

# HEALTH SERVICES MANAGEMENT

MANAGEMENT AND  
MONITORING OF CONTRACTS  
FOR DOMESTIC, CATERING  
AND LAUNDRY SERVICES

A practical guide and handbook

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# EDITORIAL NOTE

The Nuffield Provincial Hospitals Trust has been involved for a number of years in researching the Public/Private mix in health care in the UK and in developments to improve the efficiency of the National Health Service.

The Trust has a general policy of issuing publications on these topics and in 1982 published the results of a major study, *The Public/Private Mix for Health*. Then, in 1984 the Trust commissioned the consultancy division of Grant Thornton, one of the large UK and International firms of accountants, to carry out a study into competitive tendering in the NHS for domestic, catering and laundry services. The results of this study were published by the Trust in 1984 under the title *Competitive Tendering in the Provision of Domestic, Catering and Laundry Services, A Practical Guide and Handbook*.

In 1986 the Trust commissioned Grant Thornton to undertake a study into the scope for increased cooperation between the public and private providers of health care services. The results of this work were published by the Trust in 1986 as two separate volumes, *Developing Cooperation between Public and Private Hospitals and Competition and Cooperation, a way to improve health sector performance*.

The present publication *Management and Monitoring of Contracts for Domestic, Catering and Laundry Services* was commissioned to follow on from the 1984 study into competitive tendering. The aim of the publication is to provide assistance to staff at all levels concerned with the management and monitoring of contracts in the three service areas.

## *Acknowledgement*

The trustees wish to thank Mr Peter Cuthbert-Smith, Mr Jeremy Noble and Mr Anuj Chande of Grant Thornton who produced the handbook and also the managers and staff of the NHS and commercial organisations who willingly assisted in the preparation of the handbook by giving information and advice.

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Dr M. A-M

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# PREFACE

## **PREFACE**

## **SUMMARY OF CONTENTS**

The preface consists of two short introductory sections and a glossary of terms used in the handbook.

		<b>PAGE</b>
<b>GENERAL INTRODUCTION</b>	Describes the objectives of the handbook.	<b>3</b>
<b>HOW TO USE THE HANDBOOK</b>	Describes the way in which the handbook is structured to cater for different levels of management.	<b>3</b>
<b>SUGGESTED READING</b>	Shows which parts of the handbook are relevant to different management levels	<b>4</b>
<b>GLOSSARY</b>	Provides definitions of the main terms used in the handbook.	<b>5</b>

# Preface

## GENERAL INTRODUCTION

### THE OBJECTIVES AND CONTENT OF THIS HANDBOOK

1. The purpose of this handbook is to deal with the position after competitive tendering has been carried out and an in-house team or external contractor has been appointed to provide the service. The book deals with how the new contract (in-house or external) is to be monitored and managed by the health authority in order to obtain a satisfactory service and working relationship with the contractor. The handbook deals with the general principles of managing and monitoring contracts for hospital services and, in particular, with contracts for domestic, catering and laundry work.
2. The aim was for the handbook to be of use to National Health Service management, but it will also be useful for commercial contractors in helping them to understand the public health sector.
3. The handbook relates primarily to health authorities in England, but its principles could be applied to health authorities in other parts of the United Kingdom, and equally to other public authorities which are concerned with the management and monitoring of services provided by in-house staff or external contractors.
4. In an operation as large and diverse as the National Health Service many different approaches to contract monitoring and management will be necessary. In a handbook of this kind it is only practical to deal with a generalised approach and not with specific procedures or specific quality tests. The principles and procedures are applicable both to hospitals and other health care units. The approach is not intended to be prescriptive and authorities must adapt the approaches suggested to meet the particular needs of their activities and locations.

### HOW TO USE THE HANDBOOK

1. This handbook has been structured to be of use to all levels of management, from senior managers who need to understand only the general principles involved to managers who will be directly responsible for monitoring and managing contracts.
2. In general terms, the book is structured as follows:
  - (1) Part I is a management overview and sets out in broad general terms the main principles of managing and monitoring service contracts in the NHS, and is intended to be read by general management;
  - (2) Parts II, III and IV describe in greater detail the way in which managing and monitoring contracts should be carried out, and is intended for managers who have that specific responsibility;
  - (3) Parts V, VI and VII take each of the three services in turn and describes how the principles described in the earlier parts of the handbook should be applied to that service.
3. To make effective use of the handbook managers should read it selectively, reading those parts which have been written specifically for them. The suggested reading for each management level is given in the attached diagram:

# Suggested Reading for Managers

	MANAGEMENT LEVEL	SUGGESTED READING
①	SENIOR MANAGEMENT (NHS and contractor)	PREFACE PART I: MANAGEMENT OVERVIEW
②	HOTEL SERVICES MANAGERS MONITORS EXTERNAL CONTRACTORS MANAGERS IN-HOUSE SERVICE MANAGERS	PREFACE AND PART I as above PART II: MANAGEMENT ELEMENTS PART III: GENERALISED PROCEDURES PART IV: MONITORING ELEMENTS
③	DOMESTIC SERVICE MANAGERS AND MONITORS	PART V: MONITORING DOMESTIC CONTRACTS
④	CATERING MANAGERS AND MONITORS	PART VI: MONITORING CATERING CONTRACTS
⑤	LAUNDRY MANAGERS AND MONITORS	PART VII: MONITORING LAUNDRY CONTRACTS
⑥	CATERING, LAUNDRY AND DOMESTIC MANAGERS	APPENDIX I: MANAGEMENT ACTION PLANS
⑦	MONITORS	APPENDIX II: MONITORING ACTION PLANS

## **GLOSSARY OF TERMS**

<b>Contract (external)</b>	The legal statement of the rights, duties and responsibilities of the parties engaged in service provision and use.
<b>Contract (internal)</b>	The work specification, budget and operating procedures agreed between the in-house service provider and the health authority. This form of 'contract' is not a legally enforceable document.
<b>Contract risk</b>	The element of risk to both parties to a contract including the possibility that the contractor will improve the profitability of the contract as well as suffer any losses.
<b>External contract manager</b>	The manager employed by an external contractor who is responsible for the provision of a service which is acceptable to the hotel services manager.
<b>Financial deductions</b>	Deductions made to contract payments to an external contractor where the level or quality of service has not met the specification.
<b>Fitness for purpose</b>	A definition of quality which identifies quality standards in relation to the particular needs of a situation at a point in time.
<b>Hotel services manager</b>	The manager responsible to the unit general manager for the provision of support services such as laundry, catering and domestic services.
<b>In-house service manager</b>	The manager employed by the health authority who is responsible for the provision of a service which is acceptable to the hotel services manager.
<b>Management elements</b>	The nine main elements of the hotel services manager's role in managing hotel services whether contracted internally or externally.
<b>Monitor</b>	The person reporting to the hotel services manager who is responsible for the design, operation, and maintenance of the monitoring procedure.
<b>Monitoring data</b>	Data collected during monitoring on the standard of quality achieved by the contractor when providing the service.
<b>Monitoring elements</b>	The four main elements required for the design and implementation of a monitoring procedure.
<b>Quality assessment standards</b>	The basic documentation for a monitoring procedure which includes details of the service standard, the monitoring subjects' locations and the method, frequency and responsibility for assessment.
<b>Quality assurance</b>	All activities and functions concerned with the achievement of quality, specifically the means of ensuring that all elements of a service are designed or structured in such a way as to provide a service to agreed quality standards.

<b>Quality control</b>	The monitoring and reporting procedures instituted to ensure that standards of service provision are maintained to required levels.
<b>Service provider</b>	The internal or external contractor providing the service.
<b>Service user</b>	Members of the health authority's staff who use the service as part of their particular job; (for monitoring purposes these individuals are ward or department heads or supervisors of physical locations).
<b>Technical specialists</b>	Employed either by the health authority or external organisations who will have a role in monitoring specific aspects of a service and its provision.

PART I

# MANAGEMENT OVERVIEW

## **PART I**

### **MANAGEMENT OVERVIEW**

#### **SUMMARY OF CONTENTS**

Part I of the handbook provides a management overview of the management and monitoring process described in this handbook.

	<b>Page</b>
<b>CHAPTER 1</b> <b>Management overview – the nature of quality</b> Describes the nature of quality and the practical limitations in monitoring it.	<b>9</b>
<b>CHAPTER 2</b> <b>Management overview – organisation structure</b> Describes the general organisation of hotel services in both in-house and contracted out provision.	<b>11</b>
<b>CHAPTER 3</b> <b>Management overview – the management and monitoring process</b> Describes the general characteristics of both management and monitoring and how each is important for effective control of hotel services.	<b>14</b>
<b>CHAPTER 4</b> <b>Management overview – the management role</b> Discusses the aim of the management role in hotel services provision and identifies nine principal elements of service provision management.	<b>17</b>
<b>CHAPTER 5</b> <b>Management overview – the monitoring role</b> Discusses the aims of monitoring and the roles and responsibilities of different people involved in the process. The four elements of monitoring are also introduced.	<b>19</b>
<b>CHAPTER 6</b> <b>Management overview – monitoring the external contract</b> Discusses the concept of risk and its effect on monitoring and the making of deductions from payments to contractors.	<b>23</b>
<b>CHAPTER 7</b> <b>Management overview – monitoring the internal contract</b> Describes several important aspects of monitoring the in-house contract and discusses the procedure for the control of poor performance.	<b>26</b>



## PART I

### CHAPTER 1

# Management Overview: The Nature of Quality

## INTRODUCTION

1. The purpose of this first chapter in the management overview is to describe certain practical limitations and uncertainties which exist in the monitoring of hospital services and to define the meaning of quality management.

## THE NATURE OF SERVICE MONITORING

2. The concept of monitoring quality is a relatively simple one where a single physical item is concerned, for example a metal component. The physical dimensions and strength of the component can be precisely specified in advance, and the items produced can be tested against the specification by accurate and objective measurement.
3. In the case of a service, however, the position tends to be different. There is frequently no physical product produced during the service which can be measured accurately and objectively, and in many cases the only means available for testing quality is by personal observation and subjective judgement, which are inevitably unreliable.
4. In the case of a catering service for example, there is a physical product in the form of a meal, and certain aspects of it such as temperature, can be measured objectively. But many aspects of the service, such as presentation of food, can only be reported on subjectively. Then, there is the question of time, which can be critical in service provision. The meal may have been at the right temperature when it left the kitchen, but by the time it was served to the patient it was cold.
5. In the case of a cleaning service, the difficulties of measurement can be even greater. There is no scientific way of measuring whether a complete room is clean, and all measurement has to be by personal subjective observation. Time can be of even greater importance than in a catering contract. A room may have been clean immediately after the cleaner left, but a few hours later after use by patients and staff it may be unacceptably dirty.
6. A further type of uncertainty in service provision is the identification of where the responsibility lies for poor performance. If, for example, there is a shortage of linen in a ward, who has caused that shortage? Is it the porters who have not collected dirty linen and delivered clean linen on time? Is it the ward staff who did not order promptly? Is it the linen room staff who have mismanaged stocks? Is it the laundry which has not operated adequately? Many different departments can have some part in the provision of a hospital service, and it can be very difficult for a monitoring system to identify the real reason for problems.
7. By their nature, therefore, hospital services such as laundry, cleaning and catering are difficult to define precisely and are difficult to monitor. The difficulties can be summarised as follows:
  - (1) the general absence of a clearly defined physical product which can be measured objectively and quantitatively;
  - (2) the reliance which has to be placed on qualitative measures and subjective judgement;
  - (3) the importance of time in the service and particularly of the time at which monitoring takes place;

- (4) the participation of a number of different departments in the provision of the service with difficulty in defining who is responsible for problems.
8. In considering the management and monitoring system described in this handbook it is important to be aware of these difficulties relating to the monitoring of services and to appreciate that the monitoring system can never be as precise as when dealing with a specific physical product.

### **QUALITY MANAGEMENT**

9. There are two aspects in managing the quality of a service which need to be distinguished. First, there is the monitoring of the output from the service to see that it delivers the standards of service specified. This can be defined as "quality control". Secondly, however there is the more fundamental aspect which is the designing of the service in such a way that the agreed standards will be achieved. This second aspect can be defined as "quality assurance". It should be noted that different definitions and interpretations of these two aspects of quality may be found in literature relating to quality management and procedures. The remainder of this chapter will explain the way in which quality assurance and quality control will be used in this handbook in the context of hospital laundry, catering and domestic services.

#### **Quality assurance**

10. Quality assurance in the broadest sense includes all activities and functions concerned with the achievement of quality. The term is commonly used in connection with the requirement to design the elements of the service package in such a way that agreed quality standards are assured in the delivery of the service.
11. The purpose of quality assurance is therefore to make sure that the systems, procedures, staff, facilities and materials are all such that the work specification for the service can be achieved to the standard required. Both the service provider (the external or in-house contractor) and the service user (the health authority) have responsibility for quality assurance.

#### **Quality control**

12. The purpose of quality control is to enable management to see that the output from the service which is being provided actually meets the specification and standards which have been laid down. So, while quality assurance aims to see that the service is structured and set up correctly, quality control aims to provide continuous monitoring of the service to ensure that standards are maintained on a day to day basis.
13. In the context of services provided to hospitals, the overall objectives of quality control are:
- (1) to report on how effectively the service is being provided, so that management of the service provider and of the user can take action to correct shortcomings;
  - (2) to identify possible causes of shortfall in quality;
  - (3) to identify where the specification for the service is incorrect and require change.

#### **The role of the work specification**

14. The contents of the specification of the work required to provide the service form the basis for all quality management efforts. However, it must be appreciated that the work specification will not be infallible, particularly during the early stages of a contract. The work specification will have been developed using estimates of what work has to be performed to arrive at the required standard of quality. An important aim of quality management must therefore be to test and review the adequacy of the work specification in meeting the required standards.

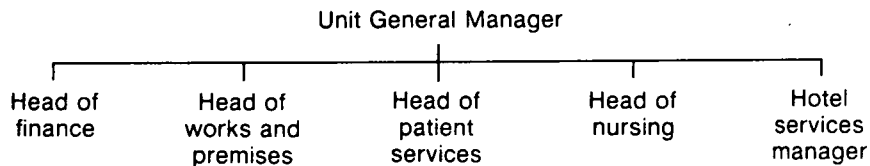
PART I

CHAPTER 2

# Management Overview: Organisation Structure

## INTRODUCTION

1. Management of laundry, cleaning and catering services will not be effective unless there is a sound and clearly understood organisation structure. This applies whether the work is carried out by an in-house team or whether it is contracted out.
2. There are many ways in which laundry, cleaning and catering services can be organised within a health authority. In some cases, responsibility for all support services, has been given to a post called "Hotel Services Manager". Where such a post is created, the organisation structure may take the following form:

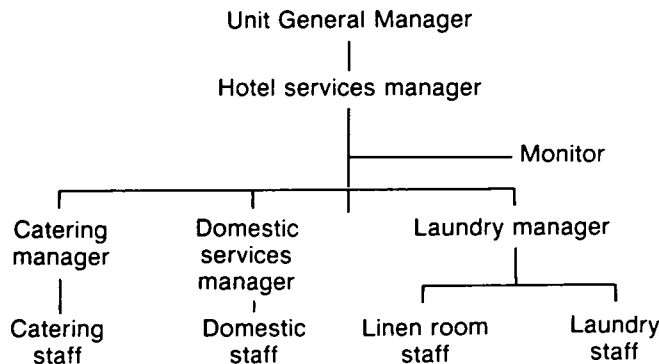


3. Generally, this form of organisation in which all the hotel support services are grouped under one manager appears to be a useful development for two main reasons:
  - (1) it enables a senior and experienced manager to be appointed with overall responsibility for these services;
  - (2) it enables the inter-relationship between the hotel services to be managed effectively.
4. This handbook has been written on the basis that services have been grouped under a hotel services manager in this way since this enables the management and monitoring principles to be described in a consistent way throughout the handbook. However, it is emphasised that there are, of course, many other ways in which hotel services can be organised, and health authorities must choose the organisation structure most appropriate to their particular situation.

## THE HOTEL SUPPORT SERVICES STRUCTURE (IN-HOUSE)

5. It is now necessary to look more closely at the organisation structure which is adopted below the hotel services manager. Take in the first instance, the position where all the various services are carried out fully in-house. The structure will then take the following general form:

### ALL SERVICES PROVIDED BY IN-HOUSE CONTRACTS

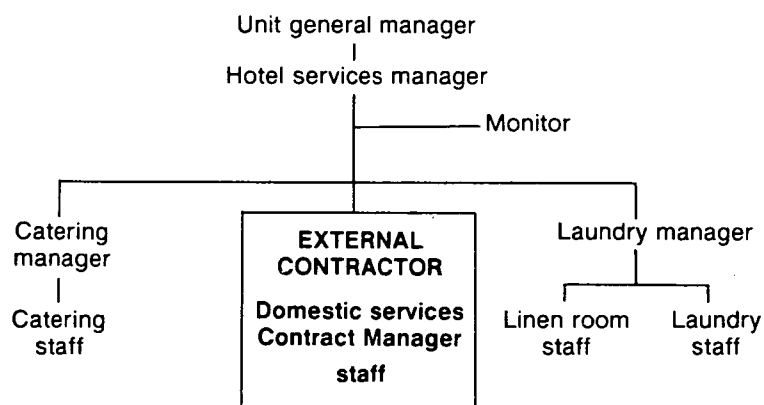


6. When all the services are carried out by in-house staff, the hotel services manager is responsible for all the services delivered to users by the heads of the laundry, domestic and catering departments. The monitor provides the monitoring system and monitoring information, but takes no direct part in managing the services. In particular:
- (1) the hotel services manager is responsible to the unit general manager for the delivery of all the hotel services to all the user departments in the hospital. Problems in the service, and complaints from user departments must all be dealt with by the hotel services manager;
  - (2) the monitor carries out a monitoring role to help the hotel services manager to ensure that a service of adequate quality is provided to users of all the hotel services. It is emphasised that the monitor has no line authority over the laundry, domestic and catering managers – the monitor is simply providing the monitoring results on which the hotel services manager will take action;
  - (3) the three heads of services, (laundry, domestic and catering) are responsible to the hotel services manager for all the work of the staff in their departments. They are responsible for the output of their staff, the quality of the work and the cost.

#### THE HOTEL SUPPORT SERVICES STRUCTURE (CONTRACTED OUT)

7. It is now appropriate to consider the organisation structure and management responsibilities which apply when the services are contracted out and see how it differs, if at all, from the structure adopted for in-house services.
8. The diagram below shows the organisation structure which may be adopted when a service is contracted out. In order to demonstrate the position clearly, only one service, the domestic service, has been shown as contracted out, in the attached diagram, with the others remaining in-house.

#### ONE SERVICE CONTRACTED OUT OTHER SERVICES PROVIDED BY IN-HOUSE STAFF



9. It will be seen that the organisation structure and management responsibilities when a service is contracted out are remarkably similar to the position when the service is operated in-house. The hotel services manager is still responsible to the unit general manager for all services to users. All that has happened is that for reasons of cost, and possibly other factors, a decision has been taken to replace in-house managed staff with a contractor's managed staff. The hotel services manager therefore now deals with a contractor instead of an in-house manager. The responsibilities however remain broadly the same:
  - (1) the hotel services manager is responsible to the unit general manager for the delivery of all hotel services to users, including those of the contractor;

- (2) the monitor carries out the monitoring role dealing with all services, including those of the contractor;
  - (3) the heads of services, including the contractor's representative, are responsible to the hotel services manager for delivery of their service to users in a satisfactory way.
10. In conclusion, then, the organisation structure and responsibilities which are required for in-house or external contractor operated hotel services is essentially the same. It is a misconception to think that because a contractor has taken over a certain activity that a hospital's management has been bypassed and that it is the responsibility of the contractor and user departments to somehow arrive at a satisfactory working arrangement. The responsibility for management remains similar in both cases, and the hotel services manager has to retain the overall responsibility to users for the satisfactory level of services.

### **SOME PRACTICAL CONSIDERATIONS**

11. The organisation structures illustrated in this chapter exist in practice. In many cases, however, authorities will wish to adopt different structures and to allocate responsibility in other ways. Some of the variations which may be considered are:
- (1) in small units it may be found necessary for the hotel services manager and the monitor to be the same person. There is no reason why that should not be done, provided that both roles are recognised;
  - (2) in some instances, one person may be able to monitor all three services, depending on the background, experience and ability of the person. There appears to be no reason why that should not be done, although specialist knowledge is always an advantage for non specialists carrying out a monitoring role. Detailed guidance and assistance is available from specialists and practical guidance notes;
  - (3) in large units, or even on a district wide basis, it may be found appropriate to set up a monitoring team consisting of a number of people who will carry out monitoring at a number of different locations;
  - (4) the monitor could report directly to the unit general manager in order to emphasise the monitor's independence. Generally, however, this will be an unnecessary complication which weakens delegated management responsibility and may overload the unit general manager with detailed decision making.

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### **FURTHER READING**

- Part II Chapter 8 – provides outline definitions of main roles and responsibilities of the hotel services manager, monitor and service manager.
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## PART I

### CHAPTER 3

# Management Overview: The Management and Monitoring Process

## INTRODUCTION

1. It is necessary to have a clear understanding of the management and monitoring processes involved if in-house or external contracts are to be monitored and managed effectively. The purpose of this chapter is to describe in very general terms what these processes are.

## THE MANAGEMENT PROCESS

2. The management process will involve the hotel services manager, the monitor, and the service provider (in-house manager or external contractor). In addition, there is a third type of person involved in the management process, namely, the users of the various services. The users are the managers, professional and other staff in the hospital who to do their job properly require the hotel services to be provided adequately.
3. In exhibit 1 the overall management process has been described in the form of a diagram. The diagram shows the main activities in the management process as being:
  - (1) dealing with small day-to-day problems by direct communication between the service user and the service provider;
  - (2) the collection of monitoring data and reporting by the monitor of important problems to the hotel services manager;
  - (3) the resolution of the important problems by the hotel services manager, and payment of the service provider.
4. It will be seen from this general description that it is the hotel services manager who is in the senior management role throughout the management process and who has to take any executive action in relation to the service provider, whether the provider is an in-house manager, or an external contractor.

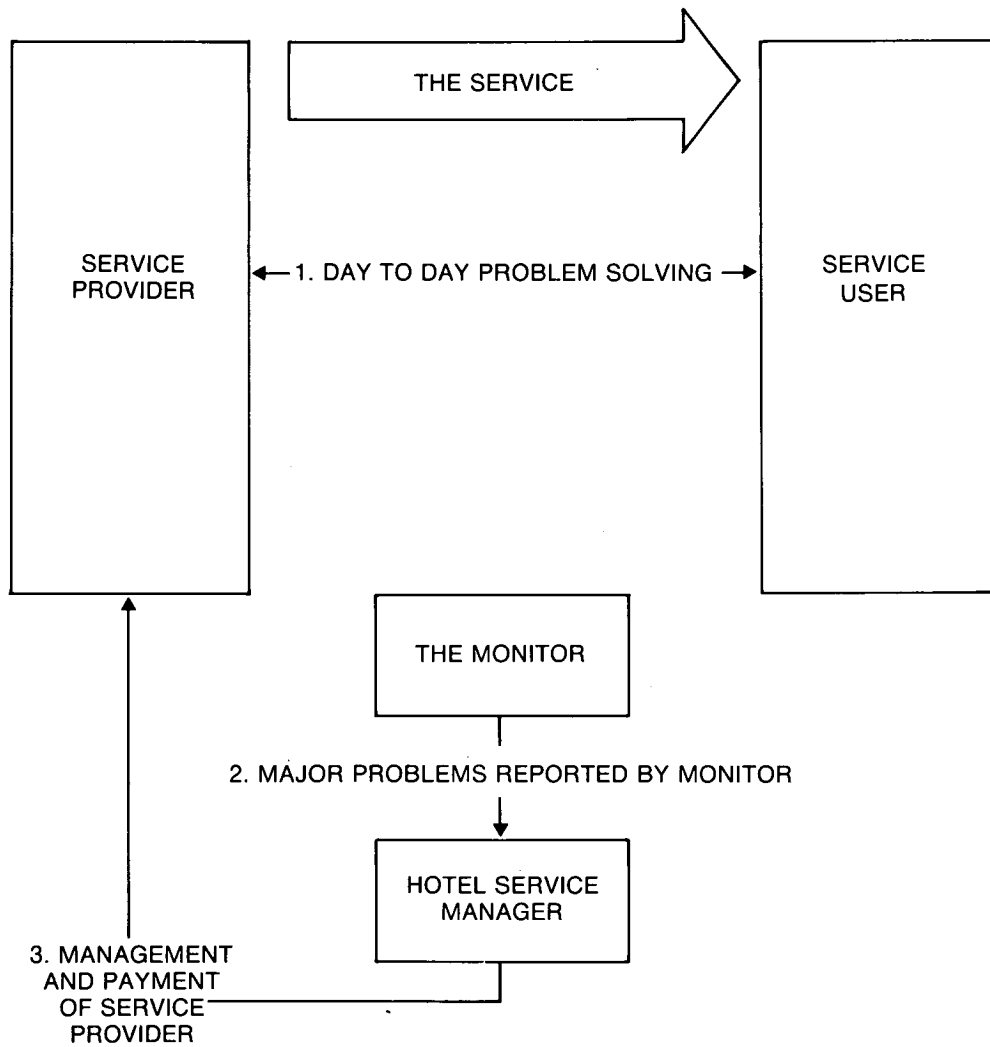
## THE MONITORING PROCESS

5. The monitoring process consists of reviewing the service being provided, collecting data about its performance and recording major problems identified by the users. Monitoring is thus an adjunct to the management process, but the monitor does not take executive action in relation to the services provided.
6. In exhibit 2 the overall monitoring process has been described in the form of a diagram. The diagram is based on the diagram already given describing the management process, and shows how the monitor receives information and reports results to the hotel services manager for executive action. The main activities in the monitoring process are:
  - (1) the periodic review of the service by technical specialists;
  - (2) the collection of data by the monitoring system;

- (3) the reporting of major problems experienced by users;
- (4) the periodic reporting by the service provider;
- (5) the regular reporting of monitoring results to the hotel services manager;
- (6) discussion of results by the hotel services manager with the service provider (in-house or external contractor) and executive action where necessary.

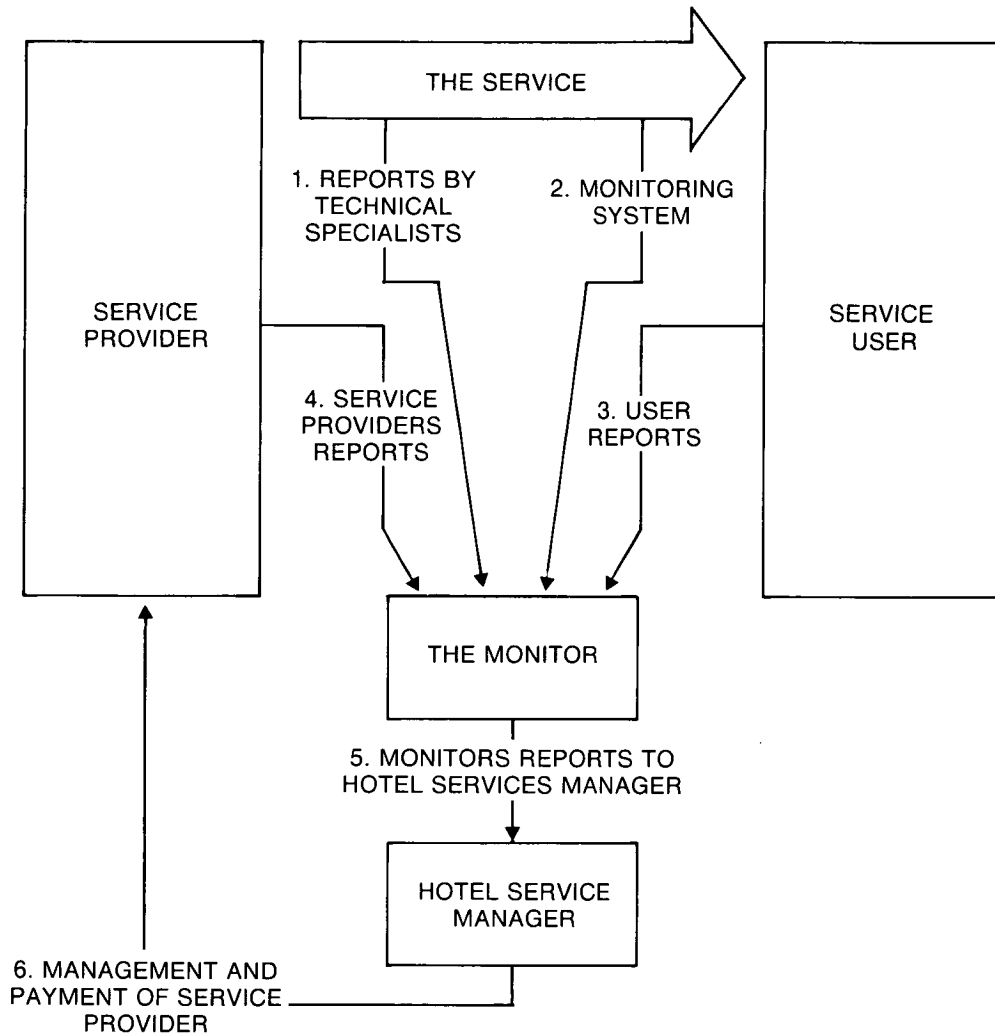
**THE MANAGEMENT PROCESS**

**EXHIBIT 1**



## THE MONITORING PROCESS

## EXHIBIT 2




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**FURTHER READING**

7. **Part I Chapter 4** – provides more information about the management role.  
**Chapter 5** – provides more information about the monitoring role.
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## PART I

### CHAPTER 4

# Management Overview: The Management Role

## INTRODUCTION

1. The general nature of the management process was described in the previous chapter, and the aim of this chapter is to identify the nine main elements which together make up that process.

