) You are logged in as abigail.cork.

Healthboard: [Select Healthboard]

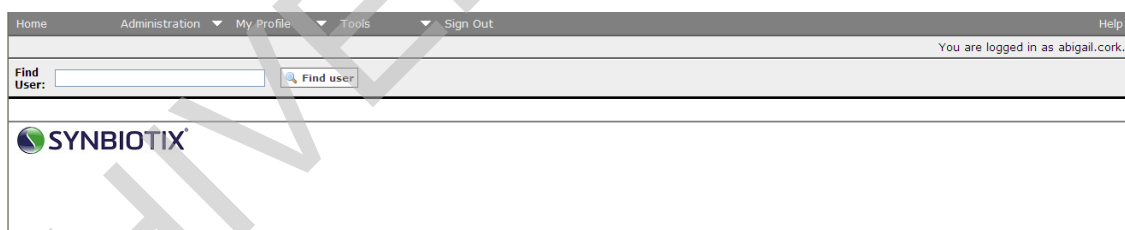


## Checking user assignments (locations)

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, **ann.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
Ayr and Arran	N/A	N/A
ZONE ACCESS		
Health Board Name	Zone Name	Hospital Name
Ayr and Arran	East	N/A
HOSPITAL/SITE ACCESS		
Health Board Name	Zone Name	Hospital Name
Ayr and Arran	East	Crosshouse



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.

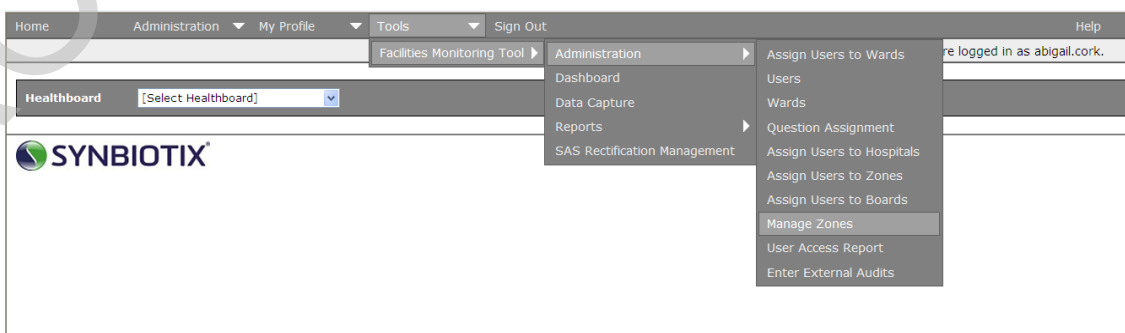
To remove a user’s access at any level, follow the same procedure as you would to add access. Select ‘**User**’, and then selecting ‘**Assign users to Boards/Zones/Hospitals**’, deselecting the areas as appropriate. Remember to save assignments whenever you are making a change in these pages.

### Managing Location Data in FMT

8.7

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 Time to Clean tool). 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 Zones**



Then select your health board from the list available.

## Zone Administration

The first level screen within the 'Manage Zones' area of FMT is the zone administration screen.

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, using the 'Hospitals' button next to each zone. As in every other area of FMT, the structure of the location data is Board/Zone/Site/Ward.

	Title	Hospitals	Edit	Delete
13	East	Hospitals ▶	Edit	Delete
26	North	Hospitals ▶	Edit	Delete
27	South	Hospitals ▶	Edit	Delete
1				

[Add Zone](#)

Clicking the button for 'Hospitals' will access all the sites within that corresponding Zone.

## Hospital Administration

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

The column 'Hospital Type' will show if the site is an A1 or A2 hospital (if it is neither, this field will be blank).

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

Name	Zone	Hospital Type	Supplier ID	Edit	Administer Wards	Enable Estates Integration
Auchinleck	East			Edit	Administer Wards ▶	Enable Estates Integration ▶
Bentinck Centre	East			Edit	Administer Wards ▶	Enable Estates Integration ▶
Catrine	East			Edit	Administer Wards ▶	Enable Estates Integration ▶
Crosshouse	East	A2		Edit	Administer Wards ▶	Enable Estates Integration ▶
Cumnock	East			Edit	Administer Wards ▶	Enable Estates Integration ▶
Dundonald	East			Edit	Administer Wards ▶	Enable Estates Integration ▶
East Ayrshire Community Hospital	East			Edit	Administer Wards ▶	Enable Estates Integration ▶
Galston	East			Edit	Administer Wards ▶	Enable Estates Integration ▶
Hurford	East			Edit	Administer Wards ▶	Enable Estates Integration ▶

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 **'edit'**. The fields for that site become editable.

Hospital Administration						
Name	Zone	Hospital Type	Supplier ID			
Auchinleck	East			Update	Cancel	Administer Wards   Enable Estates Integration
Bentnick Centre	East			Edit		Administer Wards   Enable Estates Integration
Catrine	East			Edit		Administer Wards   Enable Estates Integration
Crosshouse	East	A2		Edit		Administer Wards   Enable Estates Integration
Cumnock	East			Edit		Administer Wards   Enable Estates Integration
Dundonald	East			Edit		Administer Wards   Enable Estates Integration
East Ayrshire Community Hospital	East			Edit		Administer Wards   Enable Estates Integration
Galston	East			Edit		Administer Wards   Enable Estates Integration
Hurford	East			Edit		Administer Wards   Enable Estates Integration
Kirklandside	East			Edit		Administer Wards   Enable Estates Integration

The final column on this page manages the communication of estates rectifications for that site. This can be enabled or disabled, as required.

To access more detailed information about the wards within any site, click on **'Administer Wards'**, which will take you to the next level.

A new site can be added in this screen within the zone that has been selected. To add a new site, scroll to the bottom of the screen and select **'Add Hospital'**.

East Ayrshire Community Hospital	East			Edit	Administer Wards	Enable Estates Integration
Galston	East			Edit	Administer Wards	Enable Estates Integration
Hurford	East			Edit	Administer Wards	Enable Estates Integration
Kirklandside	East			Edit	Administer Wards	Enable Estates Integration
Muirkirk	East			Edit	Administer Wards	Enable Estates Integration
Netherthird	East			Edit	Administer Wards	Enable Estates Integration
New Cumnock	East			Edit	Administer Wards	Enable Estates Integration
Newmains	East			Edit	Administer Wards	Enable Estates Integration
North West Area Centre	East			Edit	Administer Wards	Enable Estates Integration
Ochiltree	East			Edit	Administer Wards	Enable Estates Integration
Old Irvine Road	East			Edit	Administer Wards	Enable Estates Integration
Stewarton	East			Edit	Administer Wards	Enable Estates Integration
Symington	East			Edit	Administer Wards	Enable Estates Integration
Treeswoodhead Road	East			Edit	Administer Wards	Enable Estates Integration

Name	<input type="text"/>
Zone	<input type="text"/>
Hospital Type	<input type="text"/>
	Insert   Cancel
<input type="button" value="Back"/> <span style="float: right;"><input type="button" value="Add Hospital"/></span>	

A new section will become visible requesting the Name, Zone and Hospital Type. Complete these details and select **'Insert'** to add the new site. 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.

### Audit Area ('Ward') Administration

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

Code	Name	Hospital	Ward Type	Supplier ID	Active			
21561	12-19 Lister St	Crosshouse	E Code	EAXH100003000AA	<input checked="" type="checkbox"/>		Administer Areas ▶	Reschedule ▶
21562	1-5 Lister St	Crosshouse	E Code	EAXH100002000AA	<input checked="" type="checkbox"/>		Administer Areas ▶	Reschedule ▶
21563	17 Simpson	Crosshouse	E Code	EAXH101210000AA	<input checked="" type="checkbox"/>		Administer Areas ▶	Reschedule ▶
21564	1A	Crosshouse	A Code	EAXH040590000AA	<input checked="" type="checkbox"/>		Administer Areas ▶	Reschedule ▶
21565	1B	Crosshouse	A Code	EAXH040600000AA	<input checked="" type="checkbox"/>		Administer Areas ▶	Reschedule ▶
21567	1D	Crosshouse	A Code	EAXH050630000AA	<input checked="" type="checkbox"/>		Administer Areas ▶	Reschedule ▶
21568	1E	Crosshouse	A Code	EAXH050640000AA	<input checked="" type="checkbox"/>		Administer Areas ▶	Reschedule ▶
21569	2,3+9 Simpson St	Crosshouse	E Code		<input type="checkbox"/>		Administer Areas ▶	Reschedule ▶
21570	20-27 Lister St	Crosshouse	E Code	EAXH100400000AA	<input checked="" type="checkbox"/>		Administer Areas ▶	Reschedule ▶
21571	21L-24U-25 Simpson St	Crosshouse	F Code	EAXH101210000AA	<input checked="" type="checkbox"/>		Administer Areas ▶	Reschedule ▶
21572	26-27 Simpson St	Crosshouse	F Code	EAXH101210000AA	<input checked="" type="checkbox"/>		Administer Areas ▶	Reschedule ▶
21573	28-29 Simpson St	Crosshouse	F Code	EAXH101210000AA	<input checked="" type="checkbox"/>		Administer Areas ▶	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 **'edit'**. 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, or change the ward type (the risk code) if required.

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

To add a new ward or audit area to this site, scroll to the bottom of the page and select **'Add New'**. A new section will appear at the bottom of the screen requesting the name of the ward, its location (choose the hospital from the drop-down list) and its Ward Type (its risk code, from A to J). Complete this information and select **'Insert'**. The ward will be added to the list available in this site.