## THE AIM OF THE MANAGEMENT ROLE

2. It will be remembered from the previous chapters that the hotel services manager's responsibility remains the same whether a service is provided by in-house staff, or by an external contractor. This responsibility can be summarised as being to ensure that all the hotel services are provided:
  - (1) at a satisfactory level;
  - (2) at minimum cost;
  - (3) in a way which meets special and periodic needs;
  - (4) in a way which ensures continuity and can meet unexpected events.
3. Nine management elements can be identified in carrying out the hotel services manager's management role. These are:

<b>Management Element No 1 New contract implementation</b>	Dealing with all those matters necessary to ensure that a new contract is implemented without problems.
<b>Management Element No 2 Day to day problem solving</b>	Making sure that there is an effective means for the users to communicate directly with the service provider to get minor problems dealt with quickly.
<b>Management Element No 3 Major problem solving</b>	Making sure that there is an effective system for reporting major problems to the hotel services manager so they can be dealt with.
<b>Management Element No 4 Dealing with the service provider (in-house or external contractor)</b>	Setting up regular meetings between the hotel services manager and the service provider to deal with major problems.
<b>Management Element No 5 Payment procedures</b>	Operating sound procedures for verifying that the service has been received as specified and for authorising payment to contractors.
<b>Management Element No 6 Contract variation procedures</b>	Setting up and operating the procedures needed to identify where changes are needed to the service contract to deal with problems and obtain better value for money.

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<b>Management Element No 7 Emergency plan procedure</b>	Making sure that adequate arrangements exist for dealing with a failure of the service for any reason.
<b>Management Element No 8 Contract re-tendering</b>	Supervising the re-tendering process at the end of the service contract.
<b>Management Element No 9 Reporting to unit general manager</b>	Operating a means for reporting regularly to the unit general manager about the costs, and effectiveness of the hotel services.

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#### **FURTHER READING**

**Part II chapter 8** – provides a full description of each management element.

**Appendix I** – provides an action checklist for each management element.

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PART I

CHAPTER 5

# Management Overview: The Monitoring Role

## INTRODUCTION

1. In this chapter, the main elements of the monitoring role are described, and they are the responsibility of the monitor.

## THE AIMS OF MONITORING

2. The purpose of monitoring is to keep the hotel services manager informed about the quality of the service. The hotel services manager can then take any action needed to ensure that a satisfactory and cost effective service is provided.
3. A monitoring system should therefore have a number of important aims:
  - (1) to assess and report on the general quality of the service;
  - (2) to report problems so that action can be taken;
  - (3) to report where variations in the specification for the service may be required;
  - (4) to provide data in support of the procedures for making payment to the contractor.

## MONITORING RESPONSIBILITIES

4. A comprehensive monitoring system will involve many different members of a hospital's staff each with a different role in the monitoring activity. They are:

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The monitor:

The monitor will carry out four main tasks:

- detailed sampling checks on the quality of the service provided;
- periodic reviews of special topics;
- collating all monitoring data;
- reporting to management.

The technical specialist:

- The technical specialist (such as the dietician) will report on specific technical aspects of the service.

The service provider:

- The service providers (in-house or external contractor) will apply their own detailed quality procedures.

The users:

- The users are the people who use the service as part of their job. They will normally be ward sisters and heads of department. They will wish to be able to report on the adequacy of the service they receive.
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5. These members of the hospital's staff will all have a role in every service monitoring system. However, it is important to appreciate that the emphasis will vary considerably depending on the service and unit concerned. In some cases, the users will want to be closely involved in operating the system, with monitoring and even payment procedures being based very largely on reports from users about the service provided. In other situations, user involvement may be low, with emphasis being placed on comprehensive sampling carried out by the monitor.
6. Both these approaches are being used successfully in practice in the NHS. It is important however, that whichever basis is used, it must be operated under the full control of the monitor who is the person responsible for seeing that effective monitoring is carried out.

### THE ELEMENTS OF MONITORING

7. There are four main elements which are normally required in a monitoring procedure. They are:

<b>Monitoring Element No 1</b> <b>Definition of monitoring scope</b>	It is essential that the monitoring system specifies precisely, in writing, what subjects will be monitored, what standards will be applied, how quality will be measured, by whom and how often.
<b>Monitoring Element No 2</b> <b>Use of the service provider's quality procedures</b>	It may be practicable to reduce monitoring costs by using the service provider's own quality procedures as part of a hospital's monitoring system, but only where it is considered that reliance can be placed on them.
<b>Monitoring Element No 3</b> <b>Specification of monitoring output</b>	It is essential to specify precisely what is the data to be produced by the monitoring system.
<b>Monitoring Element No 4</b> <b>Definition of monitoring procedures</b>	The monitoring procedures to be followed by each member of staff need to be defined in writing and training given where necessary.

### KEY POINTS ON THE FOUR MONITORING ELEMENTS

8. The important points on each of the four monitoring elements are summarised below.  
**The definition of monitoring scope**
9. Any monitoring system should be based on a clear definition of the scope of the monitoring which is to be applied to the particular service. This definition should be in writing, and should be based precisely on the work specification for the service and the physical conditions under which the service is to be provided. Ideally, the scope of monitoring should be developed at the same time as the work specification although that may not always be possible.
10. In this handbook it is recommended that monitoring should be based on the preparation of detailed quality assessment standards which show precisely what subjects are to be monitored, how they will be measured, by whom and how often. Clearly defined quality assessment standards are essential in the provision of a sound monitoring system.

**The use of service provider's quality procedures**

11. It will be appreciated that the service provider, whether an external contractor or an in-house team, will need to operate their own detailed monitoring procedures. These will include preparing work schedules and staff rotas and the use of supervisors to verify that work is done and is done to the required standards.
12. The hospital's monitor will want to see whether use can be made of the service provider's own quality control systems in meeting the hospital's overall requirements in order to keep the costs of monitoring as low as possible. The monitor should therefore review the service provider's own quality control procedures, and assess whether they could contribute to the monitoring procedure, provided this is consistent with maintaining the essential independence of monitoring. Where a service provider's systems are considered to be sound, they may be used in the overall scope of monitoring.
13. Clearly, care must be taken in putting reliance on a service provider's own systems of quality control, and in particular, information generated by the service provider's own quality control systems cannot be used in any payment procedure or for those subjects where it is essential that the activity is given an independent assessment of quality.

**The specification of monitoring output**

14. It is essential to define at the outset what are the output requirements of the monitoring systems which are to be operated by the monitor. These requirements will vary according to circumstances, but they will normally include:
  - (1) the provision of information to the hotel services manager about the quality of the service, faults, and problems;
  - (2) the provision of information to assist in verifying the payments to be made to an external contractor;
  - (3) the results of special reviews carried out by the monitor and technical specialists;
  - (4) the recording of data on which to base variations in the work specification.
15. It is important that these output requirements of the monitoring system are defined clearly by the monitor and agreed with the hotel services manager before the detailed monitoring systems are designed.

**The monitoring procedures**

16. The monitoring procedure should be designed to cover the scope of monitoring and monitoring outputs which have been agreed. The monitoring procedures may be complex. They will normally include:
  - (1) the daily review and reporting by users of the service on the quality of the service and problems arising in it;
  - (2) the regular test checking by the monitor of quality using a sample basis;
  - (3) the periodic review by technical staff (such as the dietician) of technical aspects of the service;
  - (4) the periodic review by the monitor of special topics such as the health and safety aspects of the service.

17. All these activities need to be under the overall control of the monitor who is then responsible for collecting all the data so that it can be used by the hotel services manager in regular meetings with the service provider. Monitoring data may then also be used in agreeing the payments to be made to the contractor.

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#### **FURTHER READING**

- Part III Generalised monitoring and payment procedures** – Describes monitoring and payment procedures in a general way so that staff designing such systems can understand the principles involved.
- Part IV The elements of a monitoring system** – Describes in detail the four elements of monitoring
- Appendix II** – Provides an action checklist for each monitoring element.
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## PART I

### CHAPTER 6

# Management Overview: Monitoring the External Contract

## INTRODUCTION

1. The purpose of this chapter is to draw management's attention to two important aspects relating to the contract and the monitoring process where an external contractor is used. These are:
  - (1) the concept of financial risk and its effect on the monitoring process;
  - (2) the making of financial deductions from payments to contractors.

## FINANCIAL RISK AND ITS EFFECT ON MONITORING

2. All business contracts involve a certain degree of financial "risk" to both parties entering into the arrangement. This element of financial risk will also be present in contracts for the provision of hotel services to hospitals. It is important to understand that in this context the word "risk" is being used in its commercial sense to cover both a downside and an upside risk, and does not just mean financial risk in the negative sense of the word (ie risk of making a loss on the contract). For example, a supplier with a fixed price contract for say £10,000 might expect a profit of £1,000 on which there might be an upside risk that by good management the profit could be increased to £1,300, with a downside risk that extra work would have to be done to meet the contract which would reduce the profit to £800.
3. Depending on the form of the contract, the financial risk can be made to fall either on the contractor providing the service or on the hospital receiving it. Contracts can also be structured so that the element of risk is shared on some agreed basis between both parties.
4. The way in which financial risk is dealt with is important because it concerns the effectiveness and efficiency with which the contract is fulfilled. The greater the extent to which the risk falls on the provider of the service, the greater the incentive to provide a low cost and efficient service even reaching to a point when the incentive becomes such that the provider may "cut corners" and produce a poor quality, inefficient service. On the other hand, contracts in which the risk lies with the purchaser of the service can lead to the purchaser paying for all the inefficiencies in the provider's operation.
5. The concept of financial risk in health service contracts is thus a factor which will have an important influence on the way in which monitoring systems are operated. Listed below are some of the main forms of contract, which are discussed in the remainder of this section.
  - (1) Purchaser's risk contracts;
  - (2) Seller's risk contracts;
  - (3) Risk sharing contracts.

### Purchaser's risk contracts

6. Contracts can be structured on the basis that the financial risk falls entirely or almost entirely on the receiver of the service. The contracts, known as "cost plus" contracts tend to be of this category. In cost plus contracts, the purchaser agrees to pay for all the costs of a particular piece of work, plus a percentage for overhead and profit. This type of contract means that the purchaser pays for all the inefficiencies and waste incurred by the provider of the service who bears no downside risk at all.

7. Purchaser's risk contracts of this kind have so far not been adopted for the provision of hospital hotel services for laundry, domestic and catering work. This type of risk would however apply in contracts based on a management fee concept in which the contractor agrees to manage a service but not to provide labour or materials. An example of this kind of contract would be a contract for a catering activity in which the health authority meets all the costs of food, materials and labour, and in which the authority would carry all the risk relating to price movement, inefficiency and waste.
8. It will be clear that where a purchaser's risk contract is in operation, the monitoring system being applied will tend to be more detailed than in the seller's risk contract. In the purchaser's risk form of contract, the monitoring procedures have to be able to cover those areas where there is potential for waste and inefficiency to occur to make sure that the purchaser does not pay for excess costs arising through poor management by the contractor.

#### **Seller's risk contracts**

9. Contracts can be structured so that the main element of risk falls on the contractor. In such contracts, the price is fixed with no recourse for cost increases or unforeseen problems. An example of such a contract would be a contract for hospital cleaning at an "all in" fixed price.
10. Seller's risk contracts of this kind provide considerable incentive on the seller to improve efficiency and reduce costs. In the health sector the incentive pressure of such contracts could be taken too far and could result in the providers of the service being forced to reduce quality in order to make a particular contract profitable.
11. The emphasis of the systems used to monitor seller's risk contracts will be to monitor that the service is being provided to the users at the level and quality specified in the contract. Monitoring in these types of contract is to ensure that the contractor is delivering the agreed service correctly and is not reducing the quality in order to improve the contract profitability.

#### **Risk sharing contracts**

12. The risk sharing form of contract is an attempt to overcome the deficiencies of purchaser's risk and seller's risk contracts while still providing incentives to improve efficiency. The aim is to see that quality of service is not threatened and that both parties to the contract are concerned in the outcome of the contract with both benefiting or losing, rather than one party only bearing the total cost.
13. Risk sharing contracts do not seem to have been used so far for the provision of hotel services to hospitals, although there is no reason why such contracts should not be developed. For example, risk sharing contracts might be developed in which cost savings from a given base line are shared between the contractor and the hospital.
14. Monitoring systems for risk sharing contracts should be designed to monitor the quality of the service provided as in the case of seller's risk contracts, but they should also be aimed at monitoring the data on which cost savings are to be calculated so that maximum cost savings are achieved by both parties.

#### **MAKING DEDUCTIONS FROM PAYMENTS TO CONTRACTORS**

15. The second main topic to be discussed in this chapter is the making of deductions from the payments to contractors when the quality of the service being provided has fallen below an acceptable standard. Clearly, the making of deductions of this kind is an extremely serious matter as far as the contractor is concerned and it is important that the way it is to be done is acceptable to all concerned.



16. The basis on which contracts for services are structured is normally that the contractor will deliver the service and will be paid a sum, probably on a monthly basis, based on the amount of the service provided, for example, on the number of meals provided or the number of items laundered. In addition, however, contracts may also provide for deductions to be made from the monthly payment for shortfalls in the quality of the service and this arrangement tends to apply in the case of cleaning contracts. The data on which such deductions are calculated will normally be derived from the system of monitoring and user reports. In broad terms, deductions of this kind can be derived in two different kinds of way:
- (1) a random sample can be taken which is then considered to be representative of the quality of the whole service. The results of this sampling procedure can then be applied to the whole contract and payment to the contractor is adjusted accordingly;
  - (2) alternatively, deductions can be made only for the specific tasks not carried out to the required standard in the locations which were assessed.
17. Both these approaches are in use in NHS contracts, and both have their advantages and disadvantages. A deduction system based on a random sample, which is extended to the entire contract tends to result in a severe penalty system in which deductions are automatically made from a contractor's payments. Such systems can be operated effectively, but perhaps lead to a low level of co-operation between the hospital and the contractor, and ultimately may tend to increase costs as contractors increase subsequent bid prices to cover the element of deductions which they consider will be made automatically.
18. A deductions system for specific tasks not carried out effectively is generally less severe but may be more cumbersome to operate. It will however involve both user's and contractor's staff and so will probably lead to a greater degree of co-operation between users and the contractor, which is likely to be beneficial.
19. Whichever approach is selected however, there are a number of principles which should be borne in mind:
- (1) the contractor should wherever possible be given the opportunity to rectify mistakes and shortcomings before deductions are made;
  - (2) the method must not be applied in a way which is excessively strict or burdensome on the contractor; the aim should be to provide an incentive to the contractor to perform well, not to make the contract unworkable;
  - (3) the detailed method for reporting default items and for calculating deductions should always be specified in the contract documentation, and the actual application of deductions should be fully discussed with the contractor;
  - (4) a statement of the amounts to be deducted and the supporting data and calculations must be given to the contractor before the deductions are made, to enable the contractor to discuss the position with the hotel services manager.

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#### FURTHER READING

- |                |                                                      |                                                                                            |
|----------------|------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>Generalised monitoring and payment procedures</b> | – Describes more fully the principles relating to making deductions from payments.         |
| <b>Part V</b>  | <b>Domestic services (chapter 18)</b>                | – Describes some bases used to deal with payment deductions in domestic service contracts. |
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## **PART I**

### **CHAPTER 7**

# **Management Overview: Monitoring the Internal Contract**

## **INTRODUCTION**

1. The purpose of this chapter is to describe in general terms a number of important aspects relating to monitoring and management of the “internal contract”, ie the “contract” which exists when a service is carried out by an in-house manager using staff employed by the health authority.
2. In the in-house situation there is of course no formal written contract such as exists when an external contractor is employed. However a considerable amount of information is available as a result of preparation of the tender. This will include:
  - (1) the specification for the service which the in-house team must provide in exactly the same way as the external contractor would have done;
  - (2) the annual budget setting out the cost at which the in-house team won the competitive tender. In effect, this is equivalent to the contract price in an external contract;
  - (3) the action agreed to by the in-house management and staff relating to the changes in working practices, costs and staff numbers which were necessary in order to enable them to win the competitive tender.
3. The monitoring system which should be applied to the situation when the in-house team has won the contract should therefore be similar to that used when an external contractor has been appointed. A number of matters will however have to be considered, namely:
  - (1) the relationship of the monitoring system with the in-house service manager’s own quality control procedures;
  - (2) the management action to be taken when the service provided by the in-house team is unsatisfactory.
4. These two topics are discussed in the remainder of this chapter.

## **THE RELATIONSHIP OF MONITORING TO THE IN-HOUSE QUALITY CONTROL SYSTEM**

5. When the in-house team wins the competitive tender for a particular service, it will continue to operate its own internal procedures for supervising the work of its staff and for applying quality control checks to their work, in exactly the same way as an external contractor would do. The operation of these detailed control procedures over staff is the responsibility of the in-house service manager for the particular service concerned.
6. It is necessary to distinguish between the detailed staff supervision and control procedures operated within each in-house service department and the overall monitoring procedures carried out by the monitor. The overall monitoring procedures are designed to see that the users obtain the level of service they need at minimum cost. They will be operated by the monitor who reports to the hotel services manager.

7. It has been found that in some cases, where the in-house department has won the competitive tender no overall monitoring has been applied, and reliance is placed solely on the existing detailed control procedures operated by the in-house manager of the service. That cannot be good practice; an overall monitoring procedure should be operated for in-house contracts in a similar way as when an external contract is in operation.

#### **ACTION TO BE TAKEN FOR POOR PERFORMANCE OF THE IN-HOUSE CONTRACT**

8. When the monitoring system shows that an external contractor is not providing the level or quality of service which has been specified, immediate sanctions can be applied in the form of deductions from payments to the contractor. The ultimate sanction is dismissal of the contractor.
9. It is necessary for the hotel services manager, and the unit general manager to decide what steps they would take if poor performance of the in-house contract becomes apparent and to make those steps clear to all concerned just as they would if an external contractor was involved. Some of the possible steps which management might like to consider are:
  - (1) the monitoring and management procedures described in this handbook suggest that regular meetings should take place between the service manager concerned and the hotel services manager. Where an in-house contract is concerned, these meetings should operate in a similar way to those held when an external contractor is involved. They should deal with:
    - (a) monitoring results;
    - (b) user's problems;
    - (c) corrective action;
    - (d) costs;
    - (e) amendments to specifications.
  - (2) the costs of operating the in-house service contract should be reported monthly as against the original budget. Costs should be discussed by the hotel services manager and adverse variances from budget reported to the unit general manager;
  - (3) financial deductions for poor performance cannot be made in the case of the internal contract. There is, however, no reason why such deductions should not be calculated each month on the same basis as they would have been if an external contractor had been employed. A memorandum record could be kept of such notional deductions which would give management an indication of the quality of service provided by the in-house team. Such information would be useful at the time of budget preparation in future years, and when deciding when to put the service out for re-tender;
  - (4) a serious shortfall in the service provided by the in-house team could develop to the stage when the only solution was to replace staff, or to repeat the competitive tendering process with a view to appointing an external contractor. Such a step would clearly be a very serious one only to be followed after careful consideration by management.
10. In conclusion, it is important to appreciate that if competitive tendering is to be effective, it is necessary that when the in-house team wins the contract it is monitored as carefully as when an external contractor is appointed. If monitoring and subsequent management is not applied equally stringently in both cases, opportunities for cost saving through competitive tendering will not be achieved.

PART **II**

**THE  
MANAGEMENT  
ELEMENTS**

## **PART II**

### **THE MANAGEMENT ELEMENTS**

#### **SUMMARY OF CONTENTS**

Part II of the handbook consists of one chapter which describes the nine management elements which were identified in Part I.

	<b>Page</b>
<b>CHAPTER 8      Management elements 1 to 9</b>	<b>31</b>
Provides outline role definitions for key management positions and describes the nine management elements and their related action steps.	
<b>Management elements</b>	
1. New contract implementation	32
2. Dealing with day to day problems	36
3. Dealing with major problems	37
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5. Payment procedures	39
6. Contract and specification variation	40
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## PART II

### CHAPTER 8

# Management Elements 1 to 9

## INTRODUCTION

1. In part I of this handbook, a general description of the management and monitoring process regarding in-house and external service contracts was given and nine main management elements, and four monitoring elements were identified.
2. The purpose of this chapter is firstly to present outline role definitions for key personnel who will be involved in the management and monitoring of contracts. Secondly, the nine management elements and their related action steps are examined in detail. The action steps are those which it is suggested that a manager would have to take when setting up a management and monitoring system for the first time. They are shown in the general logical sequence in which they would be carried out, but it will be appreciated that many of them are complex and would inter-relate with each other. The action steps are then summarised in the action check list given in appendix I attached to this handbook.

## OUTLINE ROLE DEFINITIONS

3. To assist with the development of organisation structures for the management and monitoring of the hotel services, outline role definitions are provided for the following positions:
  - (1) hotel services manager;
  - (2) monitor;
  - (3) service manager.
4. Clearly the exact nature of the role and responsibilities of each position will be influenced by the particular characteristics of the unit, the district and the chosen management structures. It is hoped that these examples will provide an indication of the scope of these jobs and how the management principles described in this chapter can be applied in practice.

## HOTEL SERVICES MANAGER

**Principal role:** to be responsible for all aspects of the delivery of hotel services whether contract or in-house provided.

### Main responsibilities:

- to ensure at all times the provision of the services which satisfy the cost, quality and performance needs of the authority;
- to institute a monitoring procedure and participate in the monitoring activity and subsequent meetings with service users and providers;
- to provide unit and district management with regular reports on service performance and information which can be used in the budgetting and payment procedures;
- to develop and maintain the adequacy of the service specification and interpret and communicate all related policies and procedures to users and providers;

- to evaluate and implement variations in conjunction with general and financial managers.

### **MONITOR**

**Principal Role:** To be responsible for the operation of a monitoring system to provide the hotel services manager with information which will assist in the management of hotel services contracts.

#### **Main responsibilities:**

- to be fully conversant with the details of the service specification and the authority's procedures and policies;
- to develop or select and implement a monitoring procedure and to participate in any visits, evaluations and analyses as required;
- to propose and assist in the review of suggested changes to the service specification which will result in improved value for money;
- to maintain accurate records at all times of service performance, variations to the specification and provide the hotel services manager with regular, timely reports.

### **SERVICE MANAGER**

5. **Principal role:** To provide the specified service at all times to a level of quality and cost acceptable to the hotel services manager.

#### **Main responsibilities**

- to conform to all specified policies, procedures and legal aspects of the service provision and to maintain acceptable levels of quality as required by the specification;
- to provide the service to the specified standard at the agreed cost;
- to provide and manage suitably qualified staff to undertake activities required by the specification;
- to provide and agree with the user organisation detailed schedules of work or other operational programmes as required by the specification;
- to institute and maintain a quality management procedure and liaise directly with service users and the monitor on specific problems with service delivery or quality.

## **MANAGEMENT ELEMENT NUMBER 1**

### **NEW CONTRACT IMPLEMENTATION**

6. When an in-house or an external contractor has been appointed following a competitive tendering process a comprehensive implementation plan will have to be prepared. Such a plan is beyond the scope of this manual. However, there are many matters of a purely management nature which will have to be considered during implementation if the subsequent contract is to be managed smoothly. These matters are described in the steps making up management element number 1.

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**Step 1 – Define cut off point between user and provider of the service**

7. Many problems arise when it is not clear where the cut-off point is between the provider of the service and the user (for example to what location will food be provided in a ward, and whose responsibility it is to serve it.) Serious misunderstandings can arise from this cause on the first day of a new contract which can give rise to continuing dissatisfaction between the user and provider of a service.
  8. It is recommended that all users of a service should receive a “service statement” showing them what the new service will provide, and specifying the cut off point between the user and provider.
  9. In addition, it is important that the “service statement” shows whom the users should contact with:
    - (1) day to day problems which can be dealt with readily by discussion with the staff providing the service. Normally, this contact point should be with the contractor’s or in-house service manager’s supervising staff;
    - (2) recurring or major problems which can only be dealt with by senior management. Normally these should be referred to the hotel services manager (possibly being reported to the monitor initially).
- 

**Step 2 – Define the work to be done by other departments**

10. In many instances a given service cannot be provided to the user without the involvement of staff from other departments. (For example, porters may carry out an important role in delivering clean linen and collecting dirty linen).
  11. It can happen that serious dissatisfaction with the service can arise if these other departments do not carry out their work properly even though the staff from these other departments will not be under the control of the contractor or the in-house manager providing the service.
  12. It follows that it is essential to define precisely what work is to be done by other departments, who is to do that work and when. It is suggested that a written statement of the work to be done by other departments should be prepared by the hotel services manager and agreed between the head of the department and the service provider.
- 

**Step 3 – Train staff of all departments**

13. It will be necessary for all staff to receive training in their work before the new contract is implemented. The contractor or the manager of the in-house service will be responsible for training their own staff in providing the service. Such training should include matters such as:
  - (1) the duties to be performed by each person;
  - (2) their relationships with the user departments, and how they are to deal with problems;
  - (3) their relationship with staff of other departments involved in providing the services, and how they are to deal with problems;



- (4) the names and responsibilities of supervisors;
  - (5) the quality control and monitoring systems as they affect each member of staff.
14. In addition to training the staff of the contractor and the in-house service manager, it will also be necessary to train the staff of other departments involved in providing the service. The topics to be covered should include:
- (1) the duties of individual members of the departments;
  - (2) their relationship with the contractor's or in-house service manager's staff;
  - (3) the names and responsibility of the persons supervising their work and how problems are to be dealt with;
  - (4) the quality control and monitoring systems to be applied to their part of the work.
15. The third group of people requiring training is the supervisors in the user departments, who require training in the new administrative arrangements relating to the new service. Training here needs to deal with:
- (1) how supervisors in the user department should use the new service;
  - (2) how they should deal with day to day problems with the service and how to deal with recurring and major problems;
  - (3) how they are to deal with emergencies affecting the service;
  - (4) what their responsibilities are regarding monitoring systems.

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#### **Step 4 – Brief user departments**

16. Many post implementation problems arise because users may not understand what the new contract for the service contains or appreciate that it involves changes from the previous service.
17. The training of the staff providing the service will help to overcome these difficulties, but steps should be taken to brief the staff of user departments so that they know what service will be provided after implementation of the new contract. Some of the items hotel service managers may feel it appropriate to deal with in the briefing are:
- (1) the start date for the new service;
  - (2) the level of service to be provided;
  - (3) the changes to be expected from the existing service;
  - (4) the way in which complaints and problems should be dealt with by user department staff (preferably by reference to their own supervisor);
  - (5) the changeover arrangements.

The briefing to departments could be in writing, or it could be oral.

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**Step 5 – Appoint the monitor**

18. Ideally, monitors should be appointed as soon as possible so that they can take part in the preparation of the work specification and develop the monitoring system in a way which relates closely to the work specification.
  19. There has been much discussion about the experience required of a monitor, and in particular whether technical experience of the service being monitored is required. Clearly, such technical experience is always desirable, but in many units or even districts the approach will be for the hotel services manager to develop a monitoring unit which will monitor all the hotel services. In that case it is unlikely that the monitor will have direct technical experience of all the services. It is not seen that this will cause monitoring to be less effective provided:
    - (1) the work specifications have been produced with the assistance of a person with the necessary technical knowledge;
    - (2) the monitor has access to a person with relevant technical knowledge from time to time to assist in developing the monitoring procedure and in carrying out the more difficult aspects of it.
  20. In any event, the monitor must be appointed well before the new contract is implemented so that contractors can be informed of the monitoring procedures at the tendering stage and so that the detailed monitoring systems can be developed before the new service contract is initiated.
- 

**Step 6 – Develop monitoring systems**

21. The new monitoring systems must be developed by the monitor and agreed by the hotel services manager. They must be explained to the contractor, and to users in a written document setting out how the monitoring procedures should be operated. Training in the operation of the monitoring arrangements must be given to all staff to be involved.
  22. The development of the monitoring systems is described fully in later chapters of the handbook (Chapters 9-12).
- 

**Step 7 – Define contract management process**

23. Before the new contract is implemented the hotel services manager should define the contract management process which it is intended will be adopted. The process should be structured around the regular meetings to be held (probably monthly) between the hotel services manager (acting as the authorised officer) and the manager of the external contractor or the in-house service manager.
24. The hotel services manager should decide on the attendance, timing and agenda for these meetings, and before the new contract is implemented discuss the proposed arrangements with the contractor or in-house service manager.
25. A suggested form and content for these meetings is given in Management Element 4.
26. It is important to emphasise that these regular meetings will form the basis of the relationship between the service provider and the hospital; it is important that they are set up and operated correctly from the start of the contract, and are used to manage the contract in a constructive way.

**MANAGEMENT ELEMENT NUMBER 2****DEALING WITH DAY TO DAY PROBLEMS**

27. Day to day problems will arise in the provision of any service. They are frequently minor problems, and only become major problems when the same difficulty reappears day after day.
  28. It is important that a quick and simple procedure exists for dealing with day to day problems. In practice, it is normally best for such problems to be dealt with as soon as they arise by the user of the service contacting the provider and asking for the problem to be dealt with.
  29. It is the hotel services manager's responsibility to see that a suitable procedure exists for dealing with day to day problems. A suggested approach is described in the following steps.
- 

**Step 1 – Nominate users and providers**

30. The first step should be for the staff who are the users of the service to be nominated, together with the supervisors responsible for providing the service to them. Each nominated user should have a corresponding service supervisor whom they are to contact with day to day problems.
  31. The staff to be nominated as users should be the staff in management positions who represent the user department. Ward sisters and staff in charge of departments such as pathology would normally be expected to be nominated as the users in this context.
  32. Once agreed, the lists of nominated users and their corresponding service providers should be published as part of the "service statement" to be given to each user. The lists should be kept up to date.
- 

**Step 2 – Define procedure and records**

33. In addition to knowing whom to contact with day to day problems, it is important that users know what kinds of problems are to be dealt with in that way and what records are to be kept.
34. It is suggested that users should be provided with a short note describing the kinds of problem on which they should deal directly with the service provider's supervisor, and which problems are more important and require referral to more senior management. Such a note could be incorporated in the "service statement" to be provided to each user.
35. Although day to day problems are often relatively small ones, if they become recurrent they can lead to major difficulties. For this reason it may be useful for each nominated user of a service to maintain a log book of the problems which have arisen, and the results. The log book could be in column form and should contain such headings as:
  - (1) the nature of the problem;
  - (2) the date and time it was referred to the service supervisor;
  - (3) the date and time it was resolved.

36. A log book of this kind can provide a useful record of the level of service being provided and can help the monitor and the hotel services managers in assessing the service.
- 

### MANAGEMENT ELEMENT NUMBER 3

#### DEALING WITH MAJOR PROBLEMS

37. Having provided users with a basis for dealing with minor day to day problems with the services provided for them, the hotel services manager must also give them a procedure for dealing with the more important and difficult problems which cannot be dealt with by direct discussion between the user and the provider. A suggested approach is given in the following steps:
- 

##### Step 1 – Nominate the person to contact

38. The first step should be to nominate the person who each user should contact with major or recurring problems, and for that person to be named in the users "service statement".
39. In a small unit, the person to be contacted by all users with major problems should be the hotel services manager. In larger units, the hotel services manager may ask users to report major problems to senior management within the user's department in the first instance. The senior management would then report the major problems to the hotel services manager as appropriate.
40. In some cases, the hotel services manager may ask users to report major problems to the monitor. In this case it should be remembered that the monitor does not have an executive position in the organisation, and so can only report problems to the hotel services manager for action.
- 

##### Step 2 – Operate reporting procedure and records

41. Major problems with a service should be reported to the hotel service manager as they occur. There should be a formal system for making such reports in writing and the hotel services manager should operate a system for recording all such problems.
42. It should be emphasised to users that reporting problems to the hotel services manager is only to be done for major problems which the user has been unable to resolve in direct discussion with the service provider.
- 

##### Step 3 – Resolve major problems

43. The hotel services manager has a number of different ways for dealing with the major problems reported:
- (1) problems which are regarded as minor problems should be referred back to the user for the user to take up directly with the service provider's supervisor;
  - (2) major problems which are urgent must be taken up immediately by the hotel services manager with the in-house service manager or with the external contractor's manager;

- (3) major problems which are not urgent should be taken up by the hotel services manager at the next periodic meeting with the service provider.
- 

#### **MANAGEMENT ELEMENT NUMBER 4**

##### **DEALING WITH THE SERVICE PROVIDERS**

44. It is important that a clearly defined procedure is set up by which the hotel services manager can deal with the senior manager responsible for providing each of the services, whether they are provided by an in-house manager or by an external contractor. It is important that the procedure is understood by the in-house manager and external contractor.
  45. It should be remembered that the hotel services manager is responsible to the unit general manager for the provision of all hotel services, whether they are provided in-house or externally. Where an external contractor is concerned, the hotel services manager may well also be designated as the "Authorised Officer".
  46. This means that the responsibility for the service provision and its cost remains with the hotel services manager, and that dealing with such matters as major problems, changes in specification and payment arrangements can only be done through this manager.
- 

##### **Step 1 - Operate monthly meeting procedure**

47. It is suggested that the best way for the hotel services manager to deal with the service providers will be to set up a formal meeting to be held on a regular basis, probably monthly. Attendance at these meetings should normally be confined to:
  - (1) the hotel services manager;
  - (2) the monitor;
  - (3) the external contractor or the in-house service manager.
48. Users and technical specialists would be invited to the meeting when particular user problems need to be discussed. The unit general manager could join the meetings when major matters are to be dealt with, but this will depend on the degree of authority which has been delegated to the hotel services manager.
49. The agenda for discussion at these monthly meetings should include:
  - (1) Report by the contractor or in-house service manager on operations during the period;
  - (2) Report by the contractor or in-house manager on the results of action agreed at the last meeting to deal with problems;
  - (3) Reports from users on recurrent or major problems arising since last meeting;
  - (4) Report by the monitor on monitoring results for the period;
  - (5) Action now agreed to be taken before the next meeting;
  - (6) Review and authorisation of variations to work schedules, work specification and contract;

- (7) Review and agreement of payment due to the contractor and of any financial deductions to be made (review of costs and budget where there is an in-house contract).
- 

### **Step 2 – Operate subsidiary meetings**

50. The monthly meeting between the hotel services manager and the contractor's manager or in-house service manager is thus the principal meeting at which the contract and the service is managed by senior management. It may be necessary in a large unit to hold subsidiary meetings between a contractor's or in-house service managers supervisors and user's staff. In these cases it is important that these meetings form part of the overall management of the contract. The hotel services manager should therefore decide what meetings should be held at this level and who should be present at them. The results of these subsidiary meetings should be reported to the monthly meeting between the hotel services manager and the contractors.
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## **MANAGEMENT ELEMENT NUMBER 5**

### **PAYMENT PROCEDURES**

51. The payment made to an external contractor and the operation of budgetary control where a service is provided in-house are both important elements of managing a service. Payment and budget monitoring procedures will involve the finance function, but they will also be the concern of the hotel services manager.
- 

### **Step 1 – Verification of service delivery (external contract)**

52. Any payment to an external contractor must only be made when it has been established that the service concerned has been delivered to the hospital or unit. Procedures must therefore be operated to record that the service as specified was delivered.
53. Procedures for recording the delivery of service must be designed so that:
- (1) they reflect exactly the terms of the contract;
  - (2) they operate at the cut off point where the service provider "hands over" the service to the user or to another department (eg porters);
  - (3) they can be used subsequently to check the contractor's invoices.

It is the hotel service manager's responsibility to see that proper recording procedures of this kind are operated.

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### **Step 2 – Involve the finance function in payment procedure (external contract)**

54. It is the responsibility of an authority's financial department to see that payments made to an external contractor are properly made and authorised in accordance with the terms of the contract. It will be necessary to involve the finance function in the payment procedures

to make sure that they comply with financial regulations. In particular, the finance department will want to be sure that an adequate audit trail exists for recording the receipt of the service concerned so that payments can be verified and audited.

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### **Step 3 – Verify service delivery (internal contract)**

55. Where a service is being provided by the in-house manager and in-house staff, there is no legal requirement to develop systems for recording delivery of the service as no payment has to be made to an external contractor. However, it would be an excellent discipline if broadly similar delivery recording systems were used in the case of an “internal” contract when the service is provided by the in-house team. In particular, it will often be necessary to establish the amount of the service delivered in order to be able to assess performance against budget. It is recommended that serious consideration should be given to introducing such systems where an in-house contract is in operation.
- 

### **Step 4 – Involve finance function in budgetary control (internal contract)**

56. Although no external contract payment is being made in the case of an in-house contract, the authority’s finance function does have an important financial responsibility in relation to the internal contract. This responsibility is to record the costs of the in-house service and monitor them very carefully against the budget. That budget will have been agreed as the price at which the in-house service won the competitive tender, and it is essential for the finance department to report any increase over budget as part of its financial monitoring responsibilities.
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## **MANAGEMENT ELEMENT 6**

### **CONTRACT AND SPECIFICATION VARIATION**

57. In any contract for a service, the need for variation of the work to be performed will inevitably arise. The need will arise through changing requirements, incorrect specifications and opportunities for improving value for money. It is the responsibility of management, and not the monitor, to control and authorise all such variations.
- 

#### **Step 1 – Establish authorisation responsibilities**

58. The contract for a service in a hospital will have been won as part of a competitive tendering process, subject to the authority’s tendering procedures as set out in their standing orders. Contracts, in-house or external, cannot be modified subsequently without going through the necessary authorisation procedure.
59. The first step must therefore be to determine the following:
- (1) who can authorise changes to the contract which affect the level of service or amount of payment to the contractor (or budget where an in-house contract is in operation);
  - (2) up to what financial levels do these people have authority to make such changes;

- (3) who can make changes to the contract that do not have a financial effect;
  - (4) who can make changes to the work specification, and what procedure do they have to follow.
60. In setting out the above authority levels, it should be remembered that in operating a complex contract for a service a certain amount of day to day flexibility is required at middle management level. To get the best value for money from a contract, consideration should be given to allowing the hotel services manager discretion up to a certain level to authorise changes to the specification. All such changes should however be reported subsequently to the unit general manager.
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### **Step 2 - Define who can request specification changes**

61. The requests for changes to the work specification for any service in a hospital can come from many different sources. The requests can vary from being suggestions for improvements to important requests for urgent changes from senior officers and medical officers. It is important to make clear to all concerned who can make requests for changes and the procedure they are to follow. If this is not done, dissatisfaction with the service is likely to follow together with frustration as heads of sections try to get changes implemented.
62. It is suggested that formal requests for changes in the work specification for any service should be accepted by the hotel services manager only from:
- (1) the heads of the departments defined as users of the service (eg the head of the pathology department, the head of nursing etc): requests will arise from these sources for changes needed to deal with problems and to make the service fully effective;
  - (2) the monitor: requests for changes will arise when the monitoring systems show that the specification is incorrect, or where it becomes apparent that better value for money would be obtained from an amendment to the work specification;
  - (3) the service provider (in-house or external contractor): requests for changes will be received from the contractor where the contractor believes the specification is impracticable or could be improved;
  - (4) the hotel services manager: requests for changes in the specification should be made by the hotel services manager whenever that manager sees that changes are needed to improve the service and obtain better value for money.
63. Once agreed, the names and positions of those who can make requests for changes in the work specification for a service should be published. A useful means to do that will be in the "service statement" to be provided to each user.
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### **Step 3 - Define procedure for authorising specification changes**

64. It will also be necessary to define the procedure by which changes to the specification are to be requested and authorised. It is suggested that this should include:
- (1) the submission in writing of the requested change to the hotel service manager;
  - (2) investigation of the proposed change by the hotel services manager to identify the need, its implication and cost;



- (3) discussion by the hotel service manager with those concerned (user, provider and other affected departments);
  - (4) acceptance or rejection by the hotel service manager of those requests falling within his or her authority limits;
  - (5) submission to the unit general manager of proposed major changes to the specification and contract for agreement in accordance with standing orders;
  - (6) notification to the requestor of the change whether the request has been agreed or not;
  - (7) implementation of the change including any changes required in the written documentation.
65. A procedure of this kind appears to be rather lengthy. But, it should be appreciated that many of the requests for changes will be relatively minor ones which can be made quickly by the hotel services manager acting on his or her own authority. The more formal framework described is however necessary for the more important changes where the nature of the contract is involved and where there are major cost implications on the contract price or in-house budget.
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#### **Step 4 - Implement changes to specification**

66. When changes are made to the work specification for any service it is important that the changes are properly recorded and all parties notified in order to avoid subsequent disputes. It is the service manager's responsibility to see that this is done and the matters to be attended to should include:
- (1) notification to the service provider of the agreed changes (if this is an external contractor, then legal assistance will be required to see that proper documentation is issued);
  - (2) notification to the service user of the changes, and amendment of the service statement if necessary;
  - (3) adequate recording of the change on the "master copy" of the work specification so that the specification can be updated when the contract is put out to tender again.
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### **MANAGEMENT ELEMENT 7**

#### **EMERGENCY PLAN**

67. In any service operation there is a need for contingency planning of the action needed if the service fails for any reason or if there is an emergency which places particular demands on the service. In the case of a hospital the need for contingency planning is clearly essential.
68. The comprehensive description of emergency planning is not within the scope of this handbook. It is raised here in order to emphasise that it is part of the hotel services manager's job to see that adequate arrangements have been made to enable all the hotel services to meet emergencies. This responsibility exists whether the service is being provided by the in-house manager or by an external contractor. However, the form of the plan, and the contingencies it is structured to meet, will depend on whether an in-house or external contract is in operation.

69. Where an external contractor is providing the service an important element of the plan must be the action to be taken in the event of default or failure by the contractor. It is essential for management to be clear on the action they would take in this instance if they are to deal effectively with external contractors who are not performing adequately.
70. It is suggested that the main steps to be followed in contingency planning are:

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**Step 1** – Consider the potential emergencies to be dealt with under two headings:

- (a) general emergencies such as industrial action;
- (b) external contractor emergencies such as failure or non-performance of the contractor.

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**Step 2** – Define the action to be taken for each potential emergency:

- (a) for general emergencies, action to be agreed with the in-house service manager or the external contractor to make sure they have made the necessary arrangements;
- (b) in the event of major default by the external contractor the action to be taken by the authority is to be defined, with particular reference to management, plant and equipment, and how these would be provided in the event of unexpected contractor default.

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**Step 3** – Emergency plans to be submitted to the unit general manager for approval.

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**Step 4** – Emergency plans to be reviewed periodically to ensure their continued validity and the continued ability of the in-house manager or external contractor to meet the plans.

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## MANAGEMENT ELEMENT 8

### CONTRACT RETENDERING

71. At the end of the contract period for an external contractor or the period agreed for the operation of the in-house contract, it will be necessary to put the service through a process of retendering. Retendering may become necessary earlier if there is default by the external contractor or if the in-house service does not perform adequately within budget.
72. The tendering process is not within the scope of this book, and was dealt with in the Nuffield Provincial Hospital Trust's previous publication. It is however important that experience gained during the previous contract is made use of in the retendering process. To achieve that, it is suggested that the following steps are undertaken before the invitation to tender is issued:

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**Step 1** – review the work specification to ensure that it incorporates all the changes made during the previous contract (see Management Element 6).

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**Step 2** – Consider value for money aspects by reviewing the work specification to ensure that while it meets the needs of users, it does not provide for excessive work where it is not needed.

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**Step 3** – Review the monitoring procedures, to see whether they need to be changed to make them more effective or less costly.

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**Step 4** – Consider whether the work specification or contract should be changed to allow monitoring to be carried out more effectively.

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**Step 5** – Consider the contract payment and financial deduction arrangements to see if they could be changed in order to obtain better levels of service and working arrangements.

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## MANAGEMENT ELEMENT 9

### REPORTING TO THE UNIT GENERAL MANAGER

73. It will be remembered that in the organisation arrangements discussed previously in this handbook the hotel services manager is responsible to the unit general manger for the provision of all hotel services in the unit, whether they are provided by an external contractor or by an in-house team.
74. This responsibility includes the duty to report to the unit general manager on a number of matters. These are listed below:
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**Step 1** – ensure that the unit general manager is informed about the general nature of the management and monitoring systems which are being adopted.

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**Step 2** – report to the unit general manager the results of the monthly meetings between the hotel services manager and the service provider (internal or external).

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**Step 3** – report to the unit general manager on any major service problems which arise.

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**Step 4** – report to the unit general manager on financial matters, including comparison of actual costs and budget, for both the external and in-house contracts.

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**Step 5** – refer to the unit general manager decisions relating to the work specification and contract variations required (in-house and external).

PART **III**

**GENERALISED  
MONITORING  
AND PAYMENT  
PROCEDURES**

### **PART III**

#### **GENERALISED MONITORING AND PAYMENT PROCEDURES**

##### **SUMMARY OF CONTENTS**

Part III of the handbook presents in chart form the general features of monitoring and payment approval procedures for hospital service contracts. The activities of different groups of people in the procedures are also discussed.

	<b>Page</b>
<b>CHAPTER 9      A GENERALISED MONITORING PROCEDURE</b>	<b>47</b>
Describes the activities and responsibilities of the four main groups of people involved in monitoring, namely, the service users, technical specialists, the monitor and the contractor.	
<b>CHAPTER 10     A GENERALISED PAYMENT PROCEDURE</b>	<b>51</b>
Describes the main features of a payment procedure and the activities and responsibilities of the hotel services manager, the finance function, the monitor and the contractor.	

## **PART III**

### **CHAPTER 9**

# **A Generalised Monitoring Procedure**

## **INTRODUCTION**

1. This chapter presents a general description of the operation of a monitoring procedure. The procedure is presented in chart form and is given in exhibit 3 A GENERALISED SERVICE MONITORING PROCEDURE.
2. It is important to appreciate that the generalised procedure given in this chart illustrates the general features to be expected in an effective monitoring procedure. They will be applied differently in different situations, with different emphasis being given to different elements according to the needs of the service. The chart is not a standard model to be applied in all cases—it simply illustrates some of the general principles which it will be found necessary to incorporate in most monitoring systems.

## **MONITORING ACTIVITIES AND RESPONSIBILITIES**

3. The diagram in exhibit 3 shows that there are four main groups of people involved in monitoring. They are:
  - (1) the service user;
  - (2) the technical specialists;
  - (3) the monitor;
  - (4) the contractor (in house or external).
4. The diagram has been structured to show the main activities and responsibilities of each of these people in relation to monitoring. The remainder of this chapter discusses each of these roles in turn.

### **The service user (activities 1 to 5 on the chart)**

5. The person receiving the service is called “the service user” in this handbook. The service user can be defined as the person who needs the service in order to do their job properly. In the case of hospitals the service user is thus not the patient, but is the hospital staff who have the responsibility for looking after the patient. For example, if adequate meals are not provided on time or a ward is not cleaned it prevents the nursing staff from providing adequate patient care. Similarly, if an operating theatre or a laboratory is not cleaned properly, it will prevent medical and technical staff from doing their work properly .
6. Hospital staff can therefore be considered as the prime users of the hotel services dealt with in this handbook, and any management and monitoring system must provide an adequate means of communication between these users and those responsible for providing the services concerned.
7. In general a more effectively managed and monitored service is likely to result if users are involved in the management and monitoring process. In designing a monitoring procedure health authority managers can choose the degree to which users will be directly involved. Options available will include the basic level of complaints reporting only, up to regular participation in monitoring and reporting.

8. The monitoring procedure detailed in this handbook provides for direct user involvement. However, the intention has been not to be prescriptive but to define all the steps in the development of a monitoring procedure. The extent of user involvement in monitoring will be a subject for local decision and will arise during the monitoring procedure design stage discussed in Part IV of this handbook. The chart attached to this chapter has been based on the direct involvement of users in the monitoring procedure. The main activities of users as shown on the chart are:
- (1) *Dealing with daily problems: (activities 1 to 4).* In the chapters on management, it has already been explained that most small day to day problems with a service are best dealt with by direct communication by the user reporting the problem immediately to the service provider's supervisor who can then deal with it promptly. This process is shown on the chart in activities 1 to 4;
  - (2) *Reporting on the service provided (activity 5)* Service users should then take part in regular reporting to the monitor on the level of service provided. This can be done on a periodic basis, and is probably most effective where the service user completes a checklist report which has been designed for them by the monitor;
9. The checklist reports from the users should then be sent to the monitor who will incorporate them in the monitoring system. The reports should also be sent to the service provider so that their management is aware of the results being reported.

**The technical specialists (activity 6 on the chart)**

10. In many services there is a need for monitoring the technical aspects of the service. Technical monitoring is normally provided by individuals who have suitable technical knowledge and who have responsibility for the correct observance of procedures throughout the whole hospital or health care unit.
11. Depending on the specific service to be monitored the following are examples of this type of specialist:
- (1) the control of infection officer;
  - (2) the works officer or engineer;
  - (3) the dietician;
  - (4) professional advisers.
12. Periodic reviews by these staff of specific aspects of the service provision form an important input to the monitoring procedure. The frequency of reporting by these specialists should be related to the type of service provided, the range of subjects to be covered and the review and decision making process adopted by the hotel services manager.
13. Reports by these specialists should be passed to the monitor who may summarise them in the monthly monitoring report to the hotel services manager or attach them as supporting schedules to that report.

**The monitor (activities 7 to 10 on the chart)**

14. The monitor plays the central role in the monitoring system, and reports the results of the monitoring work to the hotel services manager. The monitor will, of course, carry out specific monitoring tasks, but an important part of the job will also be to:

- (1) define the monitoring work of the users of the service, and collect their reports and use them in the monitoring system;
  - (2) coordinate the monitoring work of the technical specialists;
  - (3) liaise with the service provider on monitoring the service;
  - (4) take part as necessary in operating the payments system.
15. These various tasks are shown on exhibit 3 attached to this chapter; the main activities to be carried out by the monitor are described briefly below:
- (1) *Sampling results (activities 7 and 8)* An important part of the monitor's work will be to carry out sample tests of the service being provided. The extent and nature of these tests will depend on the extent of the monitoring reports being prepared by users, and on the reliance being placed on the service provider's own quality control procedures. In some cases, for example, it may be found that the monitoring system is almost entirely based on reports from users, and the monitor's own sample checking being confined to specialist areas only;
  - (2) *Review of special topics (activity 9)* In addition to regular day to day monitoring, there will be those aspects of the service which require a monitoring review only at monthly, or more extended intervals, such as health and safety procedures, training procedures and general operating practices. The monitor will have a schedule of the special reviews of this kind to be carried out during the year and of the reports to be prepared for the hotel services manager.
  - (3) *Collating the results (activity 10)* A central part of the monitor's job is to collect all the monitoring reports from the service users, the technical specialists, and the monitor's own samples and special reports. The monitor must collate the results of all this work into a form suitable for reporting to the hotel services manager at the end of each month. The form and content of these monthly reports will have been decided during the design of the monitoring system; they must however contain the information needed by the hotel services manager to control the service provider, and to deal with the procedures for payment.

#### **The service provider (activities 11 and 12)**

16. The service provider may contribute to the monitoring efforts through the completion of the service provider's own internal daily quality control checks.
17. The results of these quality control checks and specific issues raised during user/provider contacts should be included in a regular monthly report to the hotel services manager from the service provider. The report should describe difficulties experienced by the service provider where it appears that action is needed by the hotel services manager.

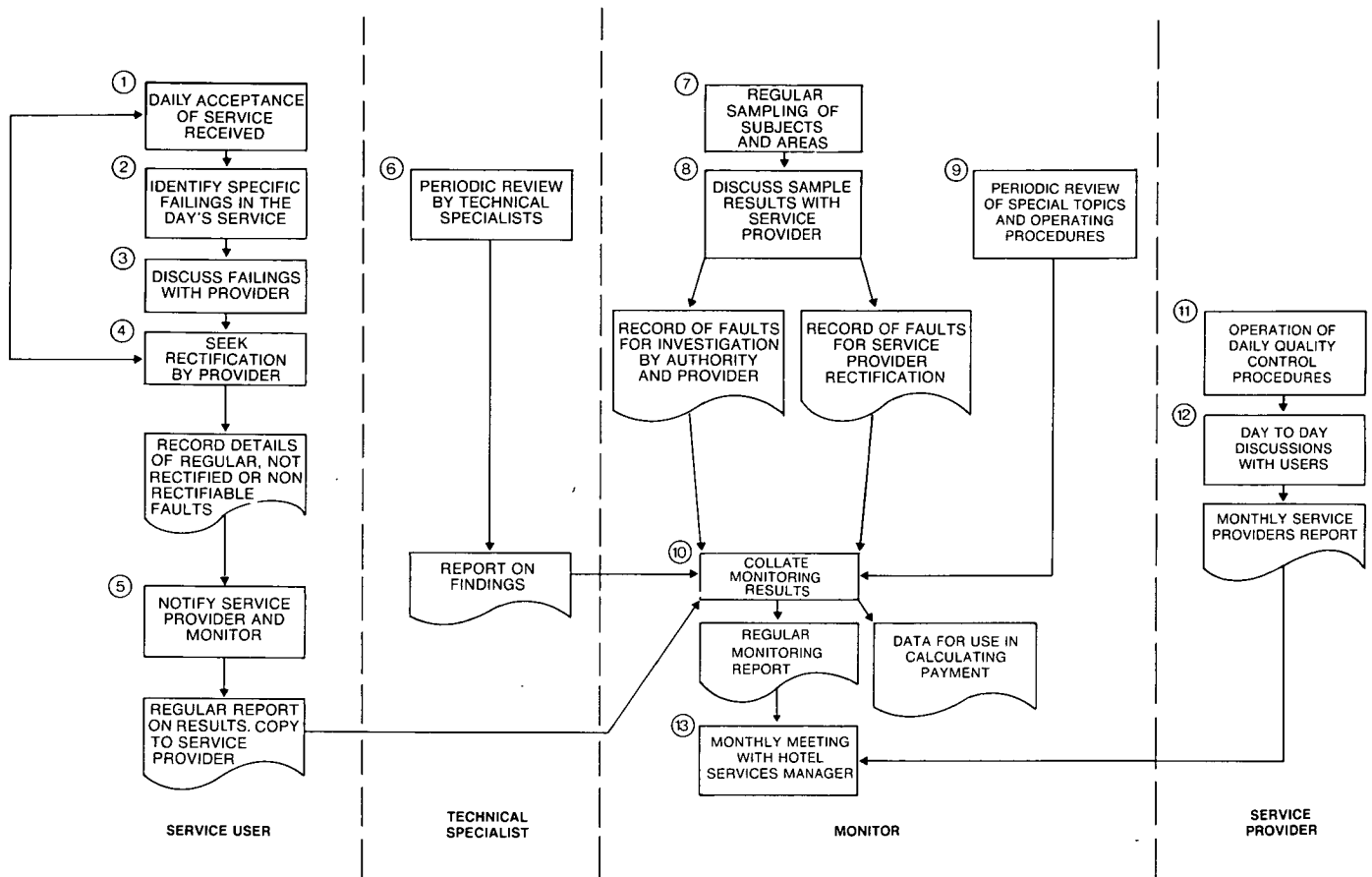
#### **Hotel services manager (activity 13)**

18. The final step in a monitoring procedure is the regular meeting between the hotel services manager and the provider of the service. This applies whether the provider is an external contractor, or the manager of an in-house team.
19. This regular meeting is shown as activity 13 on the chart. It will normally be held monthly. The persons attending that meeting, and the matters to be dealt with have already been discussed in the chapters dealing with management. In brief, however, the hotel services manager should use this meeting to discuss with the service provider problems reported by the monitoring system and how to deal with them. The service provider will also report on the problems experienced. The meeting should be used as a constructive means for working with the service provider to ensure that a first class service is operated.



## A GENERALISED SERVICE MONITORING PROCEDURE

EXHIBIT 3



## A SUMMARY OF ACTIVITIES

Activity

## Number SERVICE USER ACTIVITIES

- 1-4 Daily user review and acceptance of standards. Rectification of shortcomings by service provider.  
5. Periodic communication of faults to service provider and monitor.

## TECHNICAL SPECIALISTS ACTIVITIES

6. Review by technical specialists (e.g. dietician). Written report to monitor.

## MONITORING ACTIVITIES

- 7-8 Regular sample based monitoring of physical areas and related subjects. Discussion with contractor. Recording of faults for investigation and rectification.  
9. Periodic review of special topics and operating procedures by monitor.  
10. Collate results of monitoring activity by users, technical specialists and monitors. Produce monthly report.

## SERVICE PROVIDER ACTIVITIES

- 11-12 Daily quality control checks. Discussions with users; Monthly report to hotel services manager.

## HOTEL SERVICES MANAGER

13. Monthly contract management meeting between hotel services manager and service provider (in-house or external contractor).

## **PART III**

### **CHAPTER 10**

# **A Generalised Payment Procedure**

## **INTRODUCTION**

1. This chapter describes the general form of payment procedures for service contracts. The procedures apply where an external contractor is used but they would also apply where an in-house team provides the service and it has been decided to calculate memorandum financial deductions as if an external contractor operated the service.
2. The general form of payment procedures has been illustrated in chart form in exhibit 4 A GENERALISED PAYMENT PROCEDURE.
3. As in the case of the monitoring procedure discussed in the previous chapter it is important to appreciate that the chart only illustrates the general features of payment systems. These systems will be applied differently in different situations. The chart is not a standard model to be applied in all cases, it is provided simply to illustrate some of the general principles involved.

## **FEATURES OF A PAYMENT SYSTEM**

4. Payment systems do not form part of monitoring. They have been included in this handbook, because they form part of the process of managing service contracts, and because monitoring systems frequently provide information in support of a payment system.
5. The main features of a payment system are:
  - (1) they will involve the hotel services manager, the finance function and the buying department;
  - (2) they will be operated in accordance with the terms of the contract, and the authority's normal payment routines and financial standing orders;
  - (3) they will require some form of proof of delivery, ie that the service has actually been provided;
  - (4) they may incorporate a means for making financial deductions from the payment to the contractor when the service has not been provided at an adequate quality as required by the specification. The exact nature, scope and procedures for making such deductions will depend on the type of contract between the authority and the contractor.

## **PAYMENT ACTIVITIES AND RESPONSIBILITIES**

6. A brief general description of the payment procedure illustrated in the attached chart is provided in the following paragraphs. The activity numbers refer to the chart. The description deals in turn with the three main participants in the process:
  - (1) the hotel services manager (and finance function);
  - (2) the contractor;
  - (3) the monitor.

7. In order to keep the chart and explanations simple, the role of the finance function has not been separately defined in the handbook, but has been included in the description of the hotel service manager's role. The role of the finance function will be the same under both a centralised or devolved form finance function organisation.

**The hotel services manager (and finance function) (activities 1 to 12)**

8. The principal role in a payment procedure is that of the hotel services manager, together with the finance function which will deal with the financial aspects of making payments to a contractor.
9. The chart shows that the first element in a payment procedure (activity 1) is the verification that the service has been provided during the period concerned. In the case of hotel services, proof will relate to signed records of such matters as the number of meals provided, the number of laundry items delivered, and the schedule of rooms cleaned and other tasks.
10. The contractor will submit monthly statements of work carried out which then need to be agreed with the proof of delivery records (activities 2, 3 and 4). Checks of this kind are the normal checks which need to be made in any payment system.
11. The remaining stages in the payment procedure relate to the question whether deductions from the contractor's payment are to be made for poor quality work. The position will vary according to the nature of the service, and according to the nature of the contract. Some services and some contracts will make no provision for such deductions. Other contracts will incorporate stringent financial deduction arrangements for poor quality work. Clearly, however, authorities must only pay for services which are of an acceptable quality.
12. The monitoring system must therefore provide the basic data to the hotel services manager to enable payments to be made only when that manager is satisfied that the service provided was of an acceptable standard. Where a formal deduction system is incorporated in the contract, the monitoring system must provide the monitoring data in the specific form required by the contract to enable the amount to be calculated.
13. In general terms the procedure for making financial deductions should be along the following lines:
  - (1) the monitor provides the hotel services manager with periodic reports about the quality of the service (activity 5);
  - (2) the quality reports will be reviewed by the hotel services manager and they will be discussed with the contractors. The contractors should be asked to submit any comments they have about quality (activities 7 and 8). This discussion is an essential part of the procedure as it can be most unfair to make deductions from payments without first taking into account the contractor's comments and possible difficulties during the period;
  - (3) after the discussion with the contractor, any deductions may be calculated, and the revised payment made according to the authority's normal financial procedures (activities 10 to 12).