21659	Occ Ther - Level 5	Crosshouse	D Code		<input type="checkbox"/>		Administer Areas ▶	Reschedule ▶
21660	Occupational Therapy/Speech & Language Therapy	Crosshouse	D Code		<input type="checkbox"/>		Administer Areas ▶	Reschedule ▶
21661	On-call (Main)	Crosshouse	F Code		<input type="checkbox"/>		Administer Areas ▶	Reschedule ▶
21566	Out-patient 1C Peads	Crosshouse	D Code		<input type="checkbox"/>		Administer Areas ▶	Reschedule ▶
21601	Out-patient Clinic 5C	Crosshouse	D Code		<input type="checkbox"/>		Administer Areas ▶	Reschedule ▶
21663	Pharmacy	Crosshouse	I Code		<input type="checkbox"/>		Administer Areas ▶	Reschedule ▶
21664	Physiotherapy	Crosshouse	D Code		<input type="checkbox"/>		Administer Areas ▶	Reschedule ▶
21665	Pre Op Asam	Crosshouse	D Code		<input type="checkbox"/>		Administer Areas ▶	Reschedule ▶
21666	RECEPTION/RECOVERY	Crosshouse	B Code		<input type="checkbox"/>		Administer Areas ▶	Reschedule ▶
21668	RENAL	Crosshouse	B Code		<input type="checkbox"/>		Administer Areas ▶	Reschedule ▶
21667	Renal Tech/Anaesthetics	Crosshouse	E Code		<input type="checkbox"/>		Administer Areas ▶	Reschedule ▶
21669	Ward 6	Crosshouse	A Code		<input type="checkbox"/>		Administer Areas ▶	Reschedule ▶
21670	West Admin	Crosshouse	E Code		<input type="checkbox"/>		Administer Areas ▶	Reschedule ▶
21671	West public areas	Crosshouse	E Code		<input type="checkbox"/>		Administer Areas ▶	Reschedule ▶
21672	X-ray	Crosshouse	D Code		<input type="checkbox"/>		Administer Areas ▶	Reschedule ▶

<input type="button" value="Back"/> <span style="float: right;"><input type="button" value="Add New"/></span>	
Name	<input type="text"/>
Hospital	Crosshouse
Ward Type	A Code
<input type="button" value="Insert"/> <input type="button" value="Cancel"/>	

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 tick box for that ward is selected.

Code	Name	Hospital	Ward Type	Supplier ID	Active			
21561	12-19 Lister St	Crosshouse	E Code		<input checked="" type="checkbox"/>		Administer Areas	Reschedule
21562	1-5 Lister St	Crosshouse	E Code		<input checked="" type="checkbox"/>		Administer Areas	Reschedule
21563	17 Simpson	Crosshouse	E Code		<input checked="" type="checkbox"/>		Administer Areas	Reschedule
21564	1A	Crosshouse	A Code		<input checked="" type="checkbox"/>		Administer Areas	Reschedule
21565	1B	Crosshouse	A Code		<input checked="" type="checkbox"/>		Administer Areas	Reschedule
21567	1D	Crosshouse	A Code		<input checked="" type="checkbox"/>		Administer Areas	Reschedule
21568	1E	Crosshouse	A Code		<input checked="" type="checkbox"/>		Administer Areas	Reschedule
21569	2,3+9 Simpson St	Crosshouse	E Code		<input checked="" type="checkbox"/>		Administer Areas	Reschedule
21570	20-27 Lister St	Crosshouse	E Code		<input checked="" type="checkbox"/>		Administer Areas	Reschedule
21571	21L-24U-25 Simpson St	Crosshouse	F Code		<input checked="" type="checkbox"/>		Administer Areas	Reschedule
21572	26-27 Simpson St	Crosshouse	F Code		<input checked="" type="checkbox"/>		Administer Areas	Reschedule
21573	28-29 Simpson St	Crosshouse	F Code		<input checked="" type="checkbox"/>		Administer Areas	Reschedule
21574	28-34 Lister St	Crosshouse	E Code		<input checked="" type="checkbox"/>		Administer Areas	Reschedule
21575	2A	Crosshouse	B Code		<input checked="" type="checkbox"/>		Administer Areas	Reschedule
21576	2B	Crosshouse	B Code		<input checked="" type="checkbox"/>		Administer Areas	Reschedule
21577	2C	Crosshouse	B Code		<input checked="" type="checkbox"/>		Administer Areas	Reschedule
21578	2D	Crosshouse	B Code		<input checked="" type="checkbox"/>		Administer Areas	Reschedule
21580	2F	Crosshouse	B Code		<input checked="" type="checkbox"/>		Administer Areas	Reschedule

## Room Administration

The screen below shows the room list for the audit area. The list contains the room reference and name for each room, its associated cleaning specification code, whether the room is active or inactive (archived), and the area/room size. 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 edit button enables the user to edit any aspect of the room information.

Room Reference	Room Name	Cleaning Spec Code	Supplier ID	Active	Area Size		
E281	No'12 Corridor (hall)	D3		Yes	9.75 m <sup>2</sup>	Questions for Area	
E282	No'12 Computer Hub	D3		Yes	2.58 m <sup>2</sup>	Questions for Area	
E283	No'12 Toilet	D9		Yes	1.73 m <sup>2</sup>	Questions for Area	
E284	No'12 Staff Room	E10		Yes	9.03 m <sup>2</sup>	Questions for Area	
E285	No'12 Office	D3		Yes	10.89 m <sup>2</sup>	Questions for Area	
E286	No'12 Office	D3		Yes	13.02 m <sup>2</sup>	Questions for Area	
E287	No'12 Store	D16		No	1.04 m <sup>2</sup>	Questions for Area	
E288	No'12 Store	D16		No	21.58 m <sup>2</sup>	Questions for Area	
E289	No'16 Corridor (hall)	D3		Yes	9.73 m <sup>2</sup>	Questions for Area	
E290	No'16 Kithcen	E10		Yes	2.57 m <sup>2</sup>	Questions for Area	
E291	No'16 Toilet	D9		Yes	1.73 m <sup>2</sup>	Questions for Area	

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.

To add a new room to an existing audit area, open the area and scroll to the bottom of that screen, and click on '**New Area**'.

E332	No'18 Corridor	D3	Yes	9.96 m <sup>2</sup>	Questions for Area	Edit	Delete Room
E333	No'18 Toilet 158	D9	Yes	2.72 m <sup>2</sup>	Questions for Area	Edit	Delete Room
E334	No'18 Toilet 157	D9	Yes	1.73 m <sup>2</sup>	Questions for Area	Edit	Delete Room
E335	No'19 Office 155	D3	Yes	9.03 m <sup>2</sup>	Questions for Area	Edit	Delete Room
E336	No'19 Office	D3	Yes	10.89 m <sup>2</sup>	Questions for Area	Edit	Delete Room
E337	No'19 Store 154	D16	No	1.04 m <sup>2</sup>	Questions for Area	Edit	Delete Room
E338	No'19 Office 153	D3	Yes	13.02 m <sup>2</sup>	Questions for Area	Edit	Delete Room
E339	No'19 Office 152	D3	Yes	22.03 m <sup>2</sup>	Questions for Area	Edit	Delete Room
E340	No'19 Office 153	D3	Yes	m <sup>2</sup>	Questions for Area	Edit	Delete Room
E341	No'19 Corridor	D3	Yes	10.43 m <sup>2</sup>	Questions for Area	Edit	Delete Room
E342	No'19 Kitchen	E10	Yes	2.74 m <sup>2</sup>	Questions for Area	Edit	Delete Room
E343	No'19 Toilet 197	D9	Yes	1.68 m <sup>2</sup>	Questions for Area	Edit	Delete Room
E344	No'19 Office 196	D3	Yes	9.03 m <sup>2</sup>	Questions for Area	Edit	Delete Room
E345	No'19 Office 191	D3	Yes	10.92 m <sup>2</sup>	Questions for Area	Edit	Delete Room
E346	No'19 Office 193	D3	Yes	13.15 m <sup>2</sup>	Questions for Area	Edit	Delete Room
E347	No'19 Store 194	D16	No	m <sup>2</sup>	Questions for Area	Edit	Delete Room
E348	No'19 Office 195	D3	Yes	21.78 m <sup>2</sup>	Questions for Area	Edit	Delete Room
X43	No'19 DSR	A12	Yes	m <sup>2</sup>	Questions for Area	Edit	Delete Room

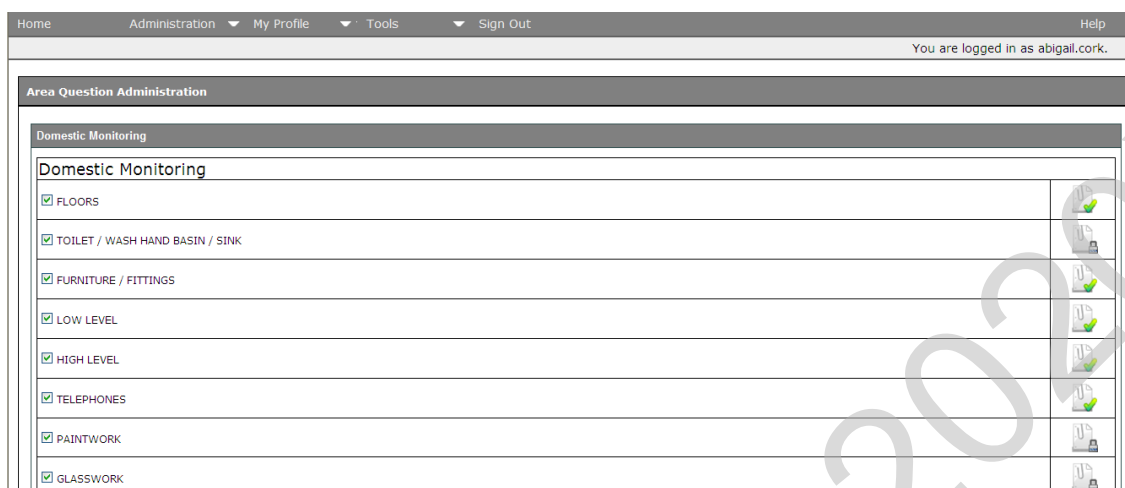
A short form will appear on the screen asking for basic information about the new room. Complete the details, giving the room its unique reference, it's cleaning specification code (ensuring it is compatible with the area's risk code) and room size if available, clicking on 'Save' once completed. The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

E332	No'18 Corridor	D3	Yes	9.96 m <sup>2</sup>	Questions for Area	Edit	Delete Room
E333	No'18 Toilet 158	D9	Yes	2.72 m <sup>2</sup>	Questions for Area	Edit	Delete Room
E334	No'18 Toilet 157	D9	Yes	1.73 m <sup>2</sup>	Questions for Area	Edit	Delete Room
E335	No'19 Office 155	D3	Yes	9.03 m <sup>2</sup>	Questions for Area	Edit	Delete Room
E336	No'19 Office	D3	Yes	10.89 m <sup>2</sup>	Questions for Area	Edit	Delete Room
E337	No'19 Store 154	D16	No	1.04 m <sup>2</sup>	Questions for Area	Edit	Delete Room
E338	No'19 Office 153	D3	Yes	13.02 m <sup>2</sup>	Questions for Area	Edit	Delete Room
E339	No'19 Office 152	D3	Yes	22.03 m <sup>2</sup>	Questions for Area	Edit	Delete Room
E340	No'19 Office 153	D3	Yes	m <sup>2</sup>	Questions for Area	Edit	Delete Room
E341	No'19 Corridor	D3	Yes	10.43 m <sup>2</sup>	Questions for Area	Edit	Delete Room
E342	No'19 Kitchen	E10	Yes	2.74 m <sup>2</sup>	Questions for Area	Edit	Delete Room
E343	No'19 Toilet 197	D9	Yes	1.68 m <sup>2</sup>	Questions for Area	Edit	Delete Room
E344	No'19 Office 196	D3	Yes	9.03 m <sup>2</sup>	Questions for Area	Edit	Delete Room
E345	No'19 Office 191	D3	Yes	10.92 m <sup>2</sup>	Questions for Area	Edit	Delete Room
E346	No'19 Office 193	D3	Yes	13.15 m <sup>2</sup>	Questions for Area	Edit	Delete Room
E347	No'19 Store 194	D16	No	m <sup>2</sup>	Questions for Area	Edit	Delete Room
E348	No'19 Office 195	D3	Yes	21.78 m <sup>2</sup>	Questions for Area	Edit	Delete Room
X43	No'19 DSR	A12	Yes	m <sup>2</sup>	Questions for Area	Edit	Delete Room

Room Reference	<input type="text"/>
Room Name	<input type="text"/>
Cleaning Spec Code	A1
Active	<input checked="" type="checkbox"/>
Room Size	<input type="text"/>
<input type="button" value="Save"/> <input type="button" value="Cancel"/>	

## Element Administration

The screen below shows all the elements that have been assigned to the selected room. On the left 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 symbols to the right of the screen 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. This means they will not be able to enable it during audit.



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

### Entering audit results from other systems (for Mass users)

8.8 The national FMT system, developed by Synbiotix and hosted and supported by NSS, is used by 16 boards across Scotland and is the tool HFS uses to report cleaning monitoring scores publicly and to the Scottish Government.

Two boards, NHS Lanarkshire and NSS (Scottish National Blood Transfusion Service), use an existing locally hosted system called Mass Archibus, to capture and locally report their cleaning monitoring data. Those boards are required to manually share their results with HFS to ensure their scores are included in the quarterly and annual national reports.

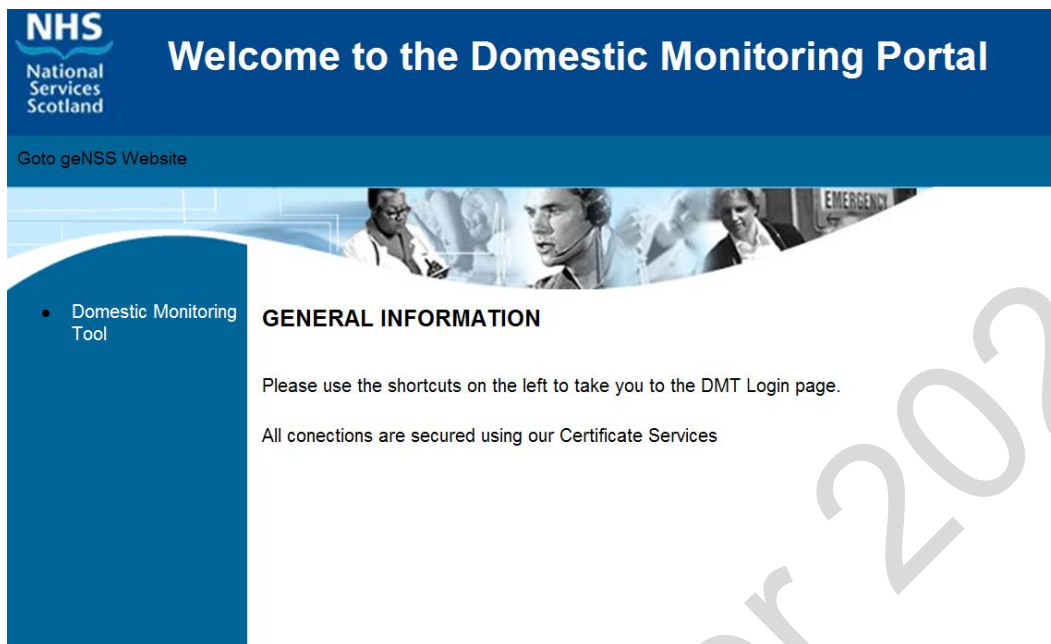
Synbiotix and HFS have developed a function within FMT to allow those two boards to enter their scores manually into the national system. The following guidance is for Mass users to access this function.

### Accessing the Tool

The system can be accessed online from a secure NHS location by using the following link:

<https://dmt.nhsnss.scot.nhs.uk>

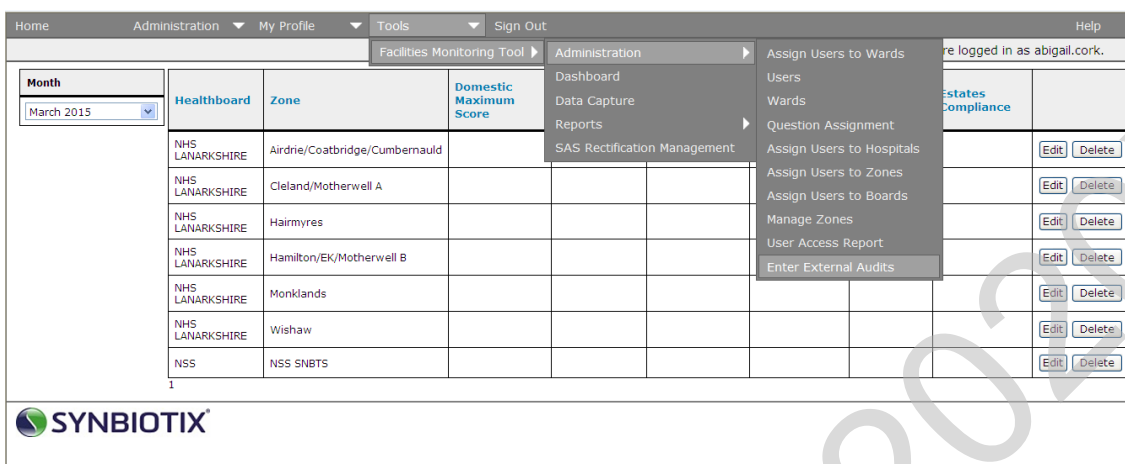




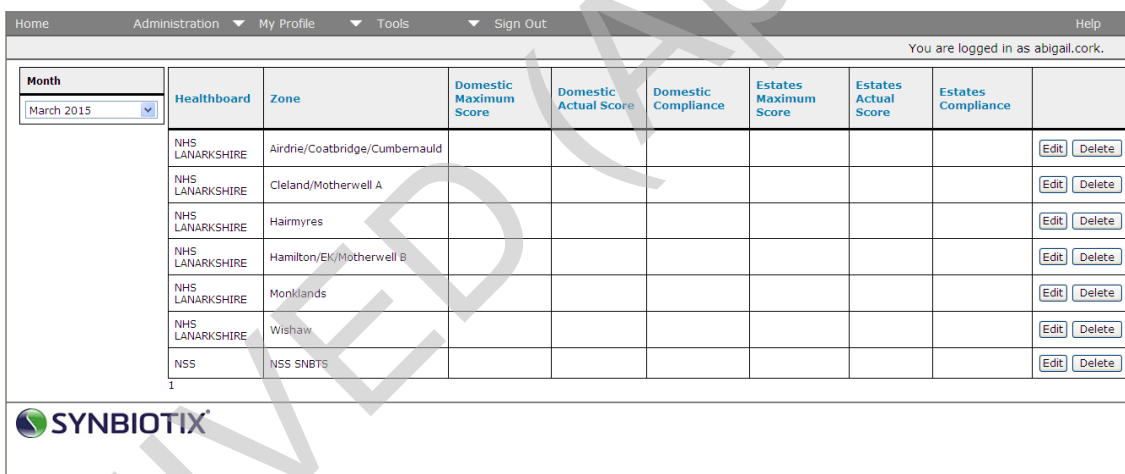
Click the link on the right hand side which will take you to a secure login screen.