**The contractor (activities 2 and 7)**

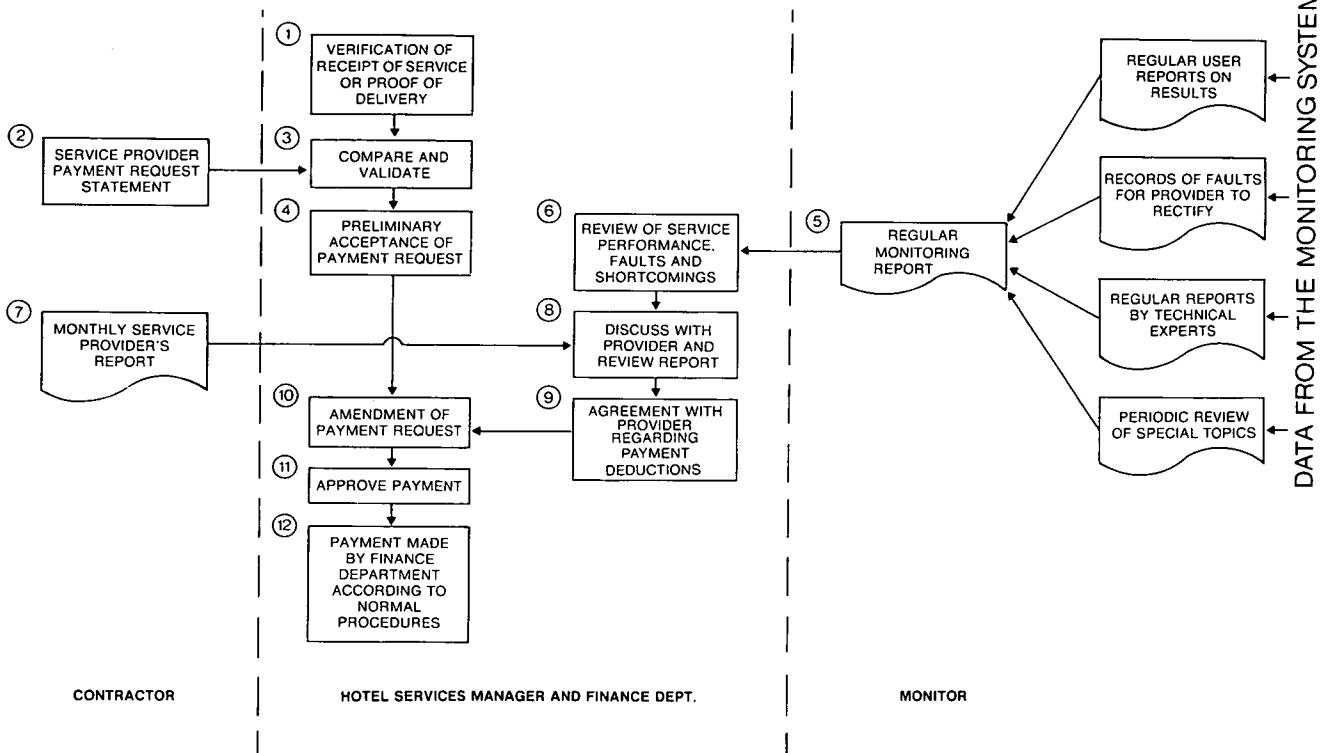
14. The contractor's role in the payment procedure is of course to submit periodic invoices for the work carried out, and to assist in any way possible in operating the proof of delivery systems. This can be done by providing work schedules, and delivery documentation and by working with hospital staff in the operation of the hospital's own proof of delivery systems (activity 2).

15. The second part of the contractor's role in payment systems is to provide details of problems and difficulties met in providing the service. It may well be that quality of a service is below standard, because the conditions in which the contractor has to provide that service are inadequate, or the work specification is incorrect.
16. The contractor must document such matters carefully and make sure they are known to the hotel service manager before any financial deductions are calculated (activity 7).

**The monitor (activity 5)**

17. The monitor's role in the payment procedure is to provide the data relating to quality of the service which may be used to calculate financial deductions. The monitor may also be involved in the proof of delivery systems.
18. Where the deduction system is a formal one, incorporated in the contract and based on the application of a formula the monitor has to ensure that the data is provided strictly in accordance with that formula.
19. The monitoring data required for this purpose will all have to be derived from the monitoring system and the diagram given overleaf shows the types of reports concerned. The diagram given in the previous chapter, illustrating the generalised monitoring system, shows where in the monitoring system such reports would be generated.

## A GENERALISED PAYMENT PROCEDURE



NOTE (1) The finance department activities are not shown separately on this chart but they should be directly involved in the verification and approval of payment;

(2) where an internal contract is in place payment deductions could be calculated and recorded separately as a measure of how well the in-house team has performed.

## SUMMARY OF ACTIVITIES

Activity

Number **HOTEL SERVICES MANAGER**

1. The proof of delivery (signed receipt notes) or other documents are passed to the hotel services manager.
3. The hotel services manager and the finance function compare the contractor's payment request form (invoice) to the proof of delivery or receipt of service documentation.
4. Preliminary acceptance is made of the invoice amount in terms of the volume or quantity aspects of the service.
6. The monitoring report for the same period as the invoice is reviewed to identify standards of performance, faults and shortcomings.
8. The monitoring report is discussed with the service provider who also produces a report for the relevant period.
9. The contractor and the hotel services manager discuss and agree on the amount of the payment in accordance with the contract provisions.
- 10-11 The amended payment request is approved with the finance function and processed.

**CONTRACTOR**

2. The payment request statement for the period is passed to the hotel services manager.
7. A report on the service and the relevant quality control results for the payment period is passed to the hotel services manager.

**MONITOR**

5. The results of monitoring activities for the payment period are incorporated into a report to the hotel services manager.

**PART IV**

**THE ELEMENTS  
OF A  
MONITORING  
SYSTEM**

## **PART IV**

### **THE ELEMENTS OF A MONITORING SYSTEM**

#### **SUMMARY OF CONTENTS**

Part IV of the handbook describes the four main elements of a monitoring system and defines the detailed action steps to be taken by management in designing the monitoring system.

	<b>Page</b>
<b>CHAPTER 11    A suggested procedure for designing a monitoring system</b>	<b>57</b>
Identifies the four principal elements of monitoring and introduces the diagrams showing the activity steps to be taken to complete each element.	
<b>CHAPTER 12    Monitoring elements 1 to 4</b>	<b>58</b>
Defines the detailed action steps to be performed to complete the four elements and describes how the results of these actions are documented and reported.	

## PART IV

### CHAPTER 11

# A Suggested Procedure for Designing a Monitoring System

## INTRODUCTION

1. In part III of this handbook, a generalised description of a monitoring and a payments procedure was given, together with diagrams, in order to provide a general framework within which to help readers to understand the principles involved.
2. In this chapter, a generalised description is given of the main steps it will be necessary to follow in designing the appropriate systems.
3. It is important to appreciate that just as monitoring will take many different forms, so also will the design of the appropriate systems. What is shown in this chapter is the general logic to be followed in designing these systems. The level of detail and particular requirements will of course vary according to the situation, and the particular service concerned.

## DESIGNING THE FOUR ELEMENTS OF A MONITORING SYSTEM

4. In part I of this handbook, the four main elements required in a monitoring system were defined. They are:  
  
Monitoring element No 1 – The definition of monitoring scope;  
Monitoring element No 2 – The use of the contractors' quality procedures;  
Monitoring element No 3 – The specification of monitoring output;  
Monitoring element No 4 – The definition of monitoring procedures.
5. In designing a monitoring system, it will be necessary to develop each of these elements in turn, broadly in the order given above, although there is considerable amount of inter-relation between them.
6. The main steps in designing each monitoring element are given in chart form in the exhibit 5 attached to chapter 12:
  - (1) the first monitoring element concerns defining the overall scope of the system, and particularly defining the quality standards expected and how to measure them;
  - (2) the second element concerns the question of how much reliance can be placed on the contractor's own quality control systems;
  - (3) the third element consists of defining the output required from the monitoring systems in terms of management information, including the information needed for payment calculation;
  - (4) the fourth element concerns the detailed procedures and checklists to be operated by the monitor to collect the necessary data.
7. A more detailed description of each element, and of the practical points to bear in mind when designing that element are given in the next chapter.



## PART IV

### CHAPTER 12

# Monitoring Elements 1 to 4

## INTRODUCTION

1. In Part I of this handbook a general description of the management and monitoring process was given, and nine management elements and four monitoring elements were defined. The nine management elements were then explained more fully in Part II, and the related action steps summarised in Appendix I.
2. The purpose of this chapter is firstly to discuss the concept of quality, how it can be measured and how it is incorporated into a monitoring system. Secondly, the four elements of a monitoring system and their related action steps are examined. The action steps are those which it is suggested that a manager would have to follow when setting up a monitoring system for the first time, and they follow the sequence given in the suggested procedure for designing a monitoring system described in the previous chapter.
3. The action steps are summarised in the action check list given in Appendix II attached to this handbook.

## QUALITY AND QUALITY MEASUREMENT

4. One of the main aims of a monitoring system is to report on the quality of the service being provided. To do that, it is first necessary to define what standard of quality is to be expected and how it is to be measured.
5. British Standard 4778:1979 introduces three possible ways of understanding and applying measures of quality:
  - (1) **quantitative:** using precise measurement as used in manufacturing products and technical evaluations;
  - (2) **degree of excellence:** whereby products may be ranked on a relative basis, sometimes referred to as grading;
  - (3) **fitness for purpose:** which relates the evaluation of a product or service to its' ability to satisfy a given need.
6. The first of these measures of quality, "quantitative", applies mainly to physical items which can be precisely measured and so has an important, but limited relevance to services. The second of these measures, "degree of excellence", relates to grading items according to a scale and has only a limited application to services.
7. "Fitness for purpose" is probably the most useful definition of quality for the type of services considered in this handbook and it is suggested that it should be used when defining the level of quality expected in subjects to be monitored in contracts for health authorities' hotel services.
8. The "fitness for purpose" definition of quality implies that the standard is set not according to a theoretical definition, but according to the particular needs of the situation at the time. It means that the user of the service, and the monitor, must set the quality standards at a level which is in line with the normal practical needs of the service. The fitness for purpose definition is the one which is in line with the value for money concept.

**Measuring quality**

9. Once a quality standard has been defined, it is necessary to decide how quality is to be measured. Measurement can be by objective or subjective measures.
  10. Objective measures are those where a specific test can be applied, such as measuring the temperature of a meal or of the water used in a washing process. Objective tests can be only applied when the activity can be specified so that it can be measured quantitatively. Clearly, they are the most effective kind of measures but unfortunately for the reasons already given it is often impossible to use them in relation to services.
  11. Subjective measures are those where the activity cannot be defined precisely and its results cannot be measured quantitatively. Its' results can only be assessed by personal view point, and described in a qualitative way such as "good" or "bad" or "adequate". Clearly, subjective measures of quality are essentially variable, and will tend to differ according to the person making them. Many of the measures used in service provision have to be by subjective means and it is important for management to appreciate this in its dealings with both internal and external contractors.
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**MONITORING ELEMENT NO 1****DEFINITION OF MONITORING SCOPE**

1. The first element in a system of monitoring is the definition of the scope of the system and of the quality standards which are to be monitored. This definition will be based on a detailed study of the work specification and after review and agreement will show what subjects are to be monitored, the standards to be applied, how they are to be monitored, and when. In an ideal situation, the definition of monitoring scope should be prepared in conjunction with the work specification, but in many cases this will not be possible as the work specification will already be in existence.
2. There are various ways in which the definition of monitoring scope can be prepared, all of which will require a carefully structured and logical approach, if all monitoring topics are to be identified and given due weight.
3. One approach will be to prepare what is called in this handbook a *Quality Assessment Standard* for each activity or physical area covered by the service which is to be monitored. The purpose of the quality assessment standards are to set out precisely what subjects are to be monitored, what standards are expected, how quality will be measured and by whom. Examples of the contents of quality assessment standards are given in exhibit 6 and exhibit 7.
4. There are five main steps in preparing a quality assessment standard. They are:
  - (1) to define the structure of the monitoring records;
  - (2) to list the activities and subjects to be monitored;
  - (3) to grade the activities and subjects to be monitored according to priority;
  - (4) to list each physical location where monitoring will take place and, where necessary, grade them according to priority;
  - (5) to prepare the quality assessment standard documentation.

These steps are described below.

**STEP 1 – Define structure of monitoring records**

5. The first step in setting up a monitoring procedure is to define the form of the quality assessment standards to be used and the way in which they are to be classified. These documents will form the basis of the monitoring system and their structure and the way they are classified will be important in both the design and operation of the monitoring system.
  6. Examples of a quality assessment standard are given in exhibits 6 and 7. These examples must be taken as providing a general indication only of the contents of these documents and monitors should develop their own forms to meet the particular needs of the service and location they are dealing with.
  7. Having considered the nature of the records to be kept, it is then necessary to decide how these will be classified. In general terms it will be possible to classify the monitoring records either according to the activities of the service or according to the physical locations where the service is being provided. For domestic services it will probably be found most appropriate for physical location to be used as the basis for analysing the monitoring work to be done and for classifying the records. For laundry and catering services however, activity may well be the most suitable basis.
  8. It is important for the main basis of classification to be decided as soon as possible in designing the monitoring system, but in any event it must be decided before the quality assessment standards are completed in step six.
- 

**STEP 2 – List activities and subjects to be monitored**

9. The first step should be to take the work specification on which the contract for the service is based and to use it to prepare a list of the main activities being carried out and the specific subjects which are to be monitored in order to assess whether each activity is being performed to the required standard.
10. For example, in the case of a catering service, an activity would be “the storage of meat”; the subjects to be listed for monitoring that activity might include such subjects as:
  - (1) receiving meat;
  - (2) meat storage controls;
  - (3) meat issuing procedures;
  - (4) meat storage temperatures.
11. Alternatively, in the case of a cleaning service, physical location is probably the most suitable basis for analysis, and in that case it may well be found better to list the physical locations where the service is being carried out (see step 4) before listing activities and subjects. For example, a physical location would be “operating theatre A”, for which the subjects to be monitored might include:
  - (1) floor cleaning;
  - (2) vertical surface cleaning;
  - (3) fixed equipment cleaning;
  - (4) wash basin cleaning.

12. In addition to the list of monitoring subjects related directly to the activities or physical locations given in the specification, it will also be necessary to list general monitoring subjects such as:
- (1) hygiene, health and safety;
  - (2) security;
  - (3) equipment use and maintenance;
  - (4) special provisions included in the contract.
- 

### STEP 3 – Grade activities and monitoring subjects

13. When the activities and potential subjects to be monitored have been defined in step 2, the next step should be to grade them according to importance, so that subsequent monitoring programmes can give due emphasis to the important subjects.
14. It would be possible to devise complex grading structures which would attempt to distinguish between different levels of importance in the subjects to be monitored. In the first instance however it is suggested that only very simple grading structures should be adopted, although they can be developed further as experience is gained.
15. The simplest grading structure is to grade activities and monitoring subjects into *primary* and *secondary*. Using this grading, a definition of a primary subject would be one which was critical to either:
- (1) the provision of the service; or
  - (2) the cost to be paid by the authority.
16. In this form of grading, a primary activity or monitoring subject would deal with matters which are fundamental to the service and where failure would be regarded as serious breakdown of the service. With regard to cost, a primary activity or subject would be one where failure meant that the authority would suffer a significant loss, or lose a significant element of value for money. All other subjects not meeting one of these two points would be graded of secondary importance.
17. The grading of activities and monitoring subjects is important as subsequent monitoring programmes will concentrate on primary activities and subjects. Grading therefore requires careful thought by the monitor, based on an understanding of the service and of the contract. It is suggested therefore that while making a preliminary grading, the monitor should discuss this with service providers and users, technical specialists and members of the finance staff. The final grading should be agreed with the hotel services manager.
- 

### STEP 4 – List and grade physical locations

18. It will be remembered that in step one a decision was taken as to whether the monitoring system was to be structured according to activity (catering and laundry) or physical location (domestic services). Where it has been decided that physical location will be the basis of classification it will be necessary to list and grade physical locations according to risk, so that a higher level of monitoring can be applied to the higher risk areas.

19. It is possible to grade physical locations according to the degree of risk experienced by patients by virtue of their medical condition or where procedures are performed requiring a safe environment. In grading the physical areas, the monitor must discuss with users, specialists and management the characteristics of each area in relation to the factors of risk.
20. It is important not to develop too many levels in a grading structure, otherwise the differences between each grade will not be significant. An example of a possible grading approach would be:
  - (1) High Risk Clinical – operating theatres, intensive care units etc;
  - (2) Low Risk Clinical – patient areas, wards, outpatient consultation or treatment rooms;
  - (3) Non Clinical – staff residences, common rooms offices.

In large units, where there are certain physical areas where there is use by large numbers of patients, there may be a need for a fourth grading category, namely:

  - (4) High use public areas – main entrance halls, outpatients waiting areas.
21. Whichever grading structure is adopted, it must reflect an accurate assessment of the risk or relative importance of the area to the hospital.
22. The result of this step in the definition of the monitoring scope should be a classification of physical areas according to a defined grading.

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#### STEP 5 – Prepare the quality assessment standards

23. Having prepared preliminary listings of the activities and the physical areas to be monitored, it is now necessary to prepare a quality assessment standard for each activity in the case of catering and laundry services, and for each location in the case of domestic services.
24. The quality assessment standards are the central document in the monitoring system; they show the standard of service to be provided, the particular matters to be monitored, and how each matter will be assessed. It is important that the quality assessment standards are prepared very carefully.
25. It is suggested that the quality assessment standards should be prepared according to the headings on the forms illustrated in exhibit 6, which shows a quality assessment standard based on an activity classification (catering), and exhibit 7, which shows one based on physical areas (domestic services).
26. It will be appreciated that these forms and headings are given as a guide only, to show the basic requirements of developing monitoring standards. Monitors will need to develop their own documentation according to the service concerned and local conditions.
27. The headings on the quality assessment standards are listed below, with a note about the way in which the information should be recorded in each case:
  - (1) *Physical location or main activity*: a quality assessment standard should be prepared for each activity (see Exhibit 6) or physical location (see Exhibit 7). In the case of domestic services, physical location will tend to be the normal choice, while for catering and laundry, activity may be found to be the most appropriate classification.

The choice will not be exclusive however, and even in domestic services, where most monitoring standards will be by physical area, some may need to be prepared according to activity;

- (2) *Service standard*: the next step should be to define the general service standard expected for each principal activity or physical location concerned. This may well already have been defined in the work specification;
  - (3) *Monitoring subjects*: the detailed subjects to be monitored for each physical location or for each activity should now be listed on each quality assessment standard. The subjects should be grouped according to primary and secondary;
  - (4) *Standard of quality*: for each subject recorded on the quality assessment standard it is then necessary to list the specific quality standard to be applied;
  - (5) *Method of assessment*: for each subject, it is then necessary to list the precise method to be used to test the quality achieved against the standard set, and the method of assessing the results of that test. This latter point is of particular importance in those cases where the measurement method is a subjective judgement and a score is given against a predetermined scale;
  - (6) *Frequency of assessment*: for each subject, the frequency of assessment should now be defined.
28. After completing these six parts of the quality assessment standards they will be complete except for defining who is responsible for carrying out the monitoring work on each subject. The definition of responsibilities will be completed in monitoring element No 2 (the use of the contractor's procedures) and element No 4 (the design of the monitoring procedures).
29. There are two general points to bear in mind when preparing quality assessment standards in the way suggested. The first one is that although all subjects should be listed on the assessment standards, in practice it may be necessary to define the standards and methods of measurement for the primary subjects only. Secondary subjects by their nature may never be subject to monitoring. Clearly, the decision not to monitor secondary subjects must be taken by the hotel services manager.
30. The second point to note is that the quality standard forms and procedures outlined in this chapter are intended only to describe the general logic of the steps to be followed. The forms and the procedures must be adapted in each case to meet the particular circumstances.
- 

## MONITORING ELEMENT NO 2

### THE USE OF THE CONTRACTOR'S QUALITY PROCEDURES

31. The second element of a monitoring procedure is the incorporation of the contractor's own quality assurance and quality control efforts in the process of monitoring, where this will be cost effective and produce reliable results. This will apply equally whether the service provider is an external contractor or is an in-house team.
32. There are three main steps in this process, namely:
  - (1) the review and assessment of the contractor's quality procedures;

- (2) the specification of those monitoring subjects where reliance is to be placed on the contractor's procedures;
  - (3) the subsequent monitoring of the contractor's quality procedures.
- 

#### **STEP 1 – Assess contractor's quality procedures**

33. The in-house or external contractor of a service will operate their own detailed systems relating to quality assurance, and quality control. These records will be operated primarily for the contractor's own management and not for the monitor, although it will clearly be more cost-effective if they can also be used by the monitor where possible.
  34. Where the service provider is the in-house team, all the detailed records can be made readily available to the monitor, and it may well be possible for the in-house team's quality control systems to be amended to meet the monitor's needs.
  35. Where the service provider is an external contractor, the detailed records belong to the contractor, and there is no obligation to make them available to the monitor except where specified in the contract. In general, however it will be to mutual advantage for detailed quality records to be made available to the monitor but the precise records concerned will have to be agreed in discussion between the monitor and contractor's management.
  36. The monitor should review the contractor's quality assurance and quality control systems in order to assess their scope and content and the possible contribution which they can make to the hospital's own monitoring procedures.
  37. At the end of the review the monitor should prepare a report for the hotel services manager. It is suggested that this report should include:
    - (1) a list of the main elements of the contractor's quality assurance and quality control systems, and a note of the level of reliance to be placed on each one;
    - (2) a description of any weaknesses identified, and a note of how the contractor intends to deal with them;
    - (3) a list of the contractor's quality control reports which are to be made available to the monitor;
    - (4) an analysis showing the specific subjects and physical areas where it is proposed to rely on the contractor's quality control system;
    - (5) a list and timetable of the future topics to be covered by the monitor in the periodic reviews of the contractor's systems.
  38. On completion, the monitor's report on the contractor's quality systems should be discussed and agreed with the hotel services manager, particularly those aspects of the systems on which the monitor proposes to place reliance in carrying out monitoring work.
- 

#### **STEP 2 – Specify reliance to be placed on contractor's procedures**

39. It was suggested in the previous step that the monitor's report on the contractor's quality systems should specify where reliance should be placed on the contractor's procedures in operating the monitoring systems.

40. Clearly, it will be sensible to make use of the contractor's own quality systems where possible, rather than increase costs by asking the monitor to carry out similar checks and so duplicate efforts. It will not, of course, always be possible to do this, as situations will arise when it will be essential for an authority to carry out its own independent checks, even if they do duplicate those being carried out by the contractor.
  41. In defining specifically where reliance is to be placed on a contractor's own systems, it will be found useful to use the quality assessment standards which were prepared in monitoring element No 1 and which show the subjects to be monitored, the frequency of monitoring and the assessment criteria. The final part of the quality assessment standard shown in Exhibits 6 and 7 can be used to show the responsibility for making the assessment checks. It is suggested that where it is considered that the contractor's own checks are adequate, that fact should be shown in that part of the quality assessment standard.
- 

### **Step 3 - Monitor the contractor's systems**

42. Once it has been agreed that the monitor shall make use of the contractor's own detailed systems in carrying out certain aspects of monitoring, then the monitor should review those systems at periodic intervals.
  43. It is suggested that the monitor should prepare a programme for the periodic examination to be made of the contractor's systems and procedures. The programme should be agreed by the hotel services manager, and the reports prepared by the monitor following each examination should be made available for discussion at the appropriate monthly meeting with the contractor.
- 

## **MONITORING ELEMENT NO 3**

### **SPECIFICATION OF MONITORING OUTPUT**

44. Monitoring element No 3 consists of the definition of the output required from the monitoring process.
  45. In all systems design, it is important to specify the output required at an early stage, so that the systems can be structured accordingly. In the case of service monitoring, the output is needed to meet three main needs:
    - (1) to provide management information to the hotel services manager about the general level of service provided, with particular reference to giving that manager all the information needed to help in decision making;
    - (2) to provide the information needed to support the payments made to the contractor and to make any deductions from those payments;
    - (3) to provide the information needed to enable the work specification to be amended where necessary to achieve improvements in the service.
  46. The three steps to be carried out in this element of monitoring are discussed in the following paragraphs.
-



**STEP 1 – Define management information needs**

47. One of the main purposes of the monitoring system is to provide the information which the hotel services manager needs to carry out the management role already described in the handbook. It is therefore necessary for the hotel services manager to decide what information is needed for management purposes, and for that to be agreed with the monitor who must then design the monitoring system accordingly.
48. In deciding what information is needed for management purposes, the hotel services manager should consider the various management elements already described in this handbook, and decide in each case the kind of information which the monitoring system should provide. To assist in that process, the main management elements are listed below, together with a suggestion as to the kind of information required from the monitoring system:

<b>MANAGEMENT ELEMENTS (described in Part II)</b>	<b>INFORMATION REQUIRED FROM MONITORING SYSTEMS</b>
1. New contract implementation	Not applicable
2. Day to day problem solving	Requirement for daily or weekly reports from users of the service, about the service and its quality. Reports, to be summarised for hotel services manager by monitor for weekly/monthly meetings with contractor and for action where needed to overcome recurring daily problems
3. Major problem solving	Monitor to provide hotel services manager with: <ul style="list-style-type: none"> <li>● reports from users</li> <li>● reports of recurring day to day problems</li> <li>● report of sampling results</li> <li>● reports from contractor about problems encountered</li> <li>● reports from technical specialists</li> <li>● reports of special reviews</li> </ul>
4. Dealing with the contractor (in-house or external)	Monitor to provide reports for discussion with contractor at monthly meetings. Also, reports of action taken to solve problems and the results.
5. Payment procedures	Data relating to service delivered, and any adjustments to payments
6. Contract and specification variation	Data showing the need for work specification variations, and the decisions taken about whether to make those variations.
7. Emergency plan	Not part of monitoring, but monitor should be asked to review emergency plan and report on continuing availability of resources to meet it.
8. Contract re-tendering	Data required from monitoring system relating to: <ul style="list-style-type: none"> <li>● performance of contractor</li> <li>● performance of in-house team</li> <li>● variations and changes required in new contract</li> </ul>
9. Reporting to unit general manager	Data needed to report periodically to unit general manager about the service

49. It is suggested that the hotel services manager should consider each of these management elements and together with the monitor decide specifically what information is to be provided by the monitoring system, and when. It is suggested that a list should be produced of the various reports showing the time each month they are to be available, who is to prepare them, and what will be the source data.
  50. This list of required reports and other data will be needed when designing the detailed monitoring system described in monitoring element number 4.
- 

### **Step 2 – Define payment support information**

51. The question of payment to external contractors, and budgetary control of in-house service teams has been discussed previously in this handbook and a chart provided in Exhibit 4 showing the general principles which will be relevant.
  52. The responsibility for making financial payments to external contractors will follow the arrangements in the authority's financial standing orders. The finance staff will have a role to take in those arrangements. The monitor will also have an important role.
  53. This means that the monitoring system will normally have to provide data relating to the payment procedure, namely:
    - (1) data showing that the service in question has been received. It may be that it will be made the monitor's responsibility to see that the necessary records are kept, or it may be decided that these records should be maintained by other departments;
    - (2) data showing that the quality of the service received was adequate. The monitor must specify at this stage what records are to be kept for this purpose and how they are to be used.
  54. The data required from the monitoring system relating to the payment procedure can be complex. It is suggested that monitors should take the payment system chart given earlier in this handbook, and should consider each of the steps on that chart. For each step they should then list:
    - (1) the documents to be prepared as a result of that step;
    - (2) who is to prepare them, from what data, and who is to receive them;
    - (3) the detailed calculations that are to be made on the documents.
  55. This list of payment support output from the monitoring system should be agreed with the hotel services manager, and with financial management, before proceeding further. It may well be that in preparing this list, the monitor will require technical assistance from financial and purchasing staff, and will have to make reference to the legal contract for the service concerned.
  56. If it is decided that a service which is provided by an in-house service team is to be subjected to the same recording procedures as an external contractor, then the output from the monitoring system needs to be defined at this stage, following the steps described above.
- 

### **STEP 3 – Define work specification variation information**

57. The third step in defining the output required from the monitoring system is to define how variations in the work specification are to be identified and implemented.

58. During the provision of any service, it will become apparent that the work specification, and perhaps the contract, needs to be amended. Amendments will arise through mistakes in preparing the work specification, changes in working conditions, and the possibility for obtaining better value for money by reducing the specification where it has been prepared to too high a standard.
59. In specifying the information needed to identify potential variations, it is necessary to consider from what source the need for variations will come and how they are to be dealt with. To do this, it is suggested that the monitor should consider the following potential sources of variations:
- (1) users' requests, arising from the day to day problems they have experienced;
  - (2) results of the sampling tests carried out by the monitor;
  - (3) results of the reports by technical specialists;
  - (4) contractors' requests (in-house or external) where the contractor finds that the work specification cannot be complied with;
  - (5) value for money studies which show that the work specification should be amended.
60. In considering these five potential sources of variations, the monitor should define how the requests are to be recorded, how they are to be reported to the hotel services manager, how they are to be authorised and finally what records are to be kept of variations and their implementation.
- 

#### **MONITORING ELEMENT NO 4**

##### **THE DEFINITION OF MONITORING PROCEDURES**

61. The final element in developing a monitoring procedure is the provision of check lists and monitoring schedules for each person with responsibility for carrying out the various monitoring tasks. To do this, relevant information is available from the three preceding elements:
- (1) Element No 1 provided the quality assessment standards showing what subjects were to be monitored and when;
  - (2) Element No 2 shows which of those subjects will be monitored using the contractor's systems, and which will be monitored using the hospital's own monitor and staff in user departments;
  - (3) Element No 3 shows what information has to be produced by the monitoring system.
62. To complete the design of the monitoring system, the above information now has to be used to:
- (1) decide on the balance between using the service user's staff and the monitor in carrying out detailed monitoring tasks;
  - (2) allocate specific responsibility for each monitoring task;
  - (3) prepare the monitoring checklists for each person who has been given a monitoring task;

- (4) design the monitoring procedures, including those in which the monitor collects the monitoring checklists, specialist's reports and other data and collates them for the monthly and other reports for the hotel services manager.
63. These four steps are described in the remainder of this chapter.
- 

#### **STEP 1 - Agree balance between user/monitor reporting**

64. Having completed monitoring elements 1 to 3, the first step in monitoring element No 4 should be to agree on the balance to be adopted between the monitor and user department's staff in carrying out detailed monitoring checks. It will be necessary to do this before allocating monitoring tasks to individual people.
65. Monitoring systems which involve user department staff will generally tend to be more comprehensive than those operated solely by a monitor. This is because in such systems each user will complete a periodic monitoring check list report which will evaluate the service provided to that department. By their nature such systems must therefore cover all user departments.
66. In contrast, a monitoring system which does not directly involve users will tend to be more selective. A monitor cannot cover all departments all the time, so a monitor based system will be based very largely on the taking of samples, and using the results of those samples to draw conclusions about the service as a whole.
67. In deciding on the balance of user involvement the following may be helpful:
- (1) services for catering and laundry will tend to require a monitor operated monitoring system;
  - (2) services for domestic and cleaning work can be operated on a monitor or user based system;
  - (3) in all cases, there must be some element of user involvement in the monitoring system; at the very minimum, there must in all cases be some form of procedure in which users can record problems experienced with the services in a way which will be reported to the appropriate level of management for action;
  - (4) the cost of the monitoring system should also be considered; a system making use of user department's staff for monitoring is likely to be less costly to operate than one which is carried out by monitoring staff employed solely for that purpose.
68. In reaching a decision as to the extent of the involvement of user department's staff in the monitoring system, the monitor will want to consult with the user department's managers to explain the likely extent of their involvement in the monitoring system and to explain to them the increased level of control which this will give them over the type, quality and delivery of the services.
- 

#### **STEP 2 - Allocate responsibility for monitoring tasks**

69. When the broad decision has been taken about the extent of the involvement of users in the monitoring system it will be possible to allocate specific monitoring tasks to individual managers and staff.

70. It is suggested that this should be done by completing the final part of the quality assessment standards for each monitoring subject or physical area which have been prepared in monitoring elements numbers one and two.
  71. It will be remembered that the quality assessment standards show the list of subjects to be monitored, the method of assessment for each one, and the frequency. Those subjects where reliance is to be placed on the contractor's quality control systems have already been marked accordingly. It is therefore now necessary to mark against each remaining subject either:
    - (1) the name of the user department's manager or staff member who will monitor that subject; or
    - (2) the monitor, or member of the monitor's staff; or
    - (3) the relevant technical specialist.
  72. When responsibilities have been allocated in this way, it will be advisable to make a preliminary assessment of the amount of work which such an allocation will place on individuals. It may well be, for example, that even a preliminary assessment at this stage will show that work could not be carried out by the monitor or user department staff. In that case, it will be necessary to reconsider the amount of resources to be allocated to monitoring, or to reduce the scope of monitoring being proposed, by redefining the primary subjects and high risk areas in the quality assessment standards.
- 

### **STEP 3 – Prepare monitoring checklists**

73. When the allocation of responsibility for monitoring each monitoring subject has been made, the next step should be to prepare the check- lists/reports to be completed by each person with a monitoring task.
74. To do this, it is suggested that each quality assessment standard is taken in turn, and a checklist prepared for the monitoring tasks to be carried out for each subject or area. The checklists should be designed so that they can be completed quickly and easily by the person making the test in a form which can then be returned to the monitor for rapid extraction and collation of the data.
75. In preparing the monitoring checklists/reports it will be necessary to consider the information requirements which were defined in the previous step. In that step the information required from the monitoring system was defined for management purposes, for payment purposes and for identifying the need for variations in the specification. These information needs must be considered when designing the monitoring checklist/reports so that they are designed in a way which will enable all the necessary data to be collected.
76. When the monitor has completed this stage, there should be four categories of checklists:
  - (1) checklists/reports for the staff of user departments to complete on a daily or weekly basis for immediate submission to the monitor;
  - (2) checklists/reports for each monitoring task to be carried out by the monitor or the monitor's staff;
  - (3) checklists for the special periodic monitoring checks to be made by the technical specialists concerned (eg dieticians);
  - (4) checklists for the special periodic reviews to be made by the monitor of the contractor's systems and other matters.

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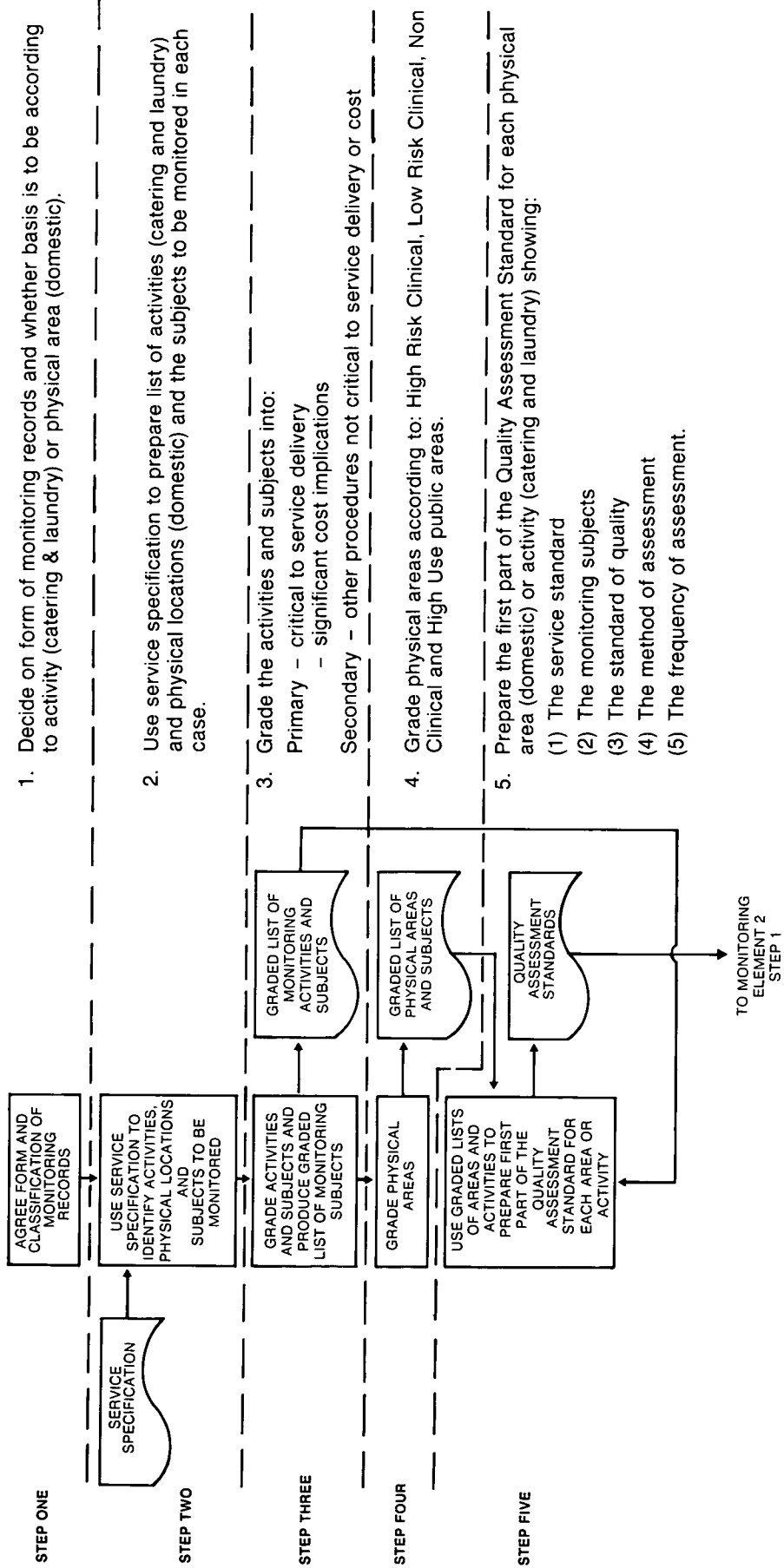
**STEP 4 – Design monitoring procedures**

77. Having defined the subjects to be monitored, and prepared the various checklists/reports to be prepared by users and by the monitor, the final step is to prepare and issue the written procedures which are necessary to implement and operate the monitoring system.
78. In summary, the main kinds of procedure which the monitor will need to design are:
- (1) the instructions to the staff of user departments about how and when to complete the daily/weekly checklist/reports and where to send them on completion;
  - (2) the instructions needed by the monitor's own staff and technical specialists about how and when to complete each monitoring task;
  - (3) the procedures needed by the monitor for receiving all the completed checklists/reports from users and completed sample reports, and for collating the results to produce the necessary summary data for the hotel services manager. Computer systems may well be appropriate for this part of the monitoring system;
  - (4) the procedure needed to provide the data needed to support the payment systems.
79. It is important that the procedures devised for each of these activities are incorporated into procedure guides. The procedure guides are important for the following reasons:
- (1) they provide the hospital with a base document to ensure the continuity of the monitoring role. It will form the basis for training of future monitors;
  - (2) they enable the hospital to review the basis of monitoring in the light of changes in the service;
  - (3) they will form the basis of communication with contractors on monitoring scope, and quality standards.
80. The hospital will run considerable risks over time if comprehensive procedures for users are not prepared and maintained. It is the responsibility of the monitor to prepare such procedures and to ensure that they are kept up to date with all changes.

**A SUGGESTED MONITORING DESIGN PROCEDURE**  
**MONITORING ELEMENT NO 1: DEFINITION OF MONITORING SCOPE**

**EXHIBIT 5**

**NOTES**



1. Decide on form of monitoring records and whether basis is to be according to activity (catering & laundry) or physical area (domestic).

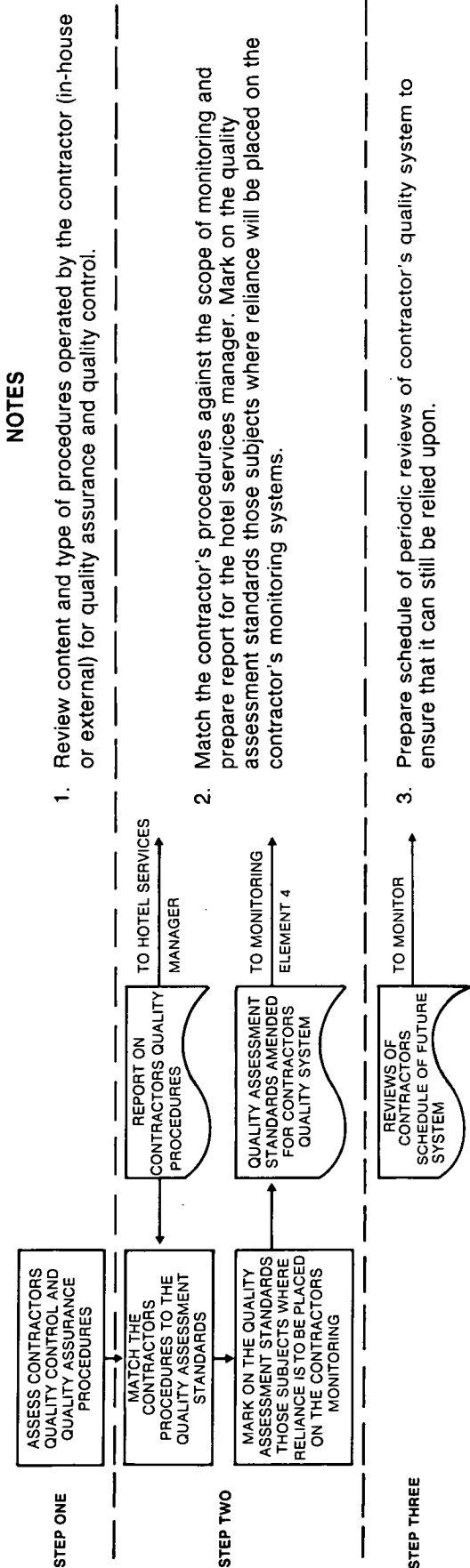
2. Use service specification to prepare list of activities (catering and laundry) and physical locations (domestic) and the subjects to be monitored in each case.

3. Grade the activities and subjects into:  
 Primary - critical to service delivery  
           - significant cost implications  
 Secondary - other procedures not critical to service delivery or cost

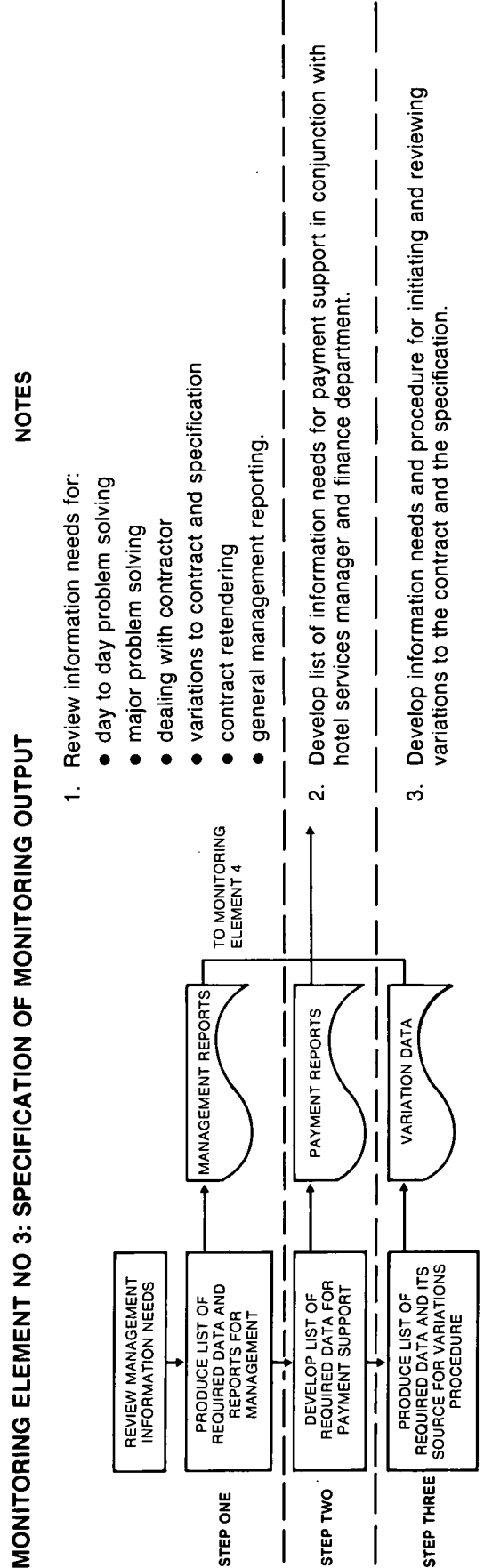
4. Grade physical areas according to: High Risk Clinical, Low Risk Clinical, Non Clinical and High Use public areas.

5. Prepare the first part of the Quality Assessment Standard for each physical area (domestic) or activity (catering and laundry) showing:  
 (1) The service standard  
 (2) The monitoring subjects  
 (3) The standard of quality  
 (4) The method of assessment  
 (5) The frequency of assessment.

**MONITORING ELEMENT NO 2: USE OF CONTRACTORS QUALITY PROCEDURES**

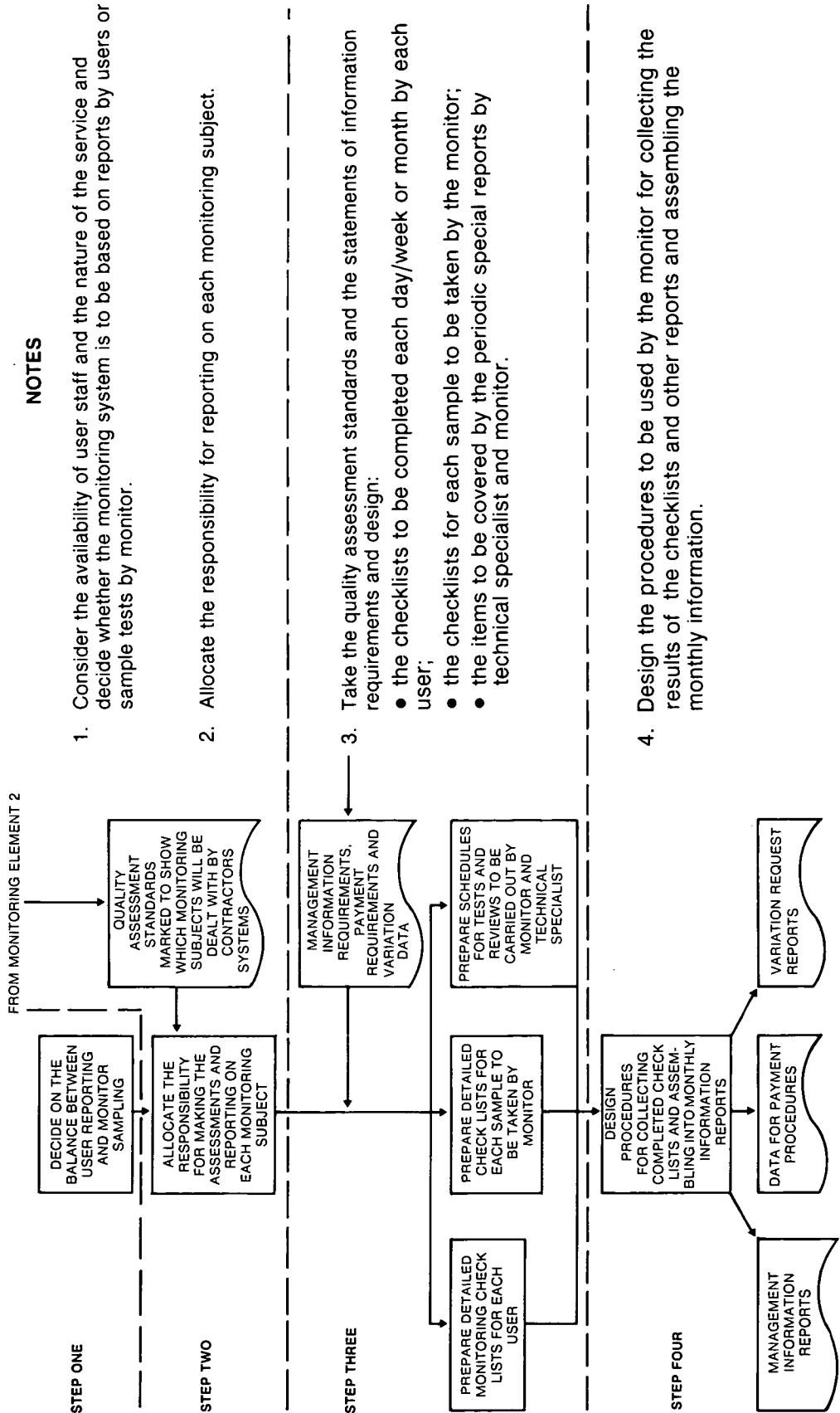


**MONITORING ELEMENT NO 3: SPECIFICATION OF MONITORING OUTPUT**





**MONITORING ELEMENT NO 4: DEFINITION OF MONITORING PROCEDURES**



**A QUALITY ASSESSMENT STANDARD FOR CATERING OR LAUNDRY****EXHIBIT 6:****THIS STANDARD IS SET FOR MAIN ACTIVITIES****QUALITY ASSESSMENT STANDARD****ACTIVITY:** Fresh vegetable storage procedure**GRADE:** Secondary**SERVICE STANDARD** Fresh vegetables will be stored in a clean and dry place with adequate ventilation and correct use by date labelling of stocks

MONITORING SUBJECTS	LOCATION	STANDARD OF QUALITY	METHOD OF ASSESSMENT	FREQUENCY			RESPONSIBILITIES FOR ASSESSMENT
				DAILY	WEEKLY	MONTHLY	
PRIMARY. NONE							
SECONDARY	Kitchen: Vegetable Store						
1. Vegetables stored in correct racks		Correct segregation by type and weight	Sample 50% of racks	x	x	-	Daily: Contractor
2. Part used bags correctly sealed		No used bags to be left open	Check all part used bags	-	x	-	Weekly: Contractor
3. Cleanliness of area		Free from all food waste and dirt	Check floor and underneath bins	x	-	x	Monthly: Specialist
4. Ventilation		No blockage of ventilation holes	Check all fixed ventilators for obstruction	-	x	x	
5. Labelling		All bags labelled for age and contents	Sample ten bags 100% is minimum acceptable	-	x	x	
6. Infestation		No direct evidence of activity	Check during review of subjects 1-5. Verbal report immediately plus written note.	x	-	x	

**QUALITY ASSESSMENT STANDARD FOR DOMESTIC SERVICES****EXHIBIT 7:****THIS STANDARD IS SET FOR A PHYSICAL AREA:****QUALITY ASSESSMENT STANDARD****LOCATION:** Operating theatre No.1**GRADE:** High Risk Clinical**SERVICE STANDARD** The area will be cleaned to a standard which will allow the theatre to be used for surgical procedures during normal scheduled working hours

MONITORING SUBJECTS	STANDARD OF QUALITY	METHOD OF ASSESSMENT	FREQUENCY			RESPONSIBILITIES FOR ASSESSMENT
			DAILY	WEEKLY	MONTHLY	
PRIMARY						
1. Cleanliness of floors	No stains, scuffs, surface water	Visual check no exceptions allowed	x	-	x	Daily: user (theatre sister)
	Complete coverage of floor. No build up of polish	Visual check move mobile equipment no exceptions allowed	x	-	x	Daily: Contractor
2. Cleanliness of wash basins/ Splashbacks	No smears or stains, traps and taps polished	Visual check, no exceptions allowed	x	-	x	Monthly: monitor and specialist staff
4. Waste sacks collection/	Correct no. of colour coded sacks replaced 3 x daily	Count No. of sacks, note no of times not replaced	x	-	x	
SECONDARY						
None						

NOTE: This Quality Assessment Standard shows only extracts of the full range of monitoring subjects in this type of location.

PART **V**

**DOMESTIC  
SERVICES**

## PART V

### DOMESTIC SERVICES

#### SUMMARY OF CONTENTS

Part V of the handbook identifies the important characteristics of domestic services, the features of external and in house contracts and how the elements of a monitoring procedure can be applied to domestic services.

	Page
<b>CHAPTER 13</b> <b>General characteristics of domestic services</b>	<b>79</b>
Discusses the key features of domestic services in a hospital environment.	
<b>CHAPTER 14</b> <b>Forms of domestic service contract</b>	<b>81</b>
Reviews the external and internal contract and the use of financial deductions.	
<b>CHAPTER 15</b> <b>The principal elements of a domestic service monitoring procedure</b>	<b>83</b>
Describes the principal elements of a procedure to be applied to domestic services.	
<b>CHAPTER 16</b> <b>Monitoring element No.1 Definition of monitoring scope</b>	<b>84</b>
Describes the five steps in defining the scope of monitoring in terms of subjects and physical areas and how the quality assessment standard documentation is prepared.	
<b>CHAPTER 17</b> <b>Monitoring element No.2. The use of the contractor's quality procedures</b>	<b>94</b>
Discusses how the contractor's own quality assurance and quality control procedures should be reviewed and how they can be integrated with monitoring procedures for the domestic services.	
<b>CHAPTER 18</b> <b>Monitoring element No.3. The specification of monitoring output</b>	<b>97</b>
Identifies and discusses ways in which the monitoring procedure should provide adequate information to support decision making in a domestic service.	
<b>CHAPTER 19</b> <b>Monitoring element No.4. The definition of monitoring procedures</b>	<b>106</b>
Discusses the way in which detailed operating procedures, checklists and reports are defined for domestic services and how the procedures could be implemented.	

## **PART V**

### **CHAPTER 13**

# **The General Characteristics of Domestic Services**

## **INTRODUCTION**

1. Domestic services in hospitals deal with a wide range of activities and tasks. In some cases the service concentrates on cleaning but additional patient related duties such as meal service can be included. The range of duties performed by domestic staff will be influenced by the layout and design of the hospital and will stem from the operating policy of the unit. Generally, all domestic activities relate closely to the pattern of the in-patient day.
2. The purpose of this chapter is to describe the general nature of domestic services and to identify some important characteristics and forms of organisation. Subsequent chapters will discuss the development of detailed monitoring procedures.

## **THE CHARACTERISTICS OF DOMESTIC SERVICES**

3. The exact nature and scope of domestic service activities will depend on:
  - (1) the physical layout of the hospital unit;
  - (2) the organisation, and responsibilities of other groups of staff, whose work relates to domestic services eg porters, nursing staff and catering staff;
4. All domestic services provide a cleaning service in wards, departments and possibly residences, and in addition may be involved in preparing beverages and assisting in serving meals. Patient orientated tasks may be included.
5. Domestic service provision differs from laundry and catering services in a number of important ways, for example:
  - (1) there are few, if any, truly objective measures of performance or quality for many domestic activities;
  - (2) many activities require the participation and cooperation of service users;
  - (3) a particular level of cleanliness achieved will only exist for a short time as a result of normal deterioration due to use;
  - (4) a number of activities are of a true 'service' nature in that quality relates not to a tangible product but relates to how the activity is performed.

### **Organisation of domestic services**

6. Normally, the organisation structure adopted for a domestic service will group individual domestics or cleaners under supervisors who will each be responsible for a number of physical areas. These supervisors will report directly to a member of the domestic service managers' team (in-house or external). Depending on the type of hospital unit involved, groups of staff may also be allocated to particular physical areas (eg operating theatres), where a degree of specialised work is required. In general terms however a high degree of flexibility will normally exist in the use of staff for different tasks.

7. As a result of recent changes in the composition of hospital unit management teams, the job description, title and responsibilities of domestic services managers may vary greatly between different health authorities. In some instances a district domestic services advisor will be included in the structure, usually where the district contains a number of geographically dispersed units. In these cases, the district advisor will report to the district general manager.
8. An external contractor will frequently have managers who are responsible for several contracts in addition to the normal unit level organisation. These managers are an important point of contact for a health authority during the ongoing monitoring of contract performance.

#### **Other departments and specialists involved in domestic services**

9. Unlike laundry and catering services, domestic service operations do not require a significant input from a large number of specialists. Depending on the type of hospital unit, the following specialists may be involved:
  - (1) control of infection officer: This person is responsible for developing procedures to prevent cross infection within hospital units. The maintenance of effective procedures for cleaning those areas where infection risks are high, will be a major concern of this person.
  - (2) occupational health officer: This person will be concerned with the observance of health policies and working practices which minimise the risks of staff related infections or injuries.
  - (3) pest control officer: This person will undertake a planned programme of inspection and reporting to the hotel services manager. In some cases specialist contractors will be employed by the authority to perform the pest control work.

## **PART V**

### **CHAPTER 14**

# **Forms of Domestic Service Contract**

## **INTRODUCTION**

1. The form of contract used for domestic services will define what services are to be provided, where they will be provided, and how payment for these services will be made. This chapter discusses the factors which affect the form of contract used and how payments for services are made.

## **THE EXTERNAL CONTRACT**

2. A health authority enters into a contract with a domestic service provider for the performance of specified tasks in defined locations to an acceptable level of quality. Unlike laundry and catering provisions there are fewer opportunities in domestic services for significantly different ways of providing the services.
3. The DHSS has provided a sample contract for domestic services in the NHS and generally that is the form of contract which appears to have been adopted by health authorities. There are currently no major variations in the basic form of that contract in use in the NHS. A typical contract will specify the amount payable weekly in arrears to the contractor for the first year of the contract. The amount payable in subsequent years is calculated by using a formula which takes into account the effects of variations made to the contract and the increase in labour rates of pay. The contracts for domestic service are therefore fixed price contracts and except for materials supplied by the health authority, the financial risk falls entirely on the contractor.
4. Some health authorities have chosen a monthly invoicing cycle instead of weekly, and the contract may also include detailed provisions for payment deductions where work is not to the required standard as specified.

## **THE IN-HOUSE CONTRACT**

5. When a domestic service contract is awarded to the in-house team after a competitive tender a formal contract does not exist. In these cases it is normal to rely on an undertaking by the service manager to provide domestic services at the budgeted cost on which the tender was won. Reporting of cost performance should follow the way in which these costs were identified in the tender. This will have to be achieved by separating out those costs which are the responsibility of the in-house domestic services manager and reporting them each month. In the absence of a formal contract between the authority and the in-house team the reporting of cost performance is an important element in the control of the in-house service.
6. The monitoring procedure adopted by a health authority should as far as possible be the same for both in-house and external provision. Both types of provision are directed towards achieving the same results, the main difference between them being the legal status of the arrangement between the parties.

## **FINANCIAL DEDUCTIONS**

7. The specimen form of contract for domestic services issued by the DHSS contains details of the rights of a health authority to withhold payment for services not rendered by an external contractor within a reasonable time allowed. Provision is also made for the

authority to obtain the service from another source and charge the contractor with the costs of doing so.

8. In practice many of the contracts in use by health authorities include additional provisions relating to how deductions from payments will be made and under what circumstances. The aim in operating a system of financial deductions is to provide the contractor with a strong incentive to carry out all the work specified at the standard required.
9. In practice, financial deduction systems in domestic service contracts operate on the basis that the monitor makes an assessment of the cleanliness of a number of physical locations. The assessment will usually be based on:
  - (1) a calculation of the hours of work which should have been spent on those locations; or,
  - (2) a points system in which points are deducted for each task not completed satisfactorily.

(These two types of measurement system are discussed in chapter 16).
10. What is more important than the measurement method is the way in which it is applied when calculating the financial deduction to be made from the payments to the contractor. This can vary considerably. In some systems, failure for one task in a particular area counts as failure of the whole area with the financial penalty being calculated for the whole location. Similarly, a failure to pass a quality standard in a small sample of areas, can be applied proportionately to the total contract price. Financial deduction systems of this kind can be extremely severe.
11. Other types of financial deduction systems however are operated in which the deduction is based only on the amount of work which has not been done adequately and the deduction is not related to the whole physical area or to the whole contract. In such systems, the contractor may also be given the opportunity to rectify work before a deduction is made. These kinds of system are less severe.
12. The consultants found examples of both severe and less severe approaches to deductions. Although satisfactory operation of both systems was found, generally, the use of the more severe deduction systems appeared to result in a less flexible relationship with the contractor. In a hospital, with its diverse and continuously changing needs for domestic services, a flexible and cooperative arrangement with the contractor will be important. Such arrangements appear to be harder to achieve where rigid and severe deduction systems are operated.
13. The way in which the results of monitoring are related to deductions in payment will have a direct influence on the relationship between the contractor and the service user. It is important therefore that when designing a monitoring procedure the application of financial deductions is not given undue importance. Both the health authority and the contractor must, however, be quite clear as to the procedure which will be followed when assessing the amount of any deductions to be made.