Each user is assigned an individual username and password (please contact HFS if you require a new account). Use this information to log in.

To enter external audit data, select **Tools>Facilities Monitoring Tool>Administration>Enter External Audits**



The external audits entry screen looks like this. It will show you the entry screen for the current month, initially, but you can change which month you are viewing or managing using the drop down menu on the left hand side of the screen.



The external audits entry screen is for use for NHS Lanarkshire (6 zones, listed alphabetically) and NSS SNBTS (one zone).

### Entering Audit Scores

To enter your audit data, select the appropriate month you wish to complete, using the drop down menu on the left of the screen. Once selected, the screen will automatically reload.

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Month	Healthboard	Zone	Domestic Maximum Score	Domestic Actual Score	Domestic Compliance	Estates Maximum Score	Estates Actual Score	Estates Compliance	
August 2013	NHS LANARKSHIRE	Airdrie/Coatbridge/Cumbernauld							Edit Delete
April 2012	NHS LANARKSHIRE	Cleland/Motherwell A							Edit Delete
May 2012	NHS LANARKSHIRE	Hairmyres							Edit Delete
June 2012	NHS LANARKSHIRE	Hamilton/EK/Motherwell B							Edit Delete
July 2012	NHS LANARKSHIRE	Monklands							Edit Delete
August 2012	NHS LANARKSHIRE	Wishaw							Edit Delete
September 2012	NSS	NSS SNBTS							Edit Delete
October 2012									
November 2012									
December 2012									
January 2013									
February 2013									
March 2013									
April 2013									
May 2013									
June 2013									
July 2013									
August 2013									

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To enter the audit scores for a zone, select the **'Edit'** button for the appropriate zone. The screen will change to show the fields as editable.

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Month	Healthboard	Zone	Domestic Maximum Score	Domestic Actual Score	Domestic Compliance	Estates Maximum Score	Estates Actual Score	Estates Compliance	
March 2015	NHS LANARKSHIRE	Airdrie/Coatbridge/Cumbernauld	8515	8034					Update Cancel
	NHS LANARKSHIRE	Cleland/Motherwell A							Edit Delete
	NHS LANARKSHIRE	Hairmyres							Edit Delete
	NHS LANARKSHIRE	Hamilton/EK/Motherwell B							Edit Delete
	NHS LANARKSHIRE	Monklands							Edit Delete
	NHS LANARKSHIRE	Wishaw							Edit Delete
	NSS	NSS SNBTS							Edit Delete

SYNBIOTIX

Enter the total scores (maximum and actual, for both domestic and estates) in the fields shown. The system will calculate the percentage score from these figures. If you have made a mistake, you can edit the entered data using the same method.

Once you have completed the information for that zone, click **'Update'** to save the data. Continue until you have added all the zones scores for that month.

Home Administration My Profile Tools Sign Out Help

You are logged in as abigail.cork.

Month	Healthboard	Zone	Domestic Maximum Score	Domestic Actual Score	Domestic Compliance	Estates Maximum Score	Estates Actual Score	Estates Compliance	
October 2012	NHS LANARKSHIRE	Airdrie/Coatbridge/Cumbernauld	8374	8108	96.82	7282	6918	95.00	Edit Delete
	NHS LANARKSHIRE	Cleland/Motherwell A	12550	12084	96.29	11056	10862	98.25	Edit Delete
	NHS LANARKSHIRE	Hairmyres							Edit Delete
	NHS LANARKSHIRE	Hamilton/EK/Motherwell B							Edit Delete
	NHS LANARKSHIRE	Monklands							Edit Delete
	NHS LANARKSHIRE	Wishaw							Edit Delete
	NSS	NSS SNBTS							Edit Delete

Once you have completed this data it will be available to HFS to include in reporting. You no longer have to manually communicate your scores to HFS.

Please enter your monthly data within 14 days of the end of each quarter to allow for HFS to carry out their quarterly reporting.

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## 9. FMT User Support

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### 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 is relating to the whole system, or if the local administrator is unable to address the problem locally, there is an online resource called the FMT Issue Management Log, where local FMT administrators can report their issues for national or technical support.

The following sections offer guidance on registering to use the FMT Issue Management Log, reporting and managing an issue.

### FMT Issue Management Log

- 9.4 In order to use this reporting facility it is recommended you add board users who will report or manage issues, and their email addresses, to your board account. Any registered board representative can do this using the following instructions.

Anyone added to the board account user list will automatically receive an alert when issues are added, managed or closed through the issue log for that specific board – so make sure they are happy to receive the update emails!

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.

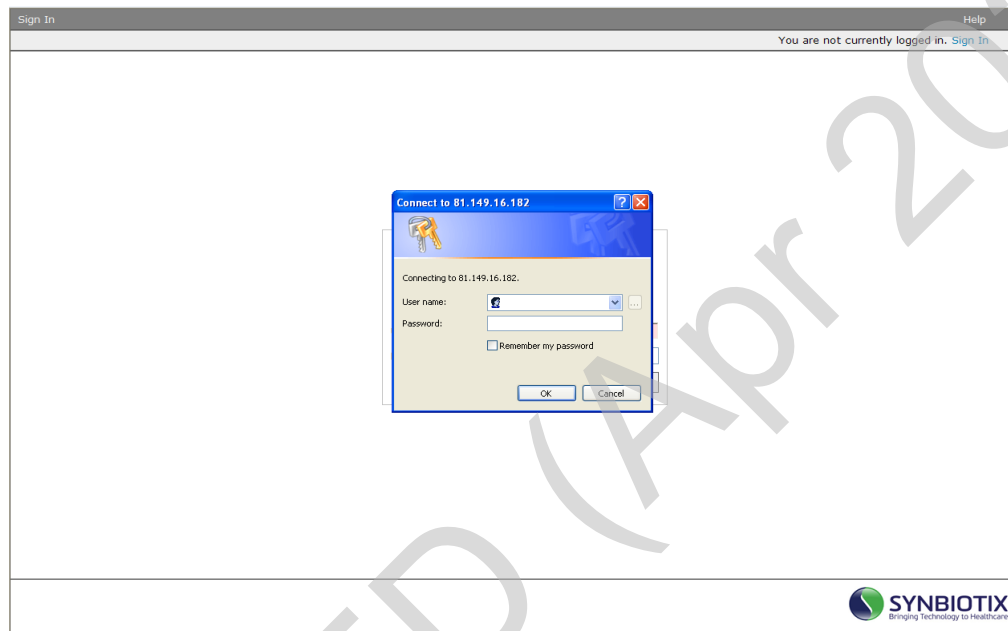
All users from a board use the same log-in username and password – this information can be found in this section.

## How to access the Issue Management Log

The issue reporting system can be accessed via the HELP screen on the FMT (top right hand corner of the screen), or at [www.synbiotix.com/fmtsupport](http://www.synbiotix.com/fmtsupport)

### Logging on

When accessing the URL for the Issue Management Log, you will see a log on screen, like this:



If you do not add a correct username and password, the system will not allow you access and you will see an error page, like this:

#### You are not authorized to view this page

You do not have permission to view this directory or page using the credentials that you supplied because your Web browser is sending a WWW-Authenticate header field that the Web server is not configured to accept.

Please try the following:

- Contact the Web site administrator if you believe you should be able to view this directory or page.
- Click the [Refresh](#) button to try again with different credentials.

HTTP Error 401.2 - Unauthorized: Access is denied due to server configuration.  
Internet Information Services (IIS)

Technical Information (for support personnel)

- Go to [Microsoft Product Support Services](#) and perform a title search for the words **HTTP** and **401**.
- Open **IIS Help**, which is accessible in IIS Manager (inetmgr), and search for topics titled **About Security**, **Authentication**, and **About Custom Error Messages**.

Each NHSScotland board has got its own Board User Account and password, and each of those accounts can have a number of different individual users registered. To log on, type in the following username for your board:

**hq\NHS\_AyrandArran**

**hq\NHS\_Borders**

**hq\NHS\_Fife**

**hq\NHS\_ForthValley**

**hq\NHS\_Grampian**

**hq\NHS\_GGC**

**hq\NHS\_Highlands**

**hq\NHS\_Lothian**

**hq\NHS\_Orkney**

**hq\NHS\_Shetland**

**hq\NHS\_Tayside**

**hq\NHS\_WesternIsles**

**hq\StateHospital**

**hq\GoldenJubilee**

**hq\SAS**

**hq\NHS\_DandG**

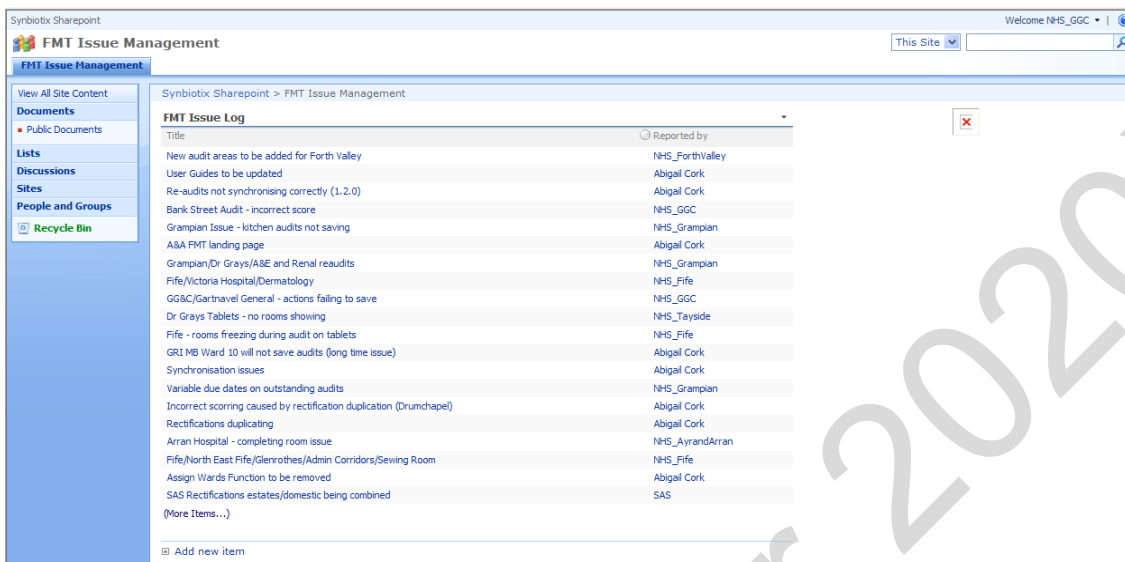
The password for ALL NHSScotland accounts is: **FMTIssue3**

Enter your board username and add the password, and click ok, as in the example below.