**PART V**

**CHAPTER 15**

# **The Principal Elements of a Domestic Service Monitoring Procedure**

## **INTRODUCTION**

1. Part IV of the handbook described the general principles involved in the main elements of a monitoring procedure. They are:

**Monitoring Element No 1** - The definition of monitoring scope

**Monitoring Element No 2** - The use of contractor's quality procedures

**Monitoring Element No 3** - The specification of monitoring output

**Monitoring Element No 4** - The definition of monitoring procedures

2. In the following chapters each of these monitoring elements are taken in turn, and suggestions are made as to how they should be applied to domestic services. Readers will find it helpful if they have already read Part III of the handbook which describes a general form of monitoring and payment procedures and also Part IV which describes the four elements of monitoring and suggests the way in which a monitoring system can be designed.

## **PART V**

### **CHAPTER 16**

# **Monitoring Element No 1: Definition of Monitoring Scope (Domestic Services)**

## **INTRODUCTION**

1. The first element in a system of monitoring is the definition of the scope of the system and of the quality standards which are to be applied and monitored. This definition will be based on a detailed study of the work specification and will show which activities are to be monitored, the standards to be applied, how they are to be monitored and when. In an ideal situation the definition of monitoring scope should be prepared in conjunction with the work specification, but in many cases this will not be possible as the work specification will already be in existence.
2. There are five main steps in defining the scope of monitoring for a domestic service. They are:
  - (1) to define the structure of the monitoring records;
  - (2) to list the physical areas and subjects to be monitored;
  - (3) to grade the subjects to be monitored;
  - (4) to grade each physical area according to priority;
  - (5) to prepare the quality assessment standard documentation.

---

## **STEP ONE - DEFINE STRUCTURE OF MONITORING RECORDS**

3. The first step in setting up a monitoring system for a hospital domestic service is to decide:
  - (1) the format for the quality assessment standards;
  - (2) the way in which the records will be classified, by physical area or by activity;
  - (3) the scope of the monitoring activity.
4. A suggested content for the quality assessment standards is given in Part IV of the handbook. In designing a domestic service monitoring system, monitors should review the suggested format and use it as a basis to design the specific format required to meet the needs of the domestic service for their particular unit.
5. The classification adopted for the quality assessment standards is important, as subsequent development of the monitoring procedure will be built on that classification. In general, the classification of service operations for monitoring purposes can be according to activity or physical area. It is probable that in the case of domestic service, a classification according to physical area will be the most useful one to adopt, and that is the basis adopted in this handbook. There will, however, be certain matters which do not relate to physical area,

such as waste disposal, health and safety and separate quality assessment standards should be developed for these matters.

6. The third matter to decide in Step 1 is the overall scope of the monitoring service. This will depend on the work specification and on the extent to which the specification includes general domestic services in addition to cleaning. It is important to decide at an early stage broadly what aspects of the work specification are to be covered by the monitoring system. In some cases, for example, a decision is taken to confine monitoring to the cleaning aspects only in order to keep the monitoring system as simple as possible, and to reduce the costs of operating it. It is important that any decision to restrict the scope of the monitoring system in this way is agreed by the hotel services manager.

---

#### **STEP TWO – LIST PHYSICAL AREAS AND SUBJECTS TO BE MONITORED**

7. Having decided that physical areas will be the prime classification of the monitoring records for domestic services the monitor must now use the specification to prepare a comprehensive list of all the areas where domestic services will be performed. For each of these areas it is then necessary to list all the subjects to be monitored.
8. For each area, the specification will normally contain the following information:
  - (1) a plan of the area with room codings and dimensions;
  - (2) a brief description of each room within the area;
  - (3) the floor type;
  - (4) the coded activity or procedures required for cleaning the area;
  - (5) the frequency of performance.
9. Having listed the physical areas where domestic services will take place, the next step is to list the subjects to be monitored. In each area a range of cleaning subjects will have to be monitored together with other aspects of domestic work such as catering and laundry related tasks. The specification will contain details of all tasks to be monitored.
10. In addition to the list of potential monitoring subjects which concern cleaning and other work activities, domestic services may also include subjects to be monitored such as:
  - (1) access to premises/security;
  - (2) health and safety;
  - (3) waste disposal practices;
  - (4) infestation control;
  - (5) staff uniforms and facilities.
11. It will be necessary to examine each of these individually so that they can be included as monitoring subjects in the preparation of quality assessment standards for each location. For example the subject of waste disposal may contain specific requirements relating to potentially infectious waste in wards or procedure rooms.
12. An example of some of the domestic service subjects to be monitored for a surgical ward is given below. This listing covers cleaning activities, other domestic duties and policies and

procedures which must be complied with. Individual cleaning tasks (eg dusting, floor cleaning) are often grouped together and given a procedure code for reference in the work specification. It may be found convenient to use these procedure codes when listing monitoring subjects.

---

## Example of Monitoring Subjects

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### SURGICAL WARD No.1

#### MONITORING SUBJECTS

##### CLEANLINESS OF FIXTURES

###### **Monitor results of;**

procedure code which includes the following:

- damp mop area, locker tops, chairs, tables
- wipe bedframe, bed lights, curtain rails  
(furniture in bed area to be moved for cleaning)
- radiators, mirrors and partition ledges

##### CLEANLINESS OF SANITARY AREA

###### **Monitor results of;**

- damp wipe wash hand basins, taps and surrounds

##### MAINTENANCE OF WINDOW AND CUBICLE CURTAINS

###### **Monitor results of;**

- removal and replacement of curtains
- bagging for laundry collection

##### CLEANLINESS OF FLOORS

###### **Monitor results of;**

procedure code which includes the following:

- dry dust mopping
- damp mopping
- spot mopping spillages
- scrubbing

##### ADHERENCE TO SCHEDULES AND PROCEDURES

###### **Monitor the results of;**

- washing up after meal
  - putting away crockery
  - safety signs procedure
  - repositioning of furniture
  - storage of equipment procedure
- 

#### STEP THREE - GRADE MONITORING SUBJECTS

13. It will be appreciated that in a domestic service there will be a large number of monitoring subjects covering a large number of physical areas. From a monitoring point of view some of these subjects and areas will be more important than others, and so it will be necessary to grade both subjects and physical areas according to priority so that the proper emphasis and monitoring resources can be given to the more important subjects.
14. The simplest approach to grading domestic service monitoring subjects will probably be to adopt a simple two part code. Each subject should be graded as either *primary* or *secondary*. A primary subject would be one which is critical to either:
  - (1) the provision of the service; or
  - (2) the cost to be paid by the authority.

Under such a grading system a primary activity or monitoring subject would deal with an aspect of the service which was fundamental and where failure would be regarded as a breakdown of the service.

15. Using the lists of monitoring subjects previously prepared the monitor, the hotel services manager and technical specialists should assign primary and secondary grades to monitoring subjects. In domestic services whilst the majority of cleaning tasks will be graded as primary subjects some may be of lesser importance.
- 

#### **STEP FOUR – GRADE PHYSICAL AREAS**

16. The next step is to grade the physical areas where domestic services will be performed so that a higher level of monitoring can be applied to higher risk areas. This should be done using the list of areas developed in step one.
17. It is important not to develop too many grades of physical area otherwise the differences between each successive grade will not be significant. The purpose of grading is to focus attention on those areas where the monitoring of domestic activities is important for the safe and continuous operation of the hospital. For this reason it is suggested that no more than three or four grades should be selected. The exact grading structure adopted will depend on the range of physical areas included in the specification, the type of procedures undertaken, and the usage patterns and equipment located in the areas. Grading should therefore be performed in consultation with department heads, specialists and general management. It will also be preferable if the monitor can visit all locations and areas to gain an understanding of their characteristics.
18. A possible grading structure for domestic services would be:
  - (1) High risk clinical – operating theatres, intensive care units etc;
  - (2) Low risk clinical – patient areas, wards, outpatient consultation or treatment rooms;
  - (3) Non clinical – staff residences, common rooms offices.
19. In large units, where there are certain physical areas where there is use by large numbers of patients, there may be a need for a fourth grading category, namely:
  - (4) High use public areas – main entrance halls, outpatients waiting areas;

Whichever grading structure is adopted it must reflect an accurate assessment of the risk or relative importance of the area to the hospital.

#### **Cataloguing of areas**

20. During the grading process the monitor should take the opportunity to verify that the function of each area is adequately noted. In some cases, areas are known by names or numbers or their position relative to stairs, landings etc and the monitor should make sure that adequate descriptions are attached to each of these.
21. For future reference purposes it may be useful if the monitor maintains an index of areas to be monitored.

22. The consultants found that monitoring staff generally chose one of two possible approaches namely:
- (1) an alphabetic listing by department identifying the manager or department head and the gradings of all the areas within the department. Where a number of separate buildings were included in the unit a list was normally kept for each building;
  - (2) a listing of areas within a hospital unit according to the grade assigned.
- The first approach is likely to be more useful to the monitor as it contains information on the management and overall organisation of the hospital unit as well as the grading for monitoring purposes.
23. During the development of the work specification, individual rooms and corridors will be grouped together to form functionally related locations. For example, a ward room including the sister's office, sanitary areas and closely associated stairs and passageways will form one area for the purposes of indexing and monitoring domestic services.
24. When grading each area the monitor should avoid any further splitting into smaller areas beyond what is defined in the specification for the following reasons:
- (1) it would result in the development of a quality assessment standard for each individual room, which would require excessive documentation;
  - (2) the practical application of monitoring would become difficult because it will be being done on a different definition of areas from that given in the specification.
25. In assigning grades to each area the monitor and the hotel services manager should make a judgement on the area as a whole. The importance of each individual room or each sub-area can then be accommodated in the next step by adjusting the standard of quality required, the methods of assessment used and the frequency of monitoring.

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#### STEP FIVE - PREPARE THE QUALITY ASSESSMENT STANDARDS

26. The form of the quality assessment standards will have been defined in step 1. A quality assessment standard should now be prepared for each plan area contained in the service specification. Each quality assessment standard should show:
- (1) the location reference number (or name) and grade;
  - (2) the overall service standard expected;
  - (3) the subjects to be monitored;
  - (4) the room or sub area where each subject will be monitored;
  - (5) the standard of quality expected;
  - (6) the method to be used to assess quality;
  - (7) the frequency of assessment;
  - (8) the person responsible for the assessment..
27. An example of a domestic service quality assessment standard using these headings is given below. This example only shows some of the monitoring subjects and uses the abbreviated form of procedure code notation for the identification of cleaning tasks.

**Example of a quality assessment standard**

<p><i>Location:</i> Surgical Ward no 1; <i>Grade:</i> Low risk clinical</p> <p><i>Overall service standard:</i> The bedded area and sanitary areas to be maintained so that no appreciable accumulation of dust and dirt is evident after cleaning. Other areas may show evidence of use or soiling consistent with the frequency of cleaning tasks contained in the specification.</p> <p><i>Primary monitoring subjects</i> (1) WARD/FLOOR CLEANLINESS Procedure code WR3, including, ● damp mop floor ● spot mop spillages ● scrub floor</p> <p>(2) KITCHEN CLEANLINESS Procedure code KT3, including, ● empty/clean refrigerator ● clean inside ice-maker and descale ● receive and store provisions</p> <p>(3) SISTER'S OFFICE CLEANLINESS Procedure code OF2 including, ● high dusting of ledges</p> <p><i>Rooms related to subjects:</i> (1) Ward Room – Procedure WR3 (2) Kitchen – Procedure KT3 (3) Sister's Office – Procedure OF2</p>	<p><i>Standard of quality expected:</i> (1) Ward Floor cleanliness ● all surfaces free from dust, smears and film ● no excess dampness, streaking, or residual dirt after damp mopping ● no scuff marks or residual dirt after floor scrubbing</p> <p>(2) Kitchen cleanliness ● cooker free from spillages, burnt on deposits and grease ● sink and drainer free of water, dry and polished, no debris in traps ● no food debris in refrigerator ● no stains on interior or exterior ● no ice build up in freezer section ● provisions stored after delivery by end of day shift ● all provisions kept in sealed containers.</p> <p>(3) Sister's office cleanliness ● no smears or marks on office windows ● no build up of dirt around door handle ● scuff marks and stains removed from floor ● no build up of dust on horizontal surfaces</p> <p><i>Method of assessment used:</i> ● all monitoring subjects would be assessed by regular inspection either by users or the monitor.</p> <p><i>The frequency of assessment:</i> (1) Ward cleanliness; Daily and weekly (2) Kitchen cleanliness; Daily (3) Ward office; Monthly</p> <p><i>Responsibility for assessment:</i> (see monitoring element 4)</p>
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28. When the quality assessment standards have been prepared they will be used to complete the design of the monitoring system as described in elements three and four.
29. The quality assessment standards should be kept up to date as they serve as the central basis of the monitoring system. They should be amended by the monitor to take account of any changes in procedures which result from variations to the specification.
30. The number of quality assessment standards for a domestic service is likely to be large and it may well be appropriate for them to be held as a computer record or on a text handling system.

### NOTES ON PREPARING THE QUALITY ASSESSMENT STANDARDS

31. In the remaining sections of this chapter a number of general notes are given to assist with the completion of the quality assessment standards, for a domestic service. The notes provide guidance in:
- (1) the definition of service standards;
  - (2) the method of assessment;
  - (3) time based assessment systems;
  - (4) points scoring systems;
  - (5) activity observation reporting;
  - (6) the frequency of assessment.

#### **The definition of service standards**

32. The nature of domestic tasks means that service standards for cleaning tasks are difficult to define precisely. Cleaning tasks are frequently performed whilst the area is in continual use and the particular standard desired may be achievable for only a short period of time.
33. The following points may assist the monitor in defining a service standard for domestic services:
- (1) reference could be made to the existence of physical characteristics eg staining, scale, scuff marks, dust etc;
  - (2) reference could be made to a desirable condition immediately after cleaning;
  - (3) reference could be made to “normal use and external conditions”. Abnormal conditions of use for say a circulation area would be when exceptionally high levels of soiling resulted from extreme weather conditions.
34. Once defined the service standard may be amended in the light of experience gained during monitoring. The monitor and the service provider should cooperate to refine the service standards and inform users and staff performing the work of how the standard is to be interpreted in practice.
35. If quantitative standards of quality are to be used, the measurement process must be:
- (1) consistently repeatable over time and be a valid measure of definable characteristics;
  - (2) acceptable to both service providers and users.
36. Domestic service provision does not readily lend itself to quantitative standards. Therefore, the majority of monitoring subjects in domestic services will have qualitative standards of service quality applied to them which will be measured by subjective observation.

#### **The method of assessment (points evaluation methods)**

37. The choice of the method of assessing whether quality standards are being achieved is one of the most important parts of the development of a monitoring procedure. It is the results of the assessment procedure which will be utilised by management in reviewing contractor performance, and in calculating any deductions to be made from payment to the contractor.



38. A number of approaches are available to the monitor in selecting an appropriate method of assessment for domestic services. They are:
- (1) a time based assessment system;
  - (2) a points scoring system;
  - (3) activity observation reporting.

#### **Time based assessment systems**

39. Under a time based assessment system, an extensive study has to be carried out to work out the amount of time required to carry out each task in each location. Work study expertise is required to do this. The time value for each task is then translated into a number of points for the task depending on the amount of time and the importance of the task. When the monitor makes the assessment of each location, and records that a task has not been performed adequately the relevant points are recorded as a penalty. The total number of penalty points can then be expressed as a percentage of the total available points for all the tasks for the location being assessed. A sampling procedure is usually adopted so that a specified number of physical areas are reviewed each week or month. The sample may be selected on a basis which gives more frequent review to high risk areas.
40. When the results of a time based system have been calculated, usually in the form of the percentage of points for failed tasks in relation to all tasks, the information can be used to report general quality results to management, or it can be used to calculate a financial deduction from the payments to be made to the contractor. This can be done by relating the percentage of failed tasks to the total contract price.

The advantages of the time based assessment system are:

- (1) it provides a method of extrapolating a sample assessment to the whole contract;
- (2) it provides a means of calculating how much work should be paid for when the results are incorporated into payment procedures and after the contractor has been given suitable opportunities to rectify faults.

The disadvantages of the approach are:

- (1) the procedure requires a great deal of initial work to calculate the time values of all tasks;
- (2) the procedure is often based on historic activity time values contained in the specification which may not be truly representative of actual times unless they are continually reviewed and amended;
- (3) the calculation of results and the extrapolation to the whole contract is a relatively complex process involving separate calculations for each weighted group of observations.

#### **Points scoring systems**

41. In a points scoring system, each type of domestic service task will be allocated a number of points. The number of points allocated will depend on its importance and on the degree of risk in the area, where the task will be carried out.
42. When that has been done, each location is set a failure limit, which is the number of penalty points above which the overall standard achieved will be considered unacceptable. The higher the risk grading of the area the lower the failure limit which is set.

43. When a monitoring assessment is carried out, the monitor will examine the results of each cleaning task and if the results are unacceptable, will note the number of penalty points. If the penalty points accumulate to the failure level for the area, the area will have failed the assessment.
44. The results of a points scoring system of assessment can be reported as the number and types of areas which have failed inspection and can be used by management to assess the general acceptability of the service. The points scoring system can also be used to calculate a financial deduction from the payment to the contractor. This can be done by relating the number of failure areas to the total number of areas and to the total contract price.
45. The advantages of this approach are:
- (1) the coding procedure is not dependant on the maintenance of standard time data;
  - (2) the coding procedure does not expect or look for one hundred percent achievement of all tasks in a given area;
  - (3) the coding procedure seeks to assign values to tasks and areas which reflect the overall complexity and risk in the area rather than adopt a single measure such as time to represent activity importance.
- The disadvantages of this procedure are:
- (1) the final calculation of overall contract performance and deductions from payment for work performed can be complex;
  - (2) in a given area which has exceeded the failure limit, the final payment calculation does not credit the service provider with activities performed satisfactorily. However, this will be compensated for by those areas which did pass the test which included activities not completed satisfactorily.
46. Both the time based and points scoring approaches are attempts to codify the results of subjective judgements made during monitoring. Neither approach will compensate for a lack of a detailed and consistent application of well defined and understood quality standards. Both approaches will require considerable amounts of data collection and processing in every situation other than the monitoring of small hospital units.
47. For domestic services, the points scoring system would appear to be preferable, since it requires the monitor to examine in some detail the importance of a particular activity or task to the area as a whole rather than use the single measure of time as the indicator of task importance. Whichever system is finally adopted the monitor should remember that the actual method of assessment used is secondary to the definition, explanation and continual review of service standards expected.

#### **Activity observation reporting**

48. For some domestic service tasks, the quality standard requires that a particular method or procedure must be adopted. In these cases observation reporting at the time the task is carried out will be the appropriate method of assessment. It is, however, a time consuming method and it is questionable whether a service monitor should concentrate on practices and procedures rather than on the end results. Spot checks on the correct use of equipment, observance of safety procedures and handling of waste material may be subjects where periodic activity observation is applicable, but otherwise it is not a method of assessment which is generally appropriate for domestic services.

**The frequency of assessment**

49. The work specification will contain detailed descriptions of the frequencies of performance of tasks. These frequencies of performance will determine the frequency of assessment. It is important to note at this point that the monitor is deciding on the interval *between* successive assessments and is not indicating *when* the assessment will be made in relation to task completion. When final monitoring checklists and documents are designed, specific details of when the assessment should be carried out will have to be defined.
50. It may be desirable to specify a more frequent assessment of certain activities than say, once per day. If activity performance cycle times are several times per shift, then a shift based frequency of assessment would be appropriate. However, the monitor should consider the following factors in defining frequencies of assessment:
  - (1) too frequent assessments will be time consuming for service users;
  - (2) there may be little or no appreciable change in the observable results of the activity if assessment is made more often;
  - (3) some activities may be monitored at more than one time interval depending on the grade assigned to the area.

**PART V**

**CHAPTER 17**

# **Monitoring Element No 2: The Use of the Contractor's Quality Procedures (Domestic Services)**

1. The second element of a monitoring procedure is the incorporation of the contractor's own quality assurance and quality control procedures in the process of monitoring. This will apply equally where the service provider is an external contractor or is an in-house team. There are three main steps in this process, namely:
  - (1) the review and assessment of the contractor's quality procedures;
  - (2) specifying the monitoring subjects where reliance is to be placed on the contractor's quality procedures;
  - (3) subsequent monitoring of the contractor's quality procedures.

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## **STEP ONE – ASSESS CONTRACTOR'S QUALITY PROCEDURES**

2. Quality assurance and quality control procedures and records operated by the contractor exist primarily to assist the in-house or external contractor in the effective management of their operations. They are not therefore primarily designed for reporting to the service user organisation. They should be reviewed by the monitor in order to assess their general extent and reliability, and in particular to decide specifically which of the subjects identified in monitoring element No 1 can be monitored effectively using the contractor's own quality systems.
3. In reviewing the contractor's quality assurance procedures the main topics to be covered should be:
  - (1) the relevance of the contractor's quality procedures for domestic services in a hospital or health care unit including an awareness of the special characteristics of hospitals, and:
    - compliance with the health authorities' procedures and practices for the control of cross infection;
    - the understanding shown of basic hospital procedures and cycles of activity;
    - the range of operational conditions, materials, and equipment found in hospitals;
  - (2) the extent to which operating procedures have been documented in working instructions for staff;
  - (3) the training given to supervisors and staff in;
    - the maintenance of quality standards;
    - the management of teams of domestics in a hospital environment;
    - the use of equipment;
    - the development and maintenance of good working relationships;
    - the range of operating procedures to be observed;
    - the responsibilities for quality of work;

4. At the end of the review of the in-house or external contractor's quality systems, the monitor should prepare a report for the hotel services manager. This report should cover:
    - (1) a description of the contractor's quality assurance and quality control systems and whether these meet his contractual obligations;
    - (2) a description of any obvious weaknesses and how the contractor should deal with them;
    - (3) a list of the quality control reports which would be made available to the monitor and their contents;
    - (4) an analysis showing the monitoring subjects and/or areas or rooms on the quality assessment standards where it is proposed to rely on the contractor's own systems;
    - (5) a list of topics to be examined by the monitor when future reviews are made of the contractor's quality assurance and control procedures.
  5. The monitor's report to the hotel services manager should be the subject of discussion with specialist advisors if necessary, in particular those aspects of the system where reliance will be placed on the contractor for performing monitoring. The report should also be discussed with the contractor's management, with particular reference to overcoming any problems identified in the contractor's quality systems.
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#### **STEP TWO – SPECIFY RELIANCE TO BE PLACED ON CONTRACTOR'S PROCEDURES**

6. The report prepared in step one should show those monitoring subjects where it is proposed to rely on the contractor's own quality procedures for monitoring. These should now be recorded in the final column of the quality assessment standards which provides for the nomination of responsibility for monitoring. Suitable subjects for contractor monitoring might include:
  - (1) staff training programmes;
  - (2) use of correct work wear;
  - (3) use of the authority's facilities;
  - (4) cleaning tasks in low risk, and non-clinical areas and monitoring subjects which have been graded as of "secondary" importance in monitoring element No 1;
  - (5) use of temporary staff;
  - (6) correct use of equipment.
7. In the case of domestic services there will be certain monitoring subjects where authorities will not wish to rely on a contractor's own procedures. These relate to matters where independence is important, and will include:
  - (1) any matter relating to payment, or the application of financial deductions from payment;
  - (2) health and safety;
  - (3) material stocks if owned by the authority;

8. The provision of domestic services in a hospital unit requires a high degree of cooperation between service providers and users. Both parties must direct their efforts primarily at ensuring that the service is provided to the required level of quality. Both parties therefore have a role to play in the monitoring of quality standards and so where a competent contractor is providing a service it is sensible not to duplicate the operation of quality control procedures except where this is necessary.
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### **STEP THREE – MONITOR THE CONTRACTOR’S PROCEDURES**

9. The monitor should prepare a programme for the periodic review of the contractor’s quality procedures and the results achieved. This could take the form of a joint review by the monitor and the contractor of past results and a series of random inspections to validate the accuracy of assessments made. For example, if the use of correct workwear was a subject for contractor monitoring and reporting the past records of monitoring by the contractor could be validated by a series of spot checks performed by the monitor.
  10. In any event, the monitor should prepare a schedule and timetable of the periodic reviews to be made of the contractor’s quality systems. The review should deal with those aspects of the contractor’s quality systems on which reliance is being placed in the hospital’s own monitoring procedures. In addition, the reviews should cover any other aspects of the service which it is considered should be examined periodically by the monitor or by technical specialists.
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PART V

CHAPTER 18

# Monitoring Element No. 3: The Specification of Monitoring Output (Domestic Services)

## INTRODUCTION

1. Before the monitor can develop the detailed monitoring procedures it is necessary to identify the information needs of management. The three main types of information to be produced by the monitoring system are:
  - (1) management information to help the hotel services manager to manage the domestic service contract;
  - (2) information to support payment decisions and make any financial deductions necessary;
  - (3) information required for contract and work specification variation.

The work of each of these three steps is discussed in the remainder of the chapter.

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## STEP ONE – DEFINE MANAGEMENT INFORMATION NEEDS

2. In Part II of the handbook it was suggested that information would be required to meet each of the nine elements of managing service contracts. In deciding what information is to be produced by the monitoring system, the monitor and the hotel services manager should list the reports and other information required at the regular meetings which will be held during the life of the domestic services contract. These meetings can be summarised as follows:

Meeting	Frequency	Persons attending
Informal briefing session	Weekly or fortnightly	Monitor; domestic contract manager
Contract report meeting	Monthly	Monitor; domestic contract manager; senior manager of contractor's company; hotel services manager; treasurer (if required)
Specialist reports and meetings	Ad Hoc	Monitor; domestic contract manager; hotel services manager; other department heads; specialists (if required)
Pre end of contract report and meeting	At end of contract	Monitor; hotel services manager; domestic contract manager; senior manager of contractor's company

3. Suggestions as to the type of information to be produced by the monitoring system for each of these are described below.

**Information for weekly/fortnightly meetings**

4. The weekly/fortnightly meetings will generally be short briefing sessions. During the normal course of domestic services monitoring the contract manager and the monitor are likely to be in daily contact to discuss specific events such as changes to work schedules. The regular briefing meetings will provide an opportunity to review these events and discuss any problem areas that have arisen from monitoring visits and observations.
5. Problem areas for discussion would be those which require immediate resolution or are relatively minor and can be easily resolved. Examples of these would be an area or room not cleaned, staff unavailable during specified attendance times, or incorrectly scheduled cleaning activities.
6. The management information required for these meetings would be:
  - (1) periodic monitoring reports from users;
  - (2) results of the monitor's own tests during the period;
  - (3) results of the contractor's own quality control procedures.

The information required in these reports will deal with such matters as:

- (1) specific failings in the provision of the service such as the non attendance of staff to perform tasks which are not rectifiable;
  - (2) an "exception" type reporting of those aspects of the service where specific failings have been notified by users but not rectified;
  - (3) activities or tasks regularly faulted during the reporting period;
  - (4) details of extra 'one off' or ad hoc work performed by the service provider and the reasons for it;
  - (5) an indication of specific problem areas in the work specification or standard of performance which may require further investigation;
  - (6) the summarised results of the monitors own sampling of standards of performance achieved for selected areas and subjects;
  - (7) the actions agreed with service providers and users to resolve day to day problems;
  - (8) a summary list of all areas noting satisfactory and unsatisfactory service standards.
7. In addition to the summarised performance information as shown above the hotel services manager should also be given information on the number and type of areas where no specific problems have been encountered. In other words a satisfactory report from an area is of equal interest to the monitor and the hotel services manager. Where standards of service are continually reported as satisfactory by users these may be areas where monitor performed sampling would highlight a lack of attention to monitoring by users.

**Information for monthly contract report meeting**

8. The monthly contract meeting would be the focus of all the monitoring and management of the contract. The following people should be present:



- (1) hotel services manager;
  - (2) monitor;
  - (3) domestic services contract manager;
  - (4) a senior representative of the contractor (if external contract).
9. If required, department managers such as the head of nursing services or the works manager could be invited to the meeting together with a representative of the finance function. These people would attend in order to provide comments on aspects of domestic services or financial matters which directly relate to their functional responsibilities.
10. The purpose of the monthly contract meeting would be twofold:
- (1) to discuss and act on the contents of the monthly monitoring report including points to be followed up and items requiring variations to the specification;
  - (2) to approve the contractor's invoice and any financial deductions to be made.
11. In some cases the contractor may submit weekly invoices. The frequency of this contract report meeting may therefore be adjusted. One possible approach would be to agree interim invoices on a weekly basis at shorter contract review meetings and hold a more complete contract report meeting at the presentation of the final invoice for the month.

**Information to be included in the contract report**

(1) EXECUTIVE SUMMARY	General comments and conclusions on the overall provision of domestic services.
(2) SERVICE STANDARDS IN EACH GRADE OF PHYSICAL AREA	Results of monitoring observations on service quality achieved.
(3) SPECIFIC SHORTCOMINGS NOTED BY GRADE OF PHYSICAL AREA AND LOCATION	Service shortcomings which were: (a) frequently noted (b) noted and not rectifiable
(4) ACTIONS TAKEN TO RESOLVE SHORTCOMINGS	Where actions were agreed during the month, what were the results of these actions.
(5) PERIODIC AND AD HOC ACTIVITY PERFORMANCE	Results of monitoring on the infrequently performed activities such as floor stripping.
(6) EFFECTS OF OTHER INFLUENCES ON THE DOMESTIC SERVICE	Any specific events such as staff sickness, ward closures and openings, extreme weather conditions, etc. which have affected the standard of services.
(7) OBSERVANCE OF HEALTH AUTHORITY POLICIES AND PROCEDURES	Results of monitoring of health and safety records, access time observance, waste disposal procedures etc.

(8) TRAINING AND STAFFING	Review of staffing levels and what has been done during the last month in the training of staff.
(9) EQUIPMENT	Any changes to the type of equipment used or operating practices.
(10) SPECIALIST REPORTS	Either summaries or the original reports prepared by specialists on subjects such as the cleanliness of sterile areas or the use of particular chemicals in cleaning.

#### Information for periodic reports by specialists

12. From time to time it may be necessary to commission specific reports either from the monitor or from technically qualified specialists. These reports should be produced on a planned basis and the results included in the monthly contract report. Examples of some of the subjects for periodic review would be:
- (1) assessments of the level of soiling at sample points in the hospital;
  - (2) assessments of various types of floor covering and the effects of cleaning materials and techniques on the standard of finish;
  - (3) an assessment by the monitor of the contractor's quality assurance and quality control procedures;
  - (4) value for money studies performed to identify "fitness for purpose" standards for domestic services.

#### STEP TWO – DEFINE PAYMENT SUPPORT INFORMATION

13. In part III of this handbook, a generalised payment procedure for hospital service contracts was described. The first step of the procedure was to prove delivery of the service, with subsequent steps dealing with the calculation of any financial deductions to be made.
14. In the case of domestic service contracts, the initial step, the proof of delivery of the service, is not easy to incorporate into a payment procedure.
15. Some health authorities ask for proof from the contractor that a given number of hours has been worked by staff so that this can be compared with the total number of hours which it is estimated will be required to carry out the work specification. However, this provides no actual proof that the work itself has been performed.
16. The information to provide proof of delivery for domestic service contracts is therefore not usually extensive in the present form of domestic contract. Perhaps for that reason many authorities have placed a great deal of reliance on the monitoring system to assess the service on a sample basis and for financial deductions to be calculated based on the shortcomings in the service shown by the sample.
17. The intention behind such systems is to provide a means by which the authority does not pay for work below standard, and also to provide an incentive for the contractor to make sure that all aspects of the service are provided to the right standard. The information needed to operate financial deduction systems in domestic contracts will be provided by the monitoring system. It is essential that this information is defined very carefully before the monitoring system is designed.

18. At present, the information which is provided by domestic monitoring systems to enable financial deductions to be made will be based on either a time based system or a points based system for quantifying the work not carried out. Both these systems were described in Chapter 16.
19. In deciding precisely what information is to be produced by the monitoring system for payment purposes the monitor and hotel services manager should:
  - (1) decide whether a points or time based system is to be used;
  - (2) decide precisely how the financial deductions are to be calculated;
  - (3) define precisely what information is to be produced by the monitoring system to enable the deductions to be calculated, and when it is to be produced.

**Financial deductions calculation**

20. There are many ways in which financial deductions can be calculated for domestic service contracts. Some approaches can result in severe financial penalties being applied, and previously in this handbook it has been suggested that it is easier to achieve flexible and cooperative working relationships with contractors where less severe financial deduction systems are used.
21. It is not possible to describe all the ways in which deductions can be calculated; two simplified examples are given below in order to give an understanding of the type of calculations which the consultants found were being used in NHS domestic contracts at the present time, and the kind of information which is required from the monitoring system. The examples given are:
  - (1) a relatively severe application of sample based monitoring data to cover all areas covered in the contract, or;
  - (2) a less severe approach which takes into account only the areas actually assessed.
22. An example of a relatively severe approach to the use of monitoring data to calculate for payment deductions would be where an authority establishes low permissible failure rate for areas. The payment to the contractor for all areas whether sampled or not is reduced proportionately.
23. The following simplified example for the high risk areas in a contract shows the steps in performing this approach using a points based system. The calculation is similar if a time based system is used:

Step One:	Note the number of high risk areas and calculate the total number of possible points for all tasks; for example	1000 Points
Step Two:	Note the contract price for all high risk areas	£15,000
Step Three:	Set an allowable percentage failure rate	5%
Step Four:	Select a sample of the high risk areas and perform a monitoring check	
Step Five:	Record the total points value of all the tasks which are assessed as failures	150 Points

Step Six:	Calculate the overall failure rate percentage ( $150/1000 \times 100$ )	15%
Step Seven:	If the overall failure percentage exceeds the allowable failure percentage set in step three apply the excess percentage figure to the total points value available in the high risk category of areas and note the resulting number of points to be deducted (a) $15\% - 5\% = 10\%$ (b) $10\%$ of 1000 points =	100 Points
Step Eight:	Convert the number of points into a monetary amount and deduct from the payment due to the contractor for all high risk locations. ( $\pounds 15000/1000$ ) $\times 100 =$	$\pounds 1,500$

24. In the cases reviewed by the consultants the detailed methods of deduction calculation employed by health authorities varied in terms of the sample size used and in the allowable failure rate. The severity of the system is altered by changing the allowable failure rate.
25. A less severe approach to the calculation of deductions, reviewed by the consultants, limited the application of deductions only to the samples actually taken, during monitoring and after allowing the contractor a suitable time for rectification where possible. The steps in this approach are shown in the following simplified example:

Step One:	Select a sample of areas in the unit to be monitored. For example 25% of all locations.....	
Step Two:	Perform the monitoring in each area in the sample noting whether individual subjects are satisfactory or unsatisfactory, for example: number of subjects passed subjects failed	300 110
Step Three:	Review the unsatisfactory subjects and eliminate those which failed because of factors outside the control of the contractor ● revised failed subjects	100
Step Four:	Notify the contractor that a fixed time period will be allowed for rectification of the failures recorded. Where this is not possible due to the nature of the area or activity note these subjects as default failures, for example; ● failed subjects for rectification ● default failures	75 25
Step Five:	Re-examine the failed subjects after rectification. If they are still unsatisfactory record as default failures. For example; ● default failures after rectification	40
Step Six:	List all the default failures giving a description of the area, the activity or task ● non rectifiable default failures ● default failures after rectification	25 40 — 65

Step Seven:	Use standard time data or information from the contractor to assign time values to each defaulted task or activity, for example;	87.75 hours
Step Eight:	Multiply the default hours by the hourly rate of the contract for the payment period and deduct from the payment to contractor, for example; - deduct 87.75 hours at £1.50 per hour =	£132

26. The conversion of identified default failures into financial deductions shown in steps seven and eight requires the derivation of an overall contract rate. This is arrived at by dividing the total cost of the contract in the payment period by the standard hours of work contained in the work programme for the same period.
27. This approach does not attempt to apply data collected during sampling to the whole contract. There is no assumption that the failures identified in the sample will be repeated across the whole contract. It is therefore a more factual basis on which to make deductions. If the scope of monitoring reporting is expanded to include user involvement, the sample of areas reported on could reach total coverage of all areas. This will further increase the factual basis of monitoring, however it will require considerable efforts in training, implementation and management if the quality of monitoring information is to be maintained.
28. Care must be taken in using a payment deduction procedure which is based on the calculation of task times to avoid the double counting of attendance and task hours. Some domestic service contracts specify that a person must be in attendance at a location for a specified number of hours. When the results of monitoring show a failure to attend and carry out specific duties the calculation of any payment deduction should not include penalties for the time of non attendance and the time of tasks that should have been performed.
29. An alternative approach to the calculation of payment deductions does not require the use of task or activity times at all. The contractor and the hotel services manager would agree in advance the cost to the contractor of different types and grades of area. In the event of achieved performance in an area being below the specified level and after allowing for rectification the agreed amount would be used as the basis for any deduction.

#### **Financial information for monitoring an in-house contract**

30. Where an in-house domestic services contract is in operation, no payment is being made to the contractor but it is essential for financial information to be prepared to ensure that the in-house team is operating within the cost levels at which they won the competitive tender. In general terms, the information needed should enable the hotel services manager to:
- (1) ensure that total domestic services operation costs do not exceed budget;
  - (2) ensure that variances from budget arising on individual items of cost are properly explained;
  - (3) ensure that the numbers of domestic staff are similar to the numbers included in the competitive tender;
  - (4) ensure that trends in operating costs are monitored;
  - (5) ensure that a cost efficient domestic service is operated providing value for money.

**STEP THREE – DEFINE WORK SPECIFICATION VARIATION INFORMATION**

31. The complexity of a domestic service specification in terms of the many different procedures performed in a large number of physical areas means that monitoring efforts must continually be directed to reviewing the work specification, and seeing that it is changed to meet the needs of the authority.
32. In many cases health authorities have found that the work specification for domestic services has to be altered in the light of early experience during the contract operation. This is not unusual and merely reflects the practical difficulties in specifying in detail a domestic service operation.
33. The need for variations to the work specification will thus tend to occur particularly after contract start up, during the initial running in period, but they will also occur during the normal long term operation of the contract.
34. Variations to the specification during the early period of contract operation will be required to accommodate issues such as areas omitted from the specification or the use of incorrect procedures for particular rooms. During the normal operation of the contract, variations are likely to be required to accommodate the following factors:
  - (1) the physical environment of a hospital unit is constantly changing; wards are opening and closing and changes of use occur for particular rooms;
  - (2) standards of cleanliness required must be continually adjusted to relate directly to the use made of a particular area or room;
  - (3) techniques, materials, equipment and methods of organising work activities will evolve and change over time.
35. In Part II of the handbook five potential sources of variation were identified, namely:
  - (1) direct requests from users;
  - (2) results of monitoring tests;
  - (3) results of reports by technical specialists;
  - (4) contractor's requests;
  - (5) value for money studies.

In the case of domestic service provision variations can arise from all five sources. It is likely however, that the majority of variations will arise from the results of monitoring, requests by contractors and value for money studies.
36. Monitoring will identify where the in-house or external domestic services contractor is not meeting the work specification. It is important at this point that the monitor discusses the particular problem with the contractor. The aim of these discussions will be to investigate whether the failure to achieve the standard required in the specification was due to:
  - (1) poor performance by the contractor;
  - (2) valid practical reasons which prevented the contractor from complying with the specification;
  - (3) the specification itself is faulty, or is no longer relevant to the actual use made of the physical area.

For example, a poor standard of cleanliness in a particular room or group of rooms could be caused by lack of effort by cleaning staff or by a significant change in the timetable of normal activities in the room or because the specification does not reflect the actual use made of the room.

37. As part of the normal reporting procedure the monitor should collect and record the following information concerning variations:
- (1) the subject of the variation and the date when the request was initiated;
  - (2) a cross reference to the specification;
  - (3) the reason for the variation;
  - (4) the exact nature of the proposed variation;
  - (5) when it is to be applied/discontinued;
  - (6) the cost implications.

Some variations may be short term in nature; for example, to deal with extreme weather conditions which affect entrance hall cleaning patterns. All variation requests should therefore contain instructions concerning the timing of their application and the length of time they will be in force.

38. Additional information on the cost implications of a variation will be provided by the finance department. In addition to providing management with the basic information concerning the proposed variation the monitor must maintain adequate records of changes made to the specification. This may also require the alteration of monitoring documentation and user or sample based testing programmes.

PART V

CHAPTER 19

## Monitoring Element No 4: The Definition of Monitoring Procedures (Domestic Services)

1. The final element in developing a monitoring procedure is the development of checklists and monitoring schedules and assigning the responsibility for performing the monitoring tasks. Certain practical considerations of the implementation of monitoring in domestic service contracts will also arise at this stage.
  2. To complete this element the monitor will have available the results from the proceeding elements:
    - (1) element no 1 provided the quality assessment standards for domestic services, structured according to graded lists of physical areas and monitoring subjects;
    - (2) element no 2 identified which subjects would be monitored using the contractor's own quality reporting procedures, and which would be monitored by the monitor and staff in user departments;
    - (3) element no 3 identified the types of information required for management of the contracted service.
  3. To complete the design of the monitoring system the results of the above elements are now used to:
    - (1) decide on the balance between user staff, the monitor and other specialists in carrying out the detailed work of monitoring;
    - (2) allocate responsibilities for each monitoring task;
    - (3) prepare checklists or other documentation for each person or group who have been given a monitoring task;
    - (4) specify the monitoring procedures, including those in which the monitor collects the information generated and collates it for the reports to the hotel services manager, and for the calculation of payment deductions.
- 

### STEP ONE – AGREE THE BALANCE BETWEEN USER/MONITOR REPORTING

4. In general there are two broad approaches to operating a monitoring system: there are the systems which rely to a large extent on user participation and those which are operated by an independent monitor.
5. It is important to be clear who the user is in the case of domestic services. The user will be the manager of the department or activity which uses the physical areas being cleaned. In this context probably the most important group of users in a hospital will be nursing staff.



6. It is necessary to decide the broad balance between using the monitor to collect monitoring data and using the staff of user departments to collect it. To do this it is useful to identify two levels of data:
- (1) first level monitoring data –this is data where technical expertise is required in its collection, or where the person collecting it has to be independent from the in-house or external contractor;
  - (2) second level monitoring data –this is data which requires no technical expertise or independence in its collection.

Examples of first and second level data would be:

**First level data:**

- tests relating to technical cleaning methods;
- tests relating to payment deductions.

**Second level data**

- tests relating to general cleanliness;
- reports on delivery of other aspects of domestic services.

7. The table below gives a suggested allocation of responsibility for collecting monitoring data for a domestic service:

Monitoring data	Responsibility
First level	(1) monitor (2) technical staff (3) service users
Second level	(1) monitor (2) service users

**First level data collection**

8. The first level data collected will include the monitoring data of a specialist nature which can only be collected by technical specialists or by the monitor.
9. However, the monitoring system may be used to collect data required to calculate financial deductions and these may well form the main requirement for data in a monitoring system for domestic services. For the most part, no technical knowledge will be required in collecting data for this purpose, and there is no reason why it should not be collected by users as well as by the monitor. There may well be advantages in making use of service users for this purpose in order to keep the costs of monitoring to a minimum, and to ensure that there is user involvement in the domestic service.
10. Where user staff are involved in collecting monitoring data, this must be carried out according to the procedures designed by the monitor, and must be subject to the agreement of the head of each user department.

**Second level monitoring data**

11. Second level monitoring data requires no specialist knowledge and does not require independence from the contractor. Such data can be collected by the monitor, users or by the contractor’s staff.

### **Recording and reporting specific problems**

12. Whether directly involved in monitoring or not, service users as part of their normal working duties, must maintain a continuous dialogue with domestic supervisors. The aim of this dialogue is to identify and resolve immediate problems in service quality as they arise. For example cleaning activities not performed should be immediately brought to the attention of the supervisor and corrected within an agreed time.
  13. Persistent failure to achieve required standards of service quality or to rectify tasks not carried out properly must be recorded and reported by users to the monitor. If service users participate in the regular monitoring procedure failure of this kind will be recorded as part of the periodic monitoring report. Where user involvement in monitoring is minimal a separate problem reporting procedure must be provided. This procedure should include the following:
    - (1) a standard form of documentation to be used by users in recording problems;
    - (2) instructions for its completion and forwarding to the monitor and to the contractor;
    - (3) details of who takes the final decision regarding resolution of the problem and how this is to be communicated.
- 

### **STEP TWO – ALLOCATE RESPONSIBILITY FOR MONITORING TASKS**

14. Having considered in step 1 the broad balance of monitoring work between the monitor, the users and specialists, the next step is to allocate specific responsibilities for carrying out monitoring tasks to individual members of staff. If the layout of quality assessment standards outlined in this handbook has been adopted then the simplest approach will be to take each standard in turn and allocate the monitoring subjects to specific individuals (or job titles) in the user departments, to the monitor's staff and to technical specialists as appropriate.
  15. The monitoring of a typical ward area for example, could be allocated on the basis that the ward sister would make periodic checks on the results of those tasks performed daily and weekly. The monitor would then undertake similar checks but only on a monthly basis and would, in addition, monitor subjects such as the observance of health and hygiene policies, work wear, and correct use of equipment.
  16. After this initial allocation of responsibilities it will be sensible for the monitor and the hotel services manager to make a review of the monitoring work load which this allocation would place on individuals. This review could be performed by identifying, for each individual, the number of subjects to be monitored, the method or methods of assessment to be used and the frequency of assessment. This review may show that:
    - (1) individual department heads or staff may be overloaded with monitoring tasks, or;
    - (2) the monitor may have insufficient or too much involvement in direct monitoring.
  17. The purpose of this review is to balance the monitoring workload across the available resources whilst maintaining an adequate coverage of physical area and monitoring subjects. To do this the monitor and the hotel services manager may find it necessary to adjust the scope of monitoring in say low risk areas, or the frequency of the assessment. Where necessary, discussions should be held with department heads and management services staff who can assist with the assessment of workloads.
-

**STEP THREE – PREPARE MONITORING CHECKLISTS**

18. Once the quality assessment standards have been completed the monitor can proceed to the preparation of monitoring checklists and report formats. A checklist has to be prepared for each physical area to be monitored, showing the particular matters to be examined, and how the results of the examination are to be measured.
19. Forms design is a skilled and often difficult process which requires an understanding of sampling or survey techniques. For this reason it may be helpful to involve personnel from management services or organisation and methods departments who have the relevant skills and experience.
20. It must be remembered that checklists must achieve a balance between:
  - (1) the need to provide simple, clear instructions to users which will aid their completion;
  - (2) the need to cover all monitoring subjects adequately;
  - (3) the need to make adequate space for comments by users, the monitor and the contractor.
21. Important factors which must be considered in domestic service checklist design will be:
  - (1) the provision of sufficient explanation to show how to assess the monitoring of individual subjects;
  - (2) the timing of the assessment and how this is noted in instructions relating to individual subjects;
  - (3) the range of subjects to be covered by a user in a review of domestic services will be extensive but checklists must be kept short, by concentrating on primary monitoring subjects only;
  - (4) the nature of the method of assessment to be used, whether this is a points evaluation or observation report, and how the observations are to be recorded accurately.
22. The experience of other health authorities in designing monitoring checklists may be relevant in this work step. However, care must be exercised since a particular unit's monitoring documentation will have been designed in response to the characteristics of that unit and the measures of quality and methods of assessment chosen accordingly.
23. It has been suggested earlier in this part of the handbook that the most suitable method of assessment for the majority of domestic service subjects will employ an acceptable/unacceptable classification of results. When designing checklists the monitor should wherever possible structure them so that answers can be given in that form. This is particularly important where checklists will be completed by users staff who will have no detailed or technical knowledge of the subject being monitored.
24. All monitoring checklists should contain details of the exact time when the assessment was made. Accurate assessment of domestic service activities and tasks can only be made in relation to the time when the activity was performed. The existence of accurate work schedules, including as far as possible an indication of the timing of activities will assist the monitor in structuring monitoring procedures so that they are performed at the appropriate time. The monitor should ensure that the contractor provides work schedules for each physical location so that monitoring programmes can be kept up to date.
25. Where the monitoring procedure requires the monitor to perform regular reviews of service quality over a sample of physical areas it will often be beneficial if the monitor

completes the same type of checklist as users. This will provide a means of continuously reviewing the monitoring subjects at two distinct levels, user and monitor, and the relevance and practical methodology of the monitoring procedure will be tested both by the user and the monitor.

26. An example of a form of user checklist for domestic services is shown below giving an extract of the full list of monitoring subjects found in a typical area:

**Example of user checklist in domestic services**

---

*Area number:* IOD                      *Description:* Surgical Ward  
*Number of beds:* 10  
*Grade of location:* Low risk clinical  
*Date and time of assessment:*  
*Checklist to be completed:* 30 mins before domestic shift end.  
*Assessment method:* Note points values of the tasks which are below standard in fail column as observed.

---

<b>Area</b>	<b>Expected Quality Standard</b>	<b>Unacceptable Quality</b>	<b>Failure Points Value</b>
<b>WARD AREA</b>			
Floor	Free of residual dirt dust and polish. Uniform high gloss finish.	Dirt, scuff marks, stains, non uniform shine. Dull finish.	10
Beds	Frame inc. back of bed head free of dust. No dirt on wheels.	Head frame, side frame, foot frame has dust stains or grease marks. Dirt on wheels.	8
Tables	No dust. Dirt, stains or grease marks. Shine polish inc legs if applicable. Correct location after clean.	Stains, debris, grease marks on surface or not polished.	6
Lockers	All dust, dirt, stains removed from exterior. No dust or debris inside (when vacated).	Stains, dust or residual debris.	10
<b>KITCHEN</b>			
Floor	Free of dirt, dust. Polish as necessary.	Dirt, scuff marks or stains. Dull finish.	10
Sink	Free from tide marks, scale, grease. Traps and taps polished.	Dirty traps/taps. Grease or tide marks or residual cleaning material.	5

Refrigerator	No build up of frost. No odour, no food debris, no dirt on door seal. Door and handle polished.	Food particles or stains. Heavy frosting. Outside surface marks.	8
Cooker	Free from grease and food debris	Grease or stains and food residue on surfaces.	10
<b>BATHROOM</b>			
Floor	Free of water stains, scuffs, powder residue.	Surface water, dirt or debris especially around fixtures.	4
Bath	No tide marks or stains on surface or taps. Overflow and trap free of hair and debris.	Staining or residual cleaning material on surface. Traps and taps not polished or containing debris.	6

27. It is clear from this example that the actual checklist developed for a particular area may be lengthy. Checklists should as far as possible be restricted to a maximum of two or three pages. Where this is impossible the monitor and the hotel services manager may review the scope of monitoring subjects and reallocate responsibilities for monitoring and reporting between user, contractor, and monitor.

**STEP FOUR: DESIGN OF MONITORING PROCEDURES**

28. When the checklists have been prepared for all the domestic subjects to be monitored, the monitor should prepare procedure guides giving instructions to each person who has responsibility for completing and using checklists, namely:
- (1) the user staff;
  - (2) monitoring staff;
  - (3) specialists.
29. The procedure guides should also contain a description of how the data recorded on checklists from users and others will be sent to the monitor to be collated to provide management and payment deduction information.
30. The procedure guides provide the basis for instructing all individuals concerned in exactly what they have to do within the monitoring system and, equally important, they provide the hospital with a base document to ensure continuity in monitoring and its application.

**The contents of procedure guides**

31. A format for the procedure guides should be designed by the monitor for each group of people who will use a particular checklist. The main headings to be included in this format should include the following:
- (1) the name of the monitoring procedure and checklist;
  - (2) a reference number for the particular procedure and checklist;

- (3) the job title of the person who is to complete the checklist;
  - (4) the time when the checklist or specific parts of the checklist should be completed. This will usually refer to a day and a particular period of time within that day;
  - (5) the instructions for completing the checklist, including any guidance on how to make the assessment;
  - (6) the actions to be taken after the checklist has been completed;
  - (7) the name of the person to contact when difficulties arise in completing the checklist;
  - (8) the date when the procedure was issued and by whom.
32. Completed procedures should be agreed with the hotel services manager and if necessary discussed with the heads of the departments which will be involved with the completion of checklists.
33. Where some monitoring is to be performed by specialists or reports are required from other functional departments, eg works or safety officers, the monitor should document and agree with these departments the procedure to be followed. The monitor must also draw up procedure guides for those activities to be undertaken by the monitor or monitoring staff. These will include all aspects of collection and preparation of information required for management decision making and payment approval support.
34. When all the procedures have been written they should:
- (1) be circulated to all people who will use them, each user being informed of the overall procedure and their particular tasks;
  - (2) be held by the monitor together with the quality assessment standards as the central record of the monitoring procedure in the unit.

It will be the monitor's responsibility to keep those records up to date and where necessary issue revised versions to individuals included in the monitoring process.

#### **NOTES ON THE DEVELOPMENT OF PROCEDURES FOR DOMESTIC SERVICES MONITORING**

35. In addition to the preparation of procedure guides which give instructions on how monitoring will proceed. The monitor should consider a number of factors which are important for the successful implementation of monitoring procedures. These are:
- (1) communications with service users before contract commencement;
  - (2) giving service users guidance on how to monitor domestic services;
  - (3) assessing the current standard of domestic services;
  - (4) testing the monitoring procedure during the early stages of the contract.
36. If the monitor has completed each of the elements of monitoring procedure design discussed in this handbook the information and documentation available will form a sound basis for implementation. However, in domestic service monitoring the importance of the user in the procedure and the inherent difficulties in making subjective assessments mean that the factors identified above are very important for the successful operation of monitoring procedures.

**Service user communications**

37. Depending on the particular approach adopted by the hospital unit, service users may have been involved during the development of the service specification. In some cases this is full consultation and discussion, in other cases users are simply informed of the specification developed for their particular areas. Whichever approach is adopted during the development of the work specification, the users who will be involved in monitoring must be adequately briefed on the following matters:
- (1) the domestic services specification for their department or physical area;
  - (2) how the specification is translated into schedules of work;
  - (3) how monitoring will be conducted.
38. Many health authorities have found it useful to hold pre-contract start briefing sessions to cover these matters. These briefing meetings are presented jointly by the hospital management and the contractor. The hotel services manager will take a leading role in explaining the service specification for each department or physical location to users such as ward sisters and department heads. The contractor will explain how the work specification has been translated into a work schedule for each location. Copies of these schedules are normally given to each department head or area supervisor to be retained for future reference. These schedules of work form the basic information against which service users will monitor performance. The monitor will describe the monitoring procedure and issue the relevant procedure guides and documentation to service users.

**Training service users in how to monitor domestic services**

39. Once the users have been informed of how the work specification is translated into work schedules and how monitoring procedures will operate the monitor should devote considerable time to the training of service users who may be involved in monitoring. Domestic services are unlike laundry and catering in that many people believe that they are qualified to assess the quality of the service, whereas in laundry and catering most aspects of the service require an understanding of technical characteristics or specific procedures. The extent to which service quality assessment in domestic services relies on subjective judgements means that the training of users for monitoring is particularly important. The training should deal with:
- (1) the application of the monitoring procedure; the documentation produced during the development of the procedure will form the basis of this training;
  - (2) the assessment of activities and tasks by individuals completing monitoring checklists.
40. The monitor will play an important role in guiding users on how to make assessments of quality. Guidance can be given by the monitor demonstrating the correct way of completing the user checklists and the factors which must be considered in making an assessment.
41. In addition to training users in how to make judgements on the standards of domestic service the importance of the correct timing of monitoring should be emphasised. By using the quality assessment standard and the schedule of work for a particular area service users can be shown how the time when a monitoring procedure is applied will influence the observed results. For example, the completion of a monitoring checklist some time after a cleaning task has been performed will produce significantly different results to a checklist performed immediately after the task has been completed. The training of users in the correct application of monitoring procedures will therefore require a demonstration of acceptable and unacceptable standards where the timing of the monitoring procedure performance conforms with the instructions included in the monitoring checklists.

42. If the monitoring procedure has been designed by following the elements described in this handbook, the monitor will have adequate reference material from which training programmes can be developed. The aim in training for domestic services monitoring is to achieve firstly a correct interpretation of the quality assessment standards by each user and monitor and secondly, to maintain a high level of consistency of assessment over long time periods.

#### **Assessing the current standard of domestic services**

43. During the initial period of a contracted domestic service considerable changes will occur in the provision of the service. This will be especially noticeable where a unit has changed from an in-house to an external service provider. The inevitable disruption caused by changes in staff, equipment and organisation may be reflected in the standard of service provided.
44. Many health authorities have found it useful during the run in period of the contract to use the monitoring procedure to make an assessment of the current state of the service. The monitor and the contractor jointly assess and discuss the current levels of service quality and agree on a programme of action to bring the service up to the standard required by the specification. In some cases this may take several months and many health authorities have agreed not to use the results of monitoring as a means of assessing payment deductions during this initial period of improvement.
45. If this procedure is adopted, the hotel services manager, the monitor and the contractor must formally agree on how long this period of time will be and establish a procedure for signing off each area once it has reached the acceptable standard. Once this has been done it is then clearly understood that the monitoring procedure will be applied in full including the use of its results in the payment approval process.

#### **Testing the monitoring procedure**

46. The initial phase of a contracted domestic service also provides the opportunity for the testing of the monitoring procedure. During this time it is likely that problems will be highlighted in the following areas:
- (1) the specification may be faulty; the likelihood of this occurring should have been reduced by the adoption of the monitoring procedure design steps specified in this handbook which require the detailed examination of the specification during monitoring procedure design;
  - (2) the monitoring workload on individuals may be too great; this may require the adjustment of monitoring scope, a reallocation of monitoring work or a redesign of checklists;
  - (3) the results of monitoring are not consistent over time or show wide variations in results, this may be as a result of inadequate training of users in monitoring.
47. These problems are more likely to occur in domestic service monitoring as a result of the lack of simple quantitative measures of performance available and the possible involvement of many service users in monitoring. It is important that the hotel services manager, the monitor and the service provider cooperate to resolve these problems during the early stages of monitoring. The monitor should also maintain at all times adequate records of all decisions made affecting the scope and operation of monitoring and where necessary amend the quality assessment standards, service user monitoring checklists and monitoring procedure guides.



PART **VI**

**CATERING  
SERVICES**

## **PART VI**

### **CATERING SERVICES**

#### **SUMMARY OF CONTENTS**

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## PART VI

### CHAPTER 20

# General Characteristics of Hospital Catering

## INTRODUCTION

1. This chapter describes some of the main characteristics of hospital catering. Its aim is to provide a general background for the following chapters which deal with the monitoring of catering contracts.

## CHARACTERISTICS OF HOSPITAL CATERING

2. A hospital catering service will normally cover the following three basic areas of service provision:
  - (1) patient food and beverage service;
  - (2) staff food and beverage service;
  - (3) ward and office provisions.

In addition a catering service may from time to time provide a service for special functions or events.

3. There are important differences between hospital and other types of catering. These are:
  - (1) the catering department needs to be able to provide medically prescribed modified diets. In this respect the catering service must work very closely with the hospital dietician;
  - (2) flexibility at short notice is essential and the service must respond quickly to emergencies;
  - (3) the service needs to provide an effective system for ordering of patient meals;
  - (4) there are a variety of methods for delivery of the physical product;
  - (5) a major element of the service relates to the supply of ward provisions;
  - (6) a number of other departments apart from the caterer are involved in providing the service;

### Key functions, areas and staff

4. The example given overleaf illustrates the main activities and staff involved in the provision of a hospital catering service.

<b>Activity</b>	<b>Personnel</b>
Raw material order and purchase	Purchasing department Dietician Catering manager
Raw material receipt, storage and issue	Stores staff
Receipt of raw materials in the kitchen	Kitchen staff
Food preparation	Kitchen staff Environmental health officer Occupational health nurse Dietician
Delivery	Porters
Distribution	Nursing staff Domestic staff – supervised by nursing staff
Collection and return to kitchen	Porters
Cleaning	Kitchen staff or domestic staff

5. The catering activities on the above list can be provided in different ways, depending on the size and layout of the hospital. Some of the ways which have been used traditionally are:
- (1) central kitchen with bulk service – the central kitchen prepares the food and places it in bulk in heated trolleys. These are then delivered to the wards either by portering or kitchen staff and the food is served onto plates for the patients in the individual wards by nursing staff;
  - (2) central kitchen with plated meal service – this is the same service as above, except that the prepared food is served onto plates by the kitchen staff prior to placing them into trolleys;
  - (3) trayed meal service – the food production method is the same as above. The procedure involves the serving of individual meals on a tray which is transferred to a trolley at the end of the serving line;
  - (4) patient cafeteria – bulk food production is similar to above but the meal service is cafeteria style self service;
  - (5) central kitchen with bulk service to a central staff restaurant which is operated on a self-service basis;
  - (6) meal and snack vending by machine for hot or cold dishes.