The landing page of the reporting tool lists the recently reported issues by description (the most recent is at the top of the list).



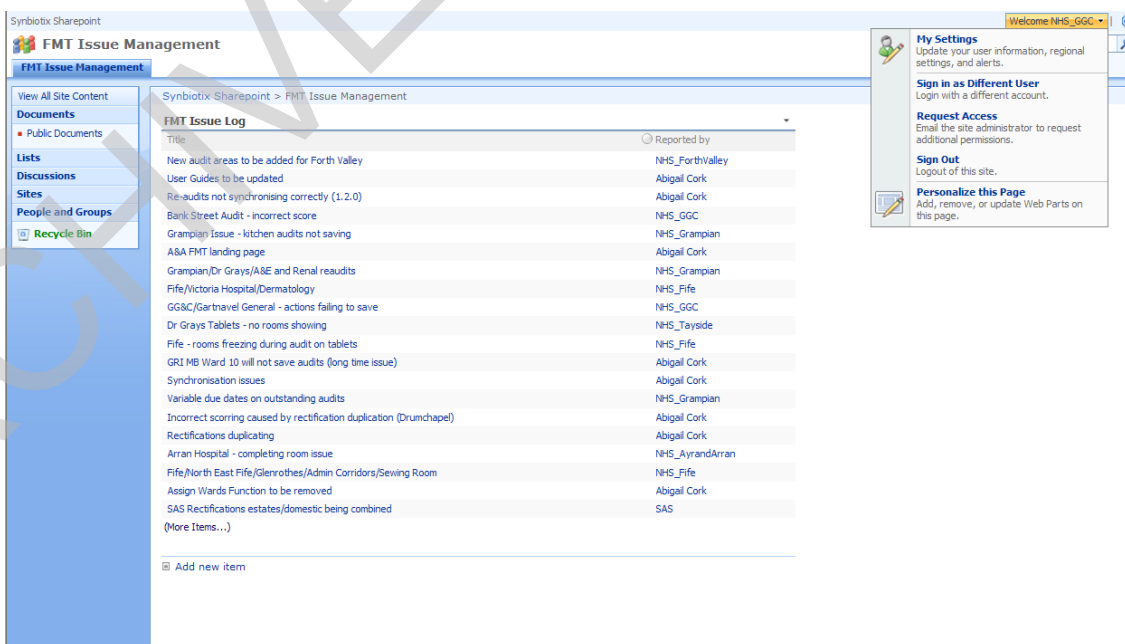


At the top right of the screen you will be able to see your board username.

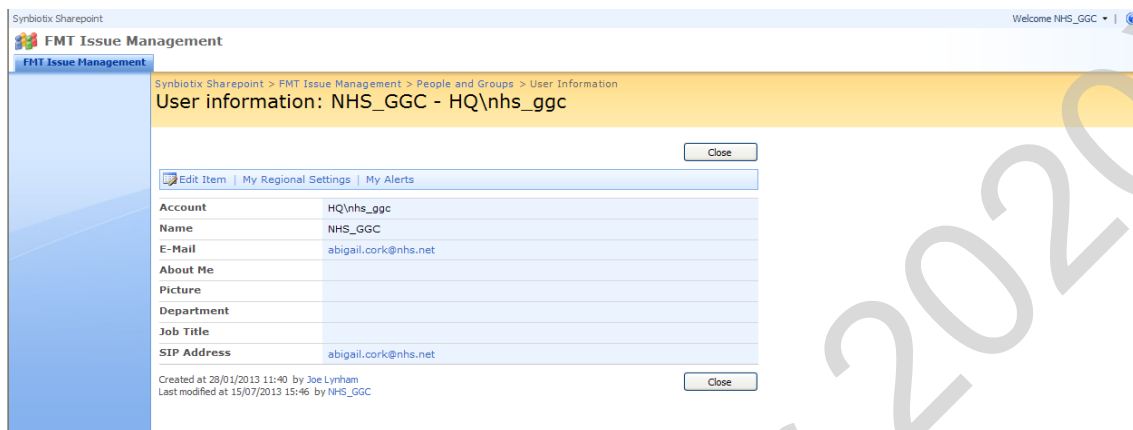
### Adding or amending users for your Board Account

Use these instructions to ensure the people responsible for using the Issue Management Log have the appropriate access to the system.

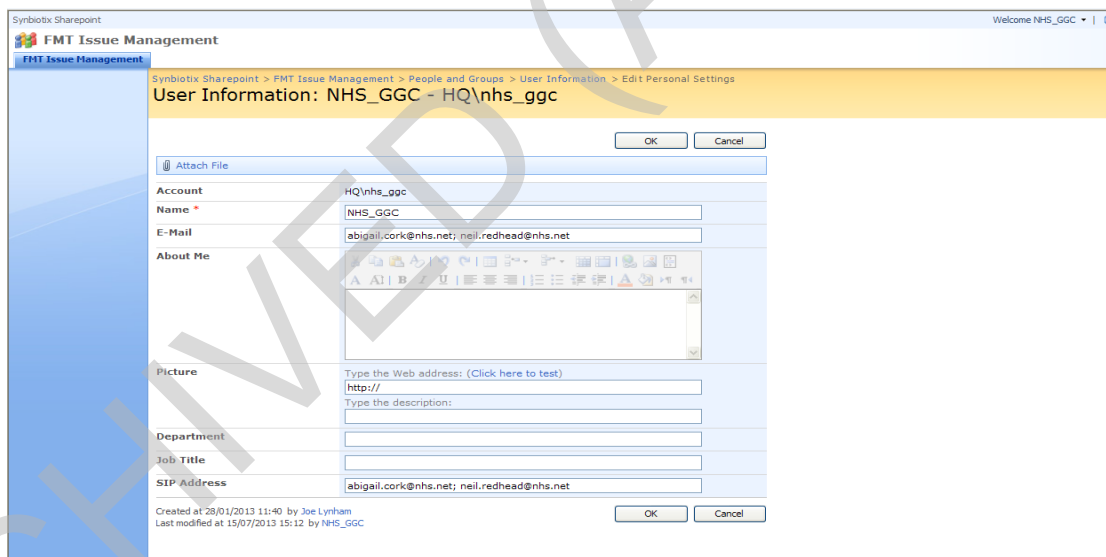
To amend the account information, click on the arrow to the right of your board username, and choose 'My Settings' as below.



You will then see a screen with your board’s account details. The account example below has currently only one user - ‘Abigail Cork’. To change this information, click on **‘Edit Item’**.



The following screen will then allow you to edit the information to add, amend or remove email accounts. The email addresses need to be repeated in two locations on this screen, as shown below. Multiple email addresses should be separated with a semi-colon(;). Click **‘OK’** to save.



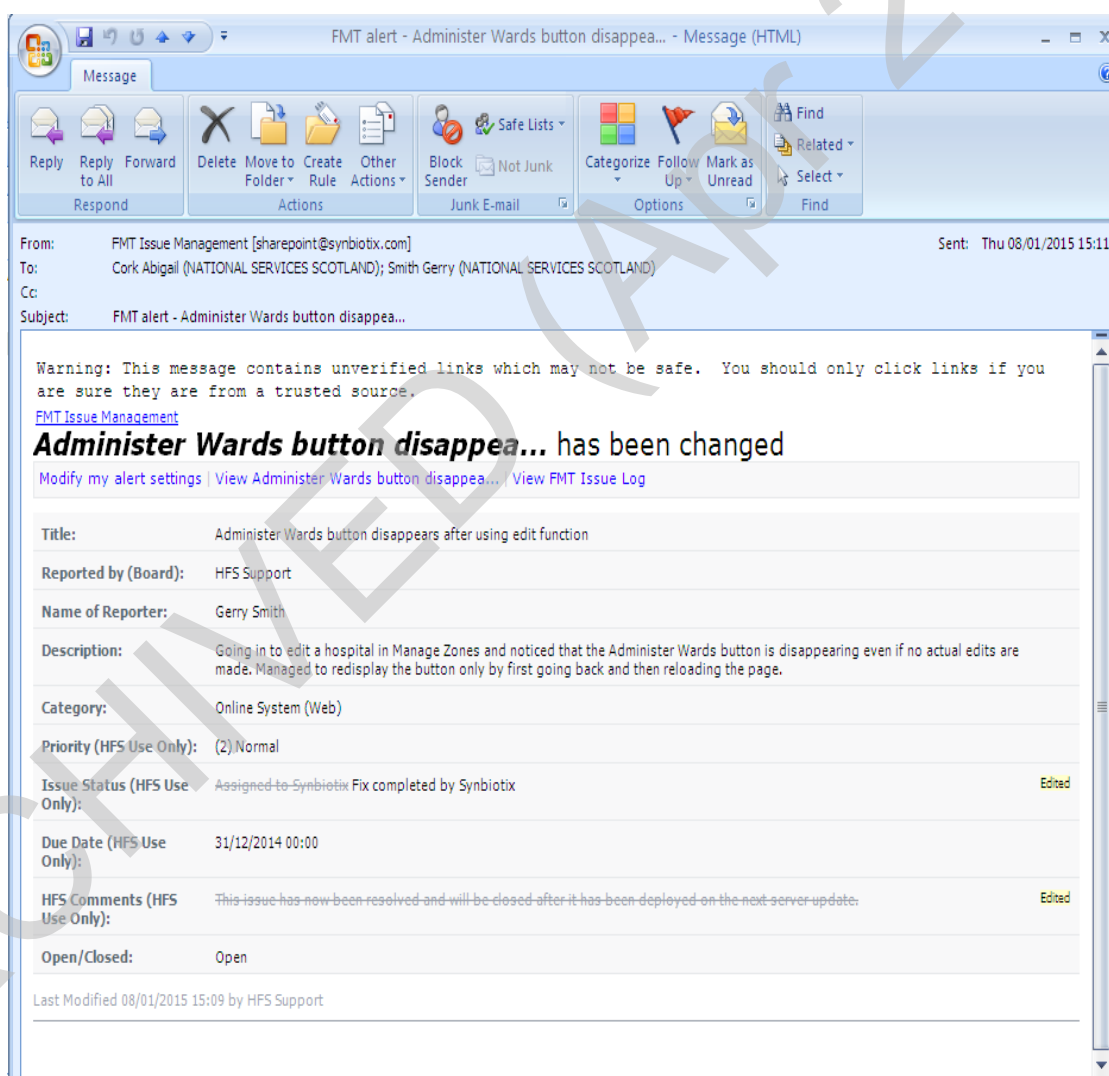
If a member of staff is no longer responsible for reporting or managing FMT issues you will need to ensure their address is removed from your board account. Log onto the issue management system and go to ‘Manage Settings’ next to your username (top right of screen).

Click on **‘Edit Item’** and delete the user’s email address from the two places it appears (E-mail and SIP Address), then click on **‘OK’**.

## User Alerts

We have set the system up so that user’s who have registered to their Board Account and added their email address into the system, will receive an update email whenever any activity happens in the Management Log, for that account. That means if you are registered to the NHS GG&C board account, for instance, if another NHS GG&C user adds a new issue, you will receive notification of the issue. You will receive an email alert every time those issues are edited, including if additional information is added, if there is a response by HFS or the technical supplier, or if the status of the issue is changed or closed.

Email notifications will come from an address [sharepoint@synbiotix.com](mailto:sharepoint@synbiotix.com) with the name FMT Issue Management – an example is shown below.



In the example issue above, the sections which have been modified are shown as **'Edited'** on the right hand side.

Notifications are sent immediately after a change. Users will not receive notifications when issues are added or modified by other boards.

## Issue Management Log – Guidance for use

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 your issue.

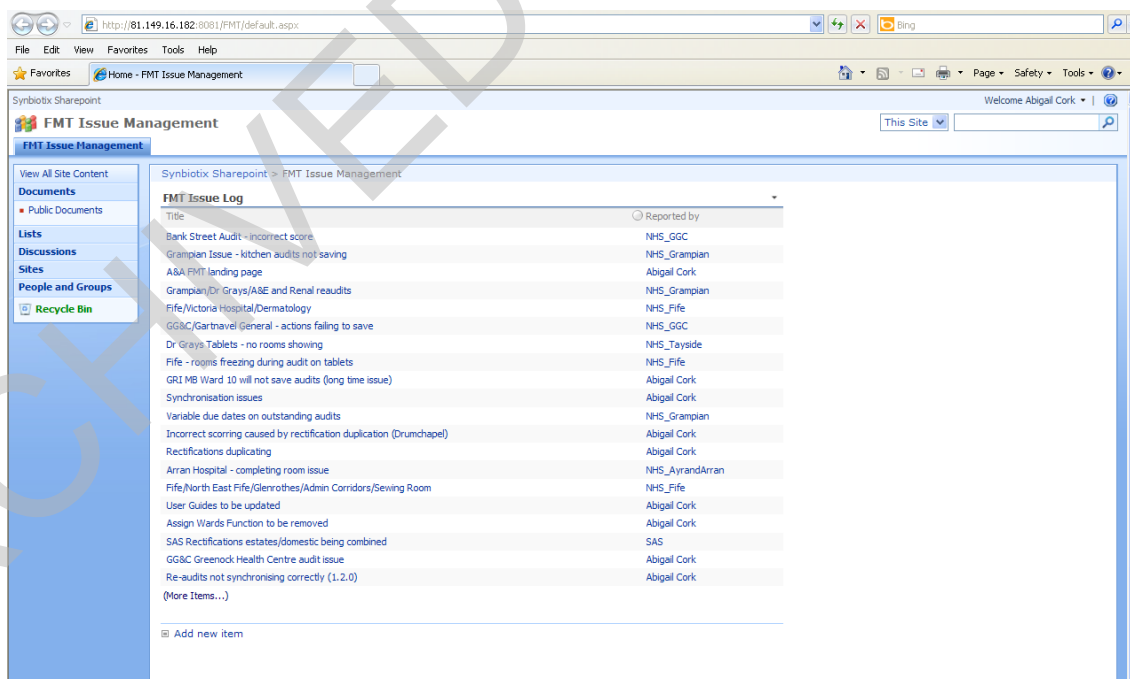
However if the local board FMT lead is unable to rectify the issue they can report the issue to HFS via the online Issue Management System. We do recommend that issues logging is only carried out by the identified FMT lead or super-users in the board.

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.

To report a new issue, access the Issue Management System via the Help Screen on FMT, or at:

[www.synbiotix.com/fmtsupport](http://www.synbiotix.com/fmtsupport)

Enter your log on details as described in Section 9.4



The landing page of the reporting tool lists the recently reported issues by description (the most recently reported item is at the top of the list.) To view the outstanding issues in a more detailed view, click ‘**(More Items)**’ at the bottom of the list.

The full list will then display, it will look something like this.

Issue ID	Title	Reported by (Board)	Name of Reporter	Issue Status (HFS Use Only)	Priority (HFS Use Only)	Due Date (HFS Use Only)	Open/Closed	Category
5	Online - logging on dashboard dates always set to 1st April 2012	Abigail Cork	Suzanne Jeffers	Assigned to Synbiotix	(2) Normal	01/05/2013 00:00	Open	Online System (Web)
11	Assign Wards Function to be removed	Abigail Cork	Abigail Cork	Assigned to Synbiotix	(3) Low	01/05/2013 00:00	Open	Online System (Web)
57	NHS Grampian - limited number of issue log users	NHS_Grampian	Ashleigh Morrison	Assigned to Synbiotix	(2) Normal	23/08/2013 00:00	Open	Online System (Web)
122	All Issues I log are being automatically assigned to me	NHS_Grampian	Nathan Matthews	Assigned to Synbiotix	(2) Normal	31/03/2014 00:00	Open	Online System (Web)
123	Wards not opening for audit having to revert to paper	NHS_Grampian	Nathan Matthews	Assigned to Synbiotix	(2) Normal	09/10/2014 10:00	Open	Offline System (Tablet)
139	Area not opening from tablet	NHS_Grampian	Nathan Matthews	Assigned to Synbiotix	(1) High	14/11/2014 00:00	Open	Offline System (Tablet)
141	Conflicting dashboard information	NHS_Grampian	Nathan Matthews	Assigned to Synbiotix	(2) Normal		Open	Online System (Web)
146	New Report Request	NHS_GGC	Gail Bradbury	Assigned to Wish List	(3) Low	30/06/2014 00:00	Open	Online System (Web)
149	Unnecessary Re-Audit	NHS_Loathian	Wilma Balle	Assigned to Synbiotix	(2) Normal	10/10/2014 00:00	Open	Online System (Web)
157	Old audit showing on system not allowing due audit	NHS_Grampian	Nathan Matthews for Mandy Knox	Assigned to Synbiotix	(2) Normal		Open	Both
160	Duplication of completed audit on the audit summary screen	NHS_Ffe	Anne Henderson	Assigned to Synbiotix	(3) Low		Open	Online System (Web)
161	Dashboard not showing correct number of audits completed	NHS_Ffe	Anne Henderson	Assigned to Synbiotix	(3) Low		Open	Online System (Web)
165	ReAudit Detail Incorrect	NHS_Tayside	Val Ewan	Assigned to Synbiotix	(2) Normal	27/06/2014 00:00	Open	Both
167	SCH Physio Re-audit generated following green score	NHS_ForthValley	Abigail Cork on behalf of Karen Nimmo	Assigned to Synbiotix	(2) Normal	27/06/2014 00:00	Open	Online System (Web)
182	Scheduled audit not showing	NHS_AyrandArran	Jacqueline Cassidy	Assigned to Synbiotix	(2) Normal		Open	Online System (Web)

This view shows all the open issues that have been reported across NHSScotland. Before you report your issue please scan this list of outstanding issues to check your problem has not already been reported. If someone else has already reported the same issue (and it is clear that the issue is not local) you don't need to re-report it, just take a note of the issue ID (left hand column) as we will use this reference to notify the FMT user group when a fix has been applied. You can also add a comment within the issue to note that you are experiencing the same issue in your board (this will ensure that we get in touch with you direct once the issue has been fixed).