#### **Technological changes**

6. In addition to the traditional methods of catering which are still in use, there have been significant changes in technology in the provision of a catering service. The two major methods of cooking that have emerged as alternatives to the traditional “cook-serve” method are:

- 
- (1) cook chill ● This involves a central production unit where the food is batch cooked using conventional methods. The food is then chilled and stored at low temperatures prior to delivery to satellite units via a holding unit where it is regenerated.
- 
- (2) cook freeze ● This also involves a central production unit where the food is cooked using conventional methods. However, the food is blast frozen and stored at even lower temperatures prior to delivery to satellite units via a holding unit where it is regenerated.
- 
- (3) hybrid system ● Certain types of equipment allow a mixture of chill and freeze to be operated.
- 

7. These technological changes can have a significant impact on the quality standards, staffing requirements, energy usage and how production is managed and controlled. However, the general monitoring principles to be adopted will not change, although the detailed monitoring practices will have to be designed to meet the particular circumstances of each case.

### ORGANISATION OF THE CATERING SERVICE

8. The organisation of a catering service will depend on the particular circumstances of each health authority. The number of locations to be catered for and the methods of production and delivery adopted will directly influence the organisation and management of catering staff. Whatever form of organisation is adopted it is probable that a catering manager with unit responsibility will be required, normally reporting to the unit general manager or to a hotel services manager.
9. The organisation of an external contractor will depend on the contractor concerned. Normally the organisation of a catering activity at unit or production level will be broadly similar in the case of both an in-house and external provision. However, the management structure of an external contractor is likely to incorporate area managers who will be responsible for a number of individual contracts. These managers will often report to a senior operations director.

### Other hospital departments and staff involved in a catering service

10. In addition to catering staff, the following staff and management from their departments will usually be involved in the provision of a catering service:
- (1) Ward sister: This person will be responsible for a ward area and would report to nursing management. The ward sister and subordinate nursing staff play an important role in the provision of a catering service. This function is often responsible for the ordering and serving of patient meals and for ensuring that patient requirements including complaints are fully dealt with.
- (2) Portering supervisor: This person and portering staff may report to either the portering manager, the hotel services manager or the unit general manager. Porters are often involved in the delivery of meals from the kitchen to the wards and the return of unused food back to the kitchen. They, therefore, also play an important role in the overall provision of the service;
- (3) Domestic services supervisor: This person and staff would report to the domestic services manager. In some instances the domestic services staff are involved in serving meals to the patient under the supervision of nursing staff, and after serving meals in washing up and replenishment of ward provisions.

**Technical specialists involved in a catering service**

11. The catering service requires the input and use of various specialists and regional or district catering specialists may be called in to advise as necessary:
  - (1) Internal or external catering specialist: This specialist must have had extensive catering experience and can assist in:
    - (a) advising and assisting in tender specification and evaluation;
    - (b) advising on development of monitoring systems;
    - (c) performing an external monitoring function;
    - (d) performing feasibility studies (eg possibility of cook chill operation).
  - (2) Hospital dietician: This person will be responsible for all nutritional and dietary matters in a hospital. Because of this and the importance of the nutritional and dietary needs of patients, dieticians play a fundamental role in the catering service. For instance, dieticians will have contributed towards menu planning at the tender specification stage, and are responsible for ensuring that patient's nutritional and dietary requirements are established on their admittance and thereafter. The dietician can also often provide guidance and training to diet cooks and generally ensure that diets ordered are prepared and delivered. It should also be remembered that the contractor in addition to employing diet cooks who have been specially trained may also from time to time use the services of their own company dietician.
  - (3) Environmental Health officer (EHO): This external specialist is often relied upon to provide guidance on whether the catering service and particularly its environment and equipment is meeting acceptable standards of health, hygiene and safe work practices. EHO's are also often involved in the training of staff in these aspects.
  - (4) Control of infection officer: This person has responsibility for developing and establishing procedures to prevent cross contamination in hospital units. This person will therefore be particularly interested in reviewing and reporting on cross contamination controls in the kitchen.
  - (5) Occupational health nurse: This person should contribute to the monitoring of health and hygiene practices (eg kitchen staff medical examinations).

## **PART VI**

### **CHAPTER 21**

# **Forms of Catering Contract**

## **INTRODUCTION**

1. There are three main forms of contract pricing which can be used in the provision of catering services to health authorities. These are:
  - (1) Unit Price;
  - (2) Variable Price;
  - (3) Management Fee.
2. In addition, there is the form of "contract" which applies when the catering service is provided by the in-house team. These different forms of contract are discussed in this chapter, together with their effect on the monitoring system.

## **UNIT PRICE CATERING CONTRACTS**

3. The unit price form of catering contract appears to be the most common form of contract in use by the NHS at this time. Essentially the cost of providing the service is fixed in advance and the contract price consists of two cost elements. The first is the base cost that does not normally vary with the number of meals provided. This represents labour, supervision and other contractor support costs that are necessary regardless of the number of patients in the unit.
4. The second element is the cost that does vary with the number of meals provided. This represents the provisions and ingredients costs involved in providing a meal. This cost is quoted and charged as a fixed rate per patient meal, and the total charge will increase or decrease.
5. For staff feeding, the contractor is normally required to pay an agreed percentage of the income from staff restaurants to the health authority.
6. Ward and office provisions such as tea and coffee are normally recharged to the health authority at their actual purchase cost plus a small handling charge.
7. In unit price contracts of this kind, the cost surplus or deficit falls on the external contractor, and this will reduce the number of subjects to be covered by the monitoring process.

## **VARIABLE PRICE CATERING CONTRACTS**

8. A more flexible form of contract is where the provisions and ingredients charge is regularly adjusted for price movements based on a specific formula, ie the hospital price index. Therefore the charge can periodically move up or down taking into account changes in prices.
9. Another form of contract which introduces a degree of flexibility into pricing is the variable price contract. This is broadly similar to the unit price contract except that the provisions and ingredients costs are not charged at a fixed rate per meal but on an actual "food used" basis.
10. Monitoring the variable price form of contract must therefore take this factor into account and steps be taken to include usage of provisions and production wastage in the scope of monitoring. This form of contract is not regularly used in the NHS.

**MANAGEMENT FEE CATERING CONTRACTS**

11. The management fee form of contract is significantly different from the unit and variable price contracts. Under such a contract, the health authority is charged on an actual basis for all costs incurred in providing the catering service including labour and materials. In addition, the contractor is paid a management fee which represents the costs of supervision, quality control, training, accounting, administration and the contractor's profit. Under such a contract, the contractor is required to provide estimates (budgets) of the costs of providing the service based on the health authority's requirements. These budgeted costs are then to be compared periodically with actual expenditure and explanations provided for significant variances.
12. For staff feeding, under these types of contract the contractor normally pays an agreed percentage of the income from staff restaurants to the health authority.
13. Essentially in these types of contract, the contractor is providing a management service to the health authority. Under a management fee contract, the financial risk lies entirely with the health authority and the health authority would pay for any loss arising from such matters as inefficient use of labour, food purchased at above market prices and food wastage. These factors must be taken into account in designing the monitoring system.

**THE IN-HOUSE "CONTRACT"**

14. Monitoring in-house catering contracts should follow as far as possible the monitoring procedures that would have been adopted with an external contract. In particular, emphasis must be placed on monitoring costs, as the authority bears the total financial risk on in-house "contracts".
15. When a catering contract is awarded to the in-house team after a competitive tender there is of course no formal contract of the kind that exists when an external contractor is appointed. The only "contract" which exists for the in-house team is an undertaking to provide the catering service at the budgeted cost on which the tender was won.
16. It is important for subsequent control that in-house catering costs are reported against budget in a way which corresponds as closely as possible with the way in which those costs were shown in the competitive tender. The in-house team should operate extensive costing systems and so it would therefore be possible to report actual or budgeted unit meal costs.



## PART VI

### CHAPTER 22

# The Principal Elements of a Catering Service Monitoring Procedure

## INTRODUCTION

1. Part IV of the handbook described the main elements of a monitoring procedure. They are:
  - Monitoring Element No 1** – the definition of monitoring scope;
  - Monitoring Element No 2** – the use of the contractor's quality procedures;
  - Monitoring Element No 3** – the specification of monitoring output;
  - Monitoring Element No 4** – the definition of monitoring procedures;
2. In the remaining chapters of Part VI each of these four monitoring elements are taken in turn, and suggestions made as to how they should be applied to a catering service. Readers will find it helpful if they have already read Part III of the handbook, which describes a general form of monitoring and payment procedures, and if they have read Part IV which describes the four elements of monitoring and suggests the way in which a monitoring system can be designed.

## PART VI

### CHAPTER 23

# Monitoring Element No 1: Definition of Monitoring Scope (Catering)

## INTRODUCTION

1. The first monitoring element has been defined in this handbook as the definition of monitoring scope. As the name implies this includes defining the matters to be covered by the monitoring system, but the principal emphasis is on preparing the quality assessment standards which will show precisely what quality standards are expected and how they will be monitored. The steps required in this element for a catering monitoring system are:
  - (1) to define the structure of the monitoring records;
  - (2) to list activities and subjects to be monitored;
  - (3) to grade the activities and subjects to be monitored according to priority;
  - (4) to list the physical locations where monitoring will take place;
  - (5) to prepare the quality assessment standards.

Each of these five steps is discussed in the remainder of this chapter.

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## STEP ONE – DEFINE THE STRUCTURE OF MONITORING RECORDS

2. The first step in setting up a monitoring system for a catering service is to decide:
  - (1) the format for the quality assessment standards;
  - (2) the way in which the records will be classified, by physical location, or by activity;
  - (3) the overall scope of the monitoring activity.
3. A suggested content for the quality assessment standards has been given in part IV of the handbook. It will be necessary to review the suggested content and use it as a basis to design the specific format required for the unit and catering service concerned.
4. The classification adopted for the quality assessment standards is important, as subsequent development of the monitoring procedure will be based on that classification. In general, classification of service activities can be according to activity or according to the physical location where the service is performed. In the case of catering services it is probable that classification according to activity will be the most useful basis to adopt, and that is the basis used in this handbook.
5. The third matter to be decided in step 1 is the overall scope of the monitoring activity. This is particularly important in the context of a catering service, where many different departments may be involved in the final delivery of food to patients. Before starting to design the monitoring system it is essential to define precisely which parts of the catering service are to be monitored. For example, is monitoring to be confined to:

- (1) kitchen services only; or
  - (2) kitchen services and delivery services; or
  - (3) kitchen services and purchasing.
6. Where only part of a catering service is contracted to outside contractors, the definition of the scope of monitoring is particularly important. For example, is monitoring to cover only the external contractor’s work, or is it to cover all aspects of catering including service to the patient?
  7. Wherever possible, a monitoring system for hospital catering should deal with the complete service, including the final serving of food to the patient. A comprehensive monitoring system of that kind, although ideal, may not be practical to design and operate in the first instance. Initially therefore it may be necessary to restrict the scope of the monitoring to basic catering aspects only.
  8. For these reasons it is recommended that before starting to design a monitoring system for a catering service the monitor should prepare a short statement showing the overall scope of the proposed system, and defining precisely what parts of the catering service are to be monitored. This statement should be agreed with the hotel services manager before the monitoring system is designed in detail.

**STEP TWO – LIST ACTIVITIES AND SUBJECTS TO BE MONITORED**

9. Having decided that activity will be the main basis for monitoring a catering contract, the next step should be to use the work specification to list all the activities concerned in the catering service, together with all the subjects to be monitored for each activity. An example of the type of listing which may be found appropriate is given below:

**Food and Beverage Provision**

EXAMPLES OF ACTIVITIES AND SUBJECTS

**ACTIVITIES**

**MONITORING SUBJECTS**

**RAW MATERIALS**

Purchase of meat, fresh fruit & vegetables	<ul style="list-style-type: none"> <li>● Price, quality, freshness, grade relative to recipes</li> <li>● Appointment of suppliers</li> </ul>
--------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------

Storage of meat, fresh fruit & vegetables	<ul style="list-style-type: none"> <li>● receiving procedures/activities</li> <li>● safeguarding controls</li> <li>● issuing procedures</li> <li>● replenishing procedures</li> <li>● temperature</li> </ul>
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**PRODUCTION**

Preliminary preparation/food handling	<ul style="list-style-type: none"> <li>● removal from food rooms</li> <li>● cutting activities and use of colour coding systems</li> <li>● cross contamination controls</li> <li>● clean towels, nail brushes, soap etc</li> </ul>
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**ACTIVITIES****MONITORING SUBJECTS****Hygiene**

- procedures (eg use of kitchen cleaning schedule)
- practices
- premises
- staffing/training

**Cooking**

- recipes
- production or work sheet completion
- observance of cooking methods and culinary practices (eg meats cooked to avoid unnecessary weight loss)
- timing (also use of batch cooking)
- chef quality check procedures

**Food Quality**

- appearance
- taste
- temperature

**Equipment**

- age
- condition
- maintenance

**Wastage**

- amount
- type
- cause
- kinds of food

**DISTRIBUTION****Meal Delivery**

- methods
- responsibilities
- environment
- trolley bay cleanliness
- condition and cleanliness of equipment (eg trolleys)
- time
- temperature

**Ward Meal Service**

- checking of food received with food ordered
- replacement of unsatisfactory food
- serving
- ward visits
- dealing with patient dissatisfaction
- restriction of medical staff visits
- wastage and patient intake monitoring by ward staff
- timing
- beverage service

**Collection**

- methods
- responsibilities
- environment
- time

**ACTIVITIES****MONITORING SUBJECTS****OTHER ASPECTS**

## Meal Ordering

- systems for ordering (eg forms, times)
- notification of food choice/special diets/portion sizes
- cancellation of unwanted meals
- procedures for new patients

## Training

- contractor programmes (induction, development, supervisory)
- qualifications/examinations
- on the job training

## Nutrition/diets

- nutritional adequacy of meals for protein, energy, vitamins, calcium and iron
- cooking methods (min/max times)
- nutritional value for fibre, fat, sugar and carbohydrates
- medical or therapeutic diets
- major diet groups
- ethnic or minority group diets
- diet training for cooks, ward and other staff
- menus (planning, content, balance)

**STEP THREE – GRADE ACTIVITIES AND MONITORING SUBJECTS**

10. Having listed the main activities of the catering service, together with the subjects to be monitored within each activity, the next step is to grade them according to importance.
11. The purpose of grading is to put an order of priority on activities and subjects so that monitoring resources are allocated to the most important matters. The priority of monitoring topics will be important if it becomes necessary to reduce monitoring resources to meet budget constraints.
12. Previously in this handbook it was suggested that activities and monitoring subjects should be graded as either primary or secondary. The definition of a primary item should be one which is critical to either:
  - (1) the provision of the service; or,
  - (2) the cost to be paid by the health authority.
13. It is suggested that this form of grading should be applied to catering services in the first instance, although more complex gradings could be developed by monitors as experience is gained.
14. It should be appreciated that the grading given to activities and subjects can change dependent on the form of catering contract. For instance the subject of wastage in food preparation may not be regarded as of prime importance under a fixed fee contract as the health authority pays on the basis of meals ordered and produced and not on raw materials consumed. However, in general, food wastage should be an important subject in the monitoring of all forms of contract.
15. The application of this form of grading to some examples of monitoring subjects in a catering service is illustrated below. It should be noted that these are examples and in practice the exact grading of monitoring subjects will depend on many factors.

<b>MONITORING SUBJECT</b>	<b>Critical to service</b>	<b>Critical to price</b>	<b>Grading</b>
<i>PURCHASE OF MEAT</i>			
● Price paid	No	No (note: YES under a variable price or management fee contract)	Secondary Primary
● Quality of meat	Yes	No	Primary
● Good Received Procedures	No	No (note: YES under a variable price or management fee contract)	Secondary Primary
<i>STORAGE OF MEAT</i>	Yes	No	Primary
<i>STORAGE OF VEGETABLES</i>	No	No	Secondary
<i>FOOD PREPARATION</i>			
● cutting vegetables	No	No	Secondary
● defrosting of chicken	Yes	No	Primary
● wastage	No	No (Note: YES under a variable price or management fee contract)	Secondary Primary
<i>FOOD HANDLING PRACTICES</i>	Yes	No	Primary
<i>MEAL TIMES</i>	Yes	No	Primary
<i>DIETS</i>	Yes	No	Primary
<i>PATIENT MEAL ORDERING</i>	Yes	Yes	Primary
<i>PORTION SIZES</i>	Yes	Yes	Primary

16. The monitor should document the grading assessments and review them with the hotel services manager, users and specialists.

#### **STEP FOUR – LIST PHYSICAL LOCATIONS**

17. As explained in step 1, in monitoring a catering contract, the main classification used for monitoring purposes is likely to be activity based. However, the monitor will also need to document the physical areas used by the catering service. Much of the information required by the monitor will be available from documentation produced for the service specification. The monitor would therefore use this information for the purposes of monitoring procedure design. The information collected enables the monitor to:
- (1) be familiar with the items of equipment used or located within each area; (eg fridges, freezers, ovens);
  - (2) record the points of delivery, collection and storage; (eg. trolley bay exit, wards, stores);

(3) understand the areas of service provider responsibility (eg. staff dining room).

The latter two points are particularly important since there are a number of parties involved in the provision of the catering service. Illustrated below are examples of the physical areas that may be used in a catering service.

**Example of physical areas in a catering service**

<p style="text-align: center;"><b>Raw material areas</b></p> <p style="text-align: center;">Loading Bay Vegetable store(s) Deep freeze facility Cooked meat cold room Uncooked meat cold room Provisions or dry store(s)</p>	<p style="text-align: center;"><b>Distribution areas</b></p> <p style="text-align: center;">Trolley bay exit Corridors/Lifts Wards Ward kitchens Dining room service counter Dining room seating Coffee lounge</p>
<p style="text-align: center;"><b>Production areas</b></p> <p style="text-align: center;">Precook preparation area (eg slab table, slicer, mincer areas) Cooking area (eg ovens, steamers, fryers, bratt pans) Distribution area (eg areas where food placed onto trolleys or trays)</p>	<p style="text-align: center;"><b>Other activity areas</b></p> <p style="text-align: center;">Washing up areas (eg dishwasher, sinks, waste bins) Refuse collection area Catering administrative offices and kitchen staff areas such as rest rooms and toilets.</p>

18. An additional reason for documenting the physical areas is that it allows the monitor to relate the subjects to be monitored to physical areas so that it can be determined where the monitoring will take place and by whom. An example of how a record of monitoring subjects could be related to physical areas is given below:

**ACTIVITY: WARD MEAL SERVICE**

<b>Monitoring subjects</b>	<b>Location</b>
Delivery of food to wards	Kitchen Wards
Checking of food received with food ordered	Wards
Replacement of unsatisfactory food	Wards Kitchen
Serving practices	Ward
Timing	Wards and Kitchen door

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**STEP FIVE – PREPARE THE QUALITY ASSESSMENT STANDARDS**

19. Once the initial grading of monitoring subjects has been performed in step 3 and the physical areas identified in step 4, the monitor can then prepare the quality assessment standards for each activity.
20. The form of the quality assessment standards will have been defined in step 1. It will be remembered from Part IV of the handbook that a quality assessment standard should be prepared for each main activity of the service. The standard for each activity is prepared to show:
- (1) the overall service standard expected;
  - (2) the subjects to be monitored (divided into primary and secondary);
  - (3) the standard of quality expected;
  - (4) the method of assessment to be used;
  - (5) the frequency of assessment;
  - (6) the person responsible for monitoring.
21. Some examples of catering activities as they might be recorded on a quality assessment standard are given below:

**Example of a quality assessment standard for meat cold storage**

<i>Activity:</i>	Meat cold storage
<i>Grade:</i>	Primary
<i>Overall service standard:</i>	Area for meat storage should be hygienic and be maintained at the correct ambient temperature.
<i>Primary monitoring subject:</i>	Meat storage practices (safe guarding controls).
<i>Location:</i>	Cooked meat cold room. Uncooked meat cold room.
<i>Standard of quality expected:</i>	(a) meat is stored in a freezer storage area at the correct ambient temperature of minus 20C; (b) uncooked and cooked meat is separately stored.
<i>Method of assessment:</i>	(a) temperature check to ensure correct ambient temperature maintained; (b) observation test of whether uncooked and cooked meats are adequately segregated – ie in separate refrigerators.



**Example of a quality assessment standard for meal times**

<i>Activity:</i>	Meal times (wards)
<i>Grade:</i>	Primary
<i>Overall service standard:</i>	Meal times at ward level should correspond to times set out in the catering specification.
<i>Primary monitoring subject:</i>	Delivery time at wards.
<i>Location:</i>	Trolley preparation area and wards.
<i>Standard of quality expected:</i>	Delivery times as scheduled.
<i>Method of assessment:</i>	(c) observation and recording of time meals served to patients;
(a) observation and recording of time meals loaded onto trolleys in the trolley preparation area;	(d) comparison and analysis of times observed in (a), (b) and (c);
(b) observation and recording of time meals arrive at wards;	(e) review of observed times in (b) with requirements of specification.

**Example of a quality assessment standard for vending machines**

<i>Activity:</i>	Vending machines
<i>Grade:</i>	Secondary
<i>Overall service standard:</i>	Vending machines should be in operation for at least 80% of available time.
<i>Monitoring subjects:</i>	(a) replenishment procedures and practices; (b) cleaning cycle and action plans for spillages in the area; (c) action plans in event of machine failure;
<i>Location:</i>	Vending machine area
<i>Standard of quality expected:</i>	(a) machines well stocked (at least half full); (b) machines clean; (c) instructions in case of failure;
<i>Method of assessment:</i>	(a) observation of stock levels at regular intervals; (b) inspection of machine at regular intervals to ensure it is in a clean and operating condition.

22. When the quality assessment standards have been prepared on the lines indicated, they will be used to complete the design of the monitoring system as described in monitoring elements three and four.
23. The quality assessment standards should be kept up to date as they serve as the central basis of the monitoring system. They should be amended to take into account changing practices and changes made to the monitoring system as experience is gained.
24. The number of quality assessment standards for a catering service may be large, and it may well be appropriate for them to be held on a computer or text handling system.

## NOTES ON PREPARING THE QUALITY ASSESSMENT STANDARDS

25. In the remaining sections of this chapter a number of general notes are given to help in completing the quality assessment standards for a catering service. The notes deal with:
- (1) the frequency of assessments;
  - (2) the use of sampling;
  - (3) the methods to be used to assess quality.

### The frequency of assessment

26. The frequency of testing should be established by using the concept of grade already established for each monitoring subject. This would mean the higher the grade, the greater the frequency of monitoring. For example a primary subject such as storage of meat might be monitored very regularly, whilst a secondary subject such as vegetable storage might be monitored on a lower frequency.

### The use of sampling

27. A large part of the monitoring in a catering service will be the observation of activities and tasks. It will be appreciated that in many cases, meaningful results can only be obtained if a complete activity or task is observed. For instance the subject of wastage at food preparation stage needs to be observed and recorded for one particular type of food cooked in a particular production run (eg lunch meal preparation) for the statistics on wastage to have validity.
28. Notwithstanding the above comments, there will be instances where random sampling will be required. For example, it may not be possible to visit all wards at a given frequency of once a week. In these cases, the monitor will need to select a sample size which will provide sufficient coverage to enable a general conclusion to be drawn concerning the service provided on all wards.

### The methods used to assess quality

29. Objective methods of measurement are preferable, but within a catering service, there are a limited number of objective methods of measurement which are possible. These include temperature tests, weights and portion sizes. However, the majority of possible measures of catering quality will be subjective and will rely upon the experience and knowledge of the monitor.
30. Whatever method of measurement is used, it may generally be found advisable to record the results of measurement simply as "acceptable" or "unacceptable". This approach will generally be the easiest to apply consistently in a catering service, particularly where subjective measurement methods are used. Where reports show unacceptable standards in a particular area a more in depth investigation should be initiated to establish reasons.
31. In any event it will be advisable for the measures of quality and more importantly the definitions of acceptable and unacceptable standards to be communicated and if possible agreed with the contractor. The contractor's quality procedures and the hospitals' own independent monitoring procedures should make use of the same measures of quality and definitions of acceptable/unacceptable characteristics.

### Observation reporting

32. The characteristics of a catering service make observation reporting a particularly suitable method of assessment. Observation reporting can be performed using both objective and subjective measures. Examples of these are:

*Objective forms of observation reporting*

- Temperature check of food at trolley stage prior to delivery to wards;
- Check on portion sizes served;
- Check on wastage;
- Check on number of meals ordered and comparison with midnight bed statement or the agreed accounting procedure;
- Recording and check on meal serving times;
- Check on price, weight and standard of meat purchases.

*Subjective forms of observation reporting*

- Check taste of food;
  - Check on cleanliness of kitchen cutlery, crockery and utensils;
  - Observation of presentation of food on plate or trolley;
  - Check on freshness of vegetables to be used in cooking;
  - Observation of food handling practices.
33. The most appropriate method of recording the results of observation tests will also be either in the form of an acceptable/unacceptable answer.

**POTENTIAL CATERING RISK AREAS**

34. Three important risk areas which need to be borne in mind when deciding monitoring subjects and their grading are dietary and nutritional requirements, wastage and hygiene. These are discussed below:

**Dietary and nutritional requirements**

35. Diets and nutrition form one of the special characteristics of a hospital catering service and it is important for the monitor to determine whether the catering service is meeting the dietary and nutritional requirements of patients. For this purpose the monitor must work closely with the hospital dietician and together devise the particular tests which need to be carried out in this area. The following are examples of possible dietary subjects which should be covered by the monitoring systems:
- (1) Menu planning – The specification will require the contractor to provide details of therapeutic diets. Monitoring should ensure that the specified standards are being maintained regarding nutritional adequacy.
  - (2) Ordering – tests required to ensure patients orders checked for nutritional adequacy and suitability; check patients needs known and understood.
  - (3) Cooking – tests to ensure use of fresh ingredients; compliance with (dietitically) approved recipes and minimum and maximum cooking times; confirm use of batch cooking.
  - (4) Patient service – tests required to ensure monitoring of patient food intake; weighing of patients.
  - (5) Training – tests to ensure dietary training for cooks, ward and other staff.

**Wastage**

36. Wastage is an important area for monitoring attention under all forms of service provision. It is of particular importance when the health authority pays for food on an actual basis (ie

under a variable or management fee contract). The monitor needs to determine the type and amount of food waste, the causes and the action required.

37. There are three types of wastage. These are:
- (1) Wastage in preparation – This represents raw materials (ingredients) and/or work in process that is wasted during cooking. This type of wastage does not need to be monitored by the hospital under a fixed price contract as the external contractor bears the cost of it. It is only relevant for the variable and management fee forms of contract.
  - (2) Unserved food – This represents food that is produced but not served to patients and staff. This needs to be monitored by the hospital in all forms of contract as the hospital bears the cost of this waste.
  - (3) Plate waste – This represents food that is produced, and served to patients and staff but is left uneaten on plates. This also needs to be monitored by the hospital in all forms of contract.
38. It is possible to cost the amount of waste relative to portion size. For instance, the monitor can establish the standard portion size and value this on the basis of the raw materials cost. The unserved or plate waste can then be costed by determining number of portions wasted and applying the appropriate cost rate.
39. There are four major causes of waste. These are:
- (1) Over ordering: This is where the ward staff or personnel responsible for meal ordering have ordered meals in excess of actual requirements. A good indicator of this cause is meal ordering consistently in excess of the midnight bed statement figures.
  - (2) Over-production: This is where the catering staff have produced in excess of what has been ordered.
  - (3) Production inefficiency: This is where the catering staff have used ingredients in excess of standard recipes and/or have adopted poor culinary practices (eg excess cooking).
  - (4) Patient/staff rejection: This is where patients or staff reject food for a number of reasons such as illness, poor food quality, unpopular dish or excess portions serving.

### Hygiene

40. The nature of hospital and health unit environments means that all aspects of hygiene in catering operations are of vital importance. The monitoring procedure will form an integral part of a health authority's programme of ensuring that adequate standards of hygiene are maintained at all times.
41. Recent changes in legislation mean that health authorities, agency staff and contractors staff working on NHS premises are bound by the provisions of legislation covering food hygiene. The monitoring procedure should therefore be developed in conjunction with the code of practice which health authorities are required to draw up and maintain according to local conditions and requirements.
42. Specific guidance and advice on the hygiene aspects of health service catering are available in the form of a handbook which is part of *The Health Service Catering Manual*. Hotel services managers and monitors should ensure that the guidance contained in the handbook forms the basis for the selection of hygiene subjects to be monitored and that the results of monitoring form part of a planned and comprehensive procedure for the maintenance of hygiene standard.

**PART VI**

**CHAPTER 24**

# **Monitoring Element No 2: The Use of the Contractor's Quality Procedures (Catering)**

## **INTRODUCTION**

1. The second element of a monitoring procedure is the incorporation of the contractor's own quality assurance and quality control efforts in the process of monitoring. In this context, the contractor may be an external contractor or the in-house catering team.
2. It will be remembered from Part IV of the handbook that there are three steps in monitoring element No 2, namely:
  - (1) reviewing and assessing the contractor's quality procedures;
  - (2) specifying the monitoring subjects where reliance is to be placed on the contractor's procedures;
  - (3) subsequent monitoring of the contractor's procedures.

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## **STEP ONE - ASSESS CONTRACTOR'S QUALITY PROCEDURES**

3. The first step is for the monitor to review and report to the hotel services manager on the contractor's quality systems. To do this, the contractor's quality assurance, quality control and quality reporting procedures need to be examined.

### **Review of quality assurance**

4. In reviewing the contractors quality assurance procedures the monitor should examine the following:
  - (1) the specification of management and supervisory roles in maintaining