Once you are sure that you are reporting a new issue, click on the button 'New' and select 'New Item'.

Issue ID	Title	Reported by (Board)	Name of Reporter	Issue Status (HFS Use Only)	Priority (HFS Use Only)	Due Date (HFS Use Only)	Open/Closed	Category
11	Assign Wards Function to be removed	Abigail Cork	Abigail Cork	Assigned to Synbiotix	(3) Low	01/05/2013 00:00	Open	Online System (Web)
57	NHS Grampian - limited number of issue log users	NHS_Grampian	Ashleigh Morrison	Assigned to Synbiotix	(2) Normal	23/08/2013 00:00	Open	Online System (Web)
122	All Issues I log are being automatically assigned to me	NHS_Grampian	Nathan Matthews	Assigned to Synbiotix	(2) Normal	31/03/2014 00:00	Open	Online System (Web)
123	Wards not opening for audit having to revert to paper	NHS_Grampian	Nathan Matthews	Assigned to Synbiotix	(2) Normal	09/10/2014 10:00	Open	Offline System (Tablet)
139	Area not opening from tablet	NHS_Grampian	Nathan Matthews	Assigned to Synbiotix	(1) High	14/11/2014 00:00	Open	Offline System (Tablet)
141	Conflicting dashboard information	NHS_Grampian	Nathan Matthews	Assigned to Synbiotix	(2) Normal		Open	Online System (Web)
146	New Report Request	NHS_GGC	Gail Bradbury	Assigned to Wish List	(3) Low	30/06/2014 00:00	Open	Online System (Web)
149	Unnecessary Re-Audit	NHS_Loathian	Wilma Balle	Assigned to Synbiotix	(2) Normal	10/10/2014 00:00	Open	Online System (Web)
157	Old audit showing on system not allowing due audit	NHS_Grampian	Nathan Matthews for Mandy Knox	Assigned to Synbiotix	(2) Normal		Open	Both
160	Duplication of completed audit on the audit summary screen	NHS_Ffe	Anne Henderson	Assigned to Synbiotix	(3) Low		Open	Online System (Web)
161	Dashboard not showing correct number of audits completed	NHS_Ffe	Anne Henderson	Assigned to Synbiotix	(3) Low		Open	Online System (Web)
165	ReAudit Detail Incorrect	NHS_Tayside	Val Ewan	Assigned to Synbiotix	(2) Normal	27/06/2014 00:00	Open	Both
167	SCH Physio Re-audit generated following green score	NHS_ForthValley	Abigail Cork on behalf of Karen Nimmo	Assigned to Synbiotix	(2) Normal	27/06/2014 00:00	Open	Online System (Web)
182	Scheduled audit not showing	NHS_AyrandArran	Jacqueline Cassidy	Assigned to Synbiotix	(2) Normal		Open	Online System (Web)
187	Ward DSR area will not open on the tablet but will	NHS_AyrandArran	Nada.Frew	Assigned to Synbiotix	(2) Normal	09/10/2014 10:00	Open	Online System

The system will open a form to add the issue.

Synbiotix Sharepoint > FMT Issue Management > FMT Issue Log > New Item

### FMT Issue Log: New Item

The content of this item will be sent as an e-mail message to the person or group assigned to the item.

OK Cancel

Attach File \* indicates a required field

Title \*

Reported by (Board)

Name of Reporter \*

Description

Category: Online System (Web)

Priority (HFS Use Only): (2) Normal

Issue Status (HFS Use Only): Reported

Due Date (HFS Use Only): 00:00

HFS Comments (HFS Use Only)

Open/Closed \*: Open

OK Cancel

Complete the form with information about you, as the reporter, and the issue you are experiencing. As a guide, consider the following for each section:

**Title:** Include any important key information in the title as well as a summary 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 ie 'board name/zone name/site name/audit area name' so we can find it more easily.

**Reported by (Board):** The username of the board (e.g. NHS\_GGC) as used to log in to system (see Section 9.4). DON'T use your own name here.

**Name of Reporter:** Add your own name here please, so that we can contact you direct if we have any more questions.

**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 – using the 'attach file' function top left.



**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 tablet or handheld device), or both. Please choose an option here.

Click **'OK'**, to complete the addition of the issue. The rest of the form is for HFS use only. Below is an example of a completed issue.

Synbiotix Sharepoint

Welcome HFS Support

FMT Issue Management

This List

Synbiotix Sharepoint > FMT Issue Management > FMT Issue Log > New Item

**FMT Issue Log: New Item**

The content of this item will be sent as an e-mail message to the person or group assigned to the item.

OK Cancel

Attach File \* indicates a required field

Title \* No audit available for Board/Zone/SiteName/WardName

Reported by (Board) NHS\_GGC

Name of Reporter \* Joe Bloggs

Description

I added a new ward area last week but it hasn't come up yet in data capture for completion. It should be due for completion on 15th April 2015.

Category Online System (Web)

Priority (HFS Use Only) (2) Normal

Issue Status (HFS Use Only) Reported

Due Date (HFS Use Only) 00:00

HFS Comments (HFS Use Only)

Open/Closed \* Open

OK Cancel

The issue here gives enough information for thorough investigation. When HFS receive this issue they will either assign it to HFS if they can fix it, or assign it to Synbiotix if it needs a system developer to look at it. They may come back to you, as the reporter, for additional information. They will request this by adding questions in the comments box, and you will receive the follow up questions in the form of an alert from the Issue Management System.

HFS will fill in the rest of the details so you can see how the issue is going to be handled. They will also prioritise it and add a due date where appropriate.

When you have saved the issue you will return to the issue list – your new issue will be added to the list with a green 'new issue' symbol.

### Prioritisation of FMT System Issues

9.5

An issue will be prioritised by HFS and given a due date, relative to the level of inconvenience caused.



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.

**Note:** HFS plan to develop a Service Level Agreement with the Supplier and National Services Division to establish more concrete timescales for this type of support. We will update this section once this has been completed and agreed.

## Management of FMT Issues

9.6 When your issue has been received and read, it will be assigned a status by HFS that will explain what the next action will be. The status options are:

- **Reported** – this is the initial status the issue will receive before it has been read by HFS
- **Awaiting further Information** – if there is information missing from the reported issue, we may request further information via the Issue Management System and give the issue this status
- **Assigned to HFS** – we will give the issue this status if HFS is able to fix the issue for you
- **Assigned to Synbiotix** – we will give the issue this status if the technical supplier needs to investigate and resolve the issue
- **Fix completed by Synbiotix** – given this status once the technical issue has been resolved
- **Resolved – closed by HFS** – issue fixed by HFS and can be closed down

- **Assigned to Wish List** – issue is a suggestion which is outside of the specification for the system. Wish list items are reviewed by the National FMT User Group and considered for application to the system on a regular basis.
- **Unresolved by not recurring** – the issue has been investigated but could not be resolved. It will only get this status if the system seems to be functioning well and the issue has not recurred.

All users of the Issue Management System assigned to that Board’s Account will receive notification of new issues and changes to existing issues.

The example below shows that HFS have read and investigated the issue, are unable to fix it and have assigned it to Synbiotix for managing (they will be notified of this). It has also been given a high priority as there is incorrect scoring data in the system. As they address the issue they will add notes and comments to the issue to keep users up to date with progress.

The screenshot displays the 'FMT Issue Management' interface within a Synbiotix Sharepoint environment. The main content area shows an issue log entry with the following details:

- Title:** Bank Street Audit - incorrect score
- Reported by:** NHS\_GGC
- Description:** The issue needs some further investigation please – this is the one which reported a green score of around 97% but when synched to the online system is now showing with a domestic score of 88.14%. On checking the scoring and falls the score should indeed have been 96.83. The only rectifications attached to the audit are below – adding up to only 23, so the actual score should have been 702 not the one showing on the audit summary of 639. Any idea what has happened here? GG&C/Health Centres and Clinics/Bank Street Clinic and Surgery/Bank St Ground Floor & 1st Floor – audit completed 27th June Reported by Steven Drummond and Kay Sloss
- Category:** Both
- Priority (HFS Use Only):** (1) High
- Issue Status (HFS Use Only):** Assigned to Synbiotix
- Due Date (HFS Use Only):** 18/07/2013 00:00
- HFS Comments (HFS Use Only):** NHS\_GGC (15/07/2013 15:13): Issue has been sent through to Synbiotix for investigation as a priority; Abigail Cork (05/07/2013 14:38); Abigail Cork (05/07/2013 14:31);

Additional interface elements include a 'Close' button, a 'New Item' button, and a 'Version History' link. The footer of the interface indicates the version is 3.0, created on 05/07/2013 14:31 by Abigail Cork, and last modified on 15/07/2013 15:13 by NHS\_GGC.

## Hints and Tips for using the Issue Management Log

9.7 Please DO:

- give as much detail as you can about the issue. When does the issue occur? Who is experiencing the problem? What site or ward is affected;
- tell us if the issue is stopping you from carrying out your audit activity.

Please DON'T:

- delete any issues. Even if the problem is no longer occurring, or if you have worked out what was happening and have resolved the problem yourself. We need to keep a record of all issues even if they are caused by something other than the system itself (i.e. user error, local network problems, hardware failure etc).

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## 10. Appendices

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### Appendix A – Background and Context to Facilities Monitoring

#### 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

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

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

### Estates Red/Amber/Green (RAG) System

The Estates RAG flowchart describes the monitoring process and the subsequent communication and evaluation (see Section 5).

### Domestic Remedial Processes

This flowchart describes the corrective communication processes to be used when the domestic monitoring scores indicate that remedial action is required (see Section 5).

### Electronic Facilities Monitoring Tool

- 10.4 As part of the Monitoring Framework a monitoring tool has been developed to support the performance of audit. The Facilities Monitoring Tool (FMT), previously known as the Domestic Monitoring Tool (DMT), was initially developed in 2006 as a spreadsheet-based system. Since that time there have been some revisions and changes, the most significant change being the addition of the assessment of estates issues which inhibit or affect the cleaning

process of the estate alongside the assessment of cleanliness of the healthcare environment.

In 2012, HFS collaborated with NHS Boards and a specialist IT supplier to develop and implement an online monitoring tool, which replaced the original system but followed the same principles. There are currently two FMT systems in use and available to boards, provided by two different suppliers:

- Synbiotix – this system is hosted and supported by National Services Scotland (NSS) and Synbiotix and is in use by 16 boards across Scotland;
- Mass Archibus – this system is in use in NHS Lanarkshire and by the Scottish National Blood Transfusion Service.

Both systems have been built on the same system of monitoring and scoring; however there are some variations in operation (please refer to local guidance on the use of the Mass Archibus system).

The system provides support to domestic managers in the scheduling and creation of audits, and audit data can be captured on location using a handheld device, reducing the administrative burden of audit. Results can now be accessed immediately following audit, and can be shared and communicated with relevant stakeholders for action and for reporting purposes.

The FMT remains rooted in the NCSS. The FMT will be applied across all healthcare settings. Minimum monitoring frequencies are identified which have been developed using the principles of risk assessment.

Guidance on the operation of the FMT through the online or offline applications, including the recording of audit activity and reporting tools, is explained within this Monitoring Framework Manual.



## Appendix B – Audit Risk Scores

Cleaning Spec. Code	Floors	Toilet/ W/HB/ sink	Furn. and Fits	Low Level	High Level	Tel.	Paint work	Glass work	Curtain and Screen	W/n. 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.

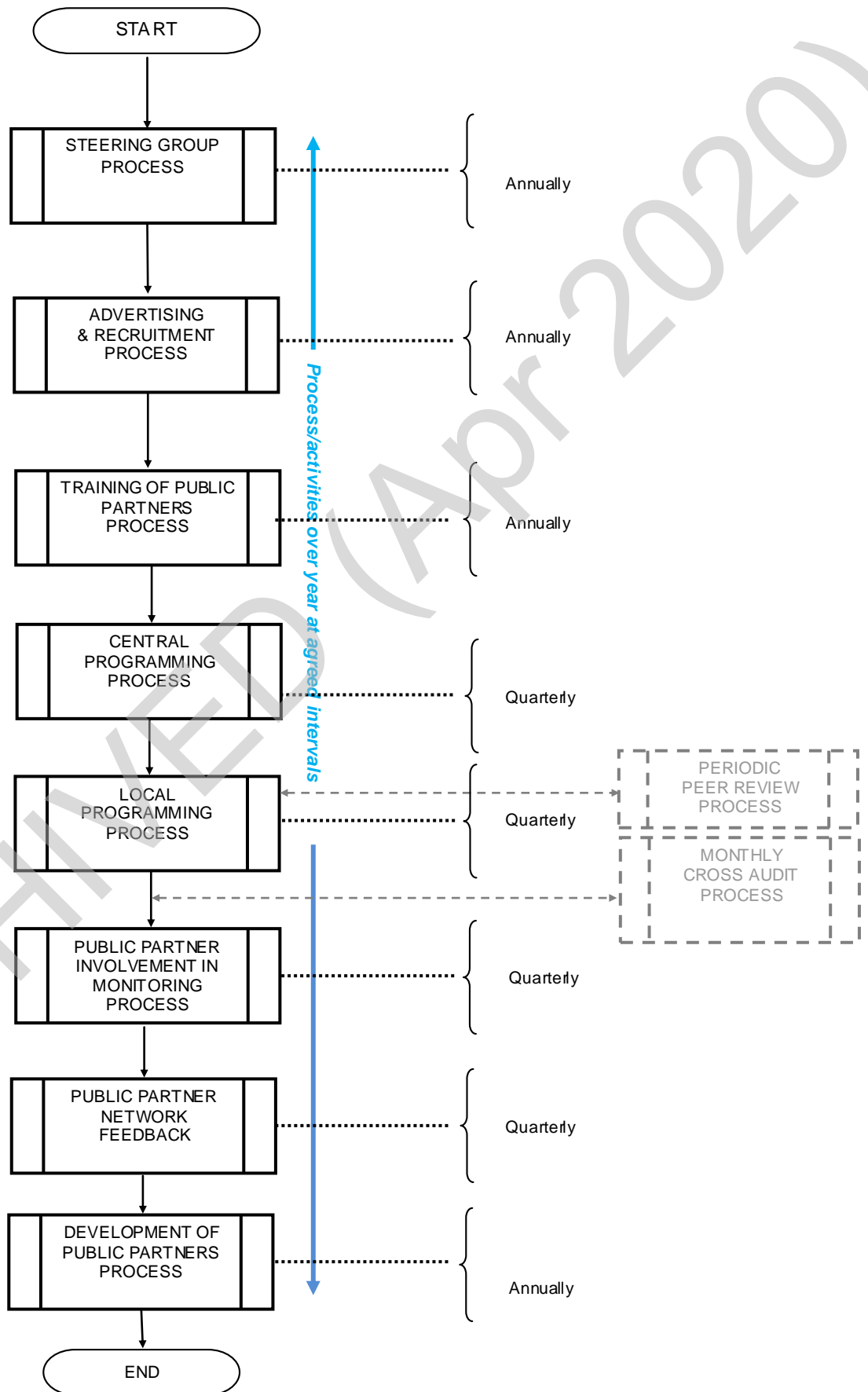
We extend our thanks to NHS Greater Glasgow and Clyde for providing these resources for use across NHSScotland.

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

The templates are available in the following pages:

- 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



## **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 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**

- 3.1 The Steering Group will meet annually or more frequently as required.
- 3.2 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.

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## **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**

- 3.1 An advertisement will be drawn up and circulated to all relevant local Public Partnership Forums and Patient networks.
- 3.2 All respondents will be sent an Expression of Interest form.
- 3.3 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
- 3.4 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**

- 3.1 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;

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

- 3.4 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.

- 3.6 Interested Public Partners will be issued with a training awareness evaluation form.

- 3.7 Public Partners will be issued with a travelling expenses claim form for submission.



#### **4. Quality Records**

- working agreement document;
- evaluation form travelling expenses.

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## **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**

3.1 Public Partner allocations will be made each quarter.

3.2 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.

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

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

3.5 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**

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

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

- public partners;
- infection control nurse;
- cleaning services manager / representative;
- estates representative.

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

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

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

3.6 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.

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

It is the responsibility of the 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.

It is the responsibility of the Public Partner to validate the cleaning monitoring process.

It is the responsibility of the Infection Control Nurse to provide specialist knowledge and advice where appropriate.

It is the responsibility of the local Cleaning Services Manager/ Representative to provide local specialist knowledge of cleaning services.

It is the responsibility of the local Estates Representative to provide local specialist knowledge.

### 3. Operation

- 3.1 The Visit Team will meet at the designated site and discuss random selection of wards within the organization/location, as programmed centrally
- 3.2 Visit Team Lead / Infection Control Nurse / Cleaning Service Representative, Estates Representative will explain any local access challenges or restrictions e.g. outbreaks.
- 3.3 Public Partner will choose location to be monitored.
- 3.4 At selected location the Visit Team Lead will introduce the team and explain the purpose of the visit to the appropriate Senior Charge Nurse.
- 3.5 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.

- 3.6 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.
- 3.7 The Visit Team Lead will be the final arbiter in all matters arising during the review.
- 3.8 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.
- 3.9 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.
- 3.10 The Environmental Cleaning Services Monitoring Report is completed with agreement from all parties and the Visit Team Lead will take responsibility for circulation.
- 3.11 The procedure is repeated at a second location from 3.3.
- 3.12 At the end of the review the Visit Team Lead will summarise findings with the team.
- 3.13 The Visit Team Lead will issue travelling expense form to Public Partner.
- 3.14 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**

3.1 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.

3.2 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**

- 1.1 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.
- 1.2 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.
- 1.3 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**

- 3.1 The development sessions can include educational and facilitated workshop elements.
- 3.2 Each development session will build on Public Partner feedback from:
- training awareness sessions;
  - organisational/service/standards information;
  - previous development sessions;
  - review visit experiences/
- 3.3 Each development session will also include Professional development session feedback.
- 3.4 The outcome from the above Development sessions will be reviewed and progressed by the Steering Group.
- 3.5 The programme along with location and travelling details will be sent to each Public Partner with an availability slip for return.
- 3.6 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.

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## 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
HAI	Healthcare Associated Infections
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
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 <b>A B C D E F G H I J K L</b>	<i>(please highlight appropriate category/s)</i>
Remedial Action Required	
Defects Rectified By	Date
Asst Man. Signature	Date

<b>Category Key</b>		
<b>Category</b>	<b>Description</b>	<b>Detail</b>
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 / B Sick Absence**

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.

**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 / G Productivity / H Work Schedules**

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 proactive 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.

**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 / L Staff Development**

Can the supervisor confirm that all the staff working within the specific area have 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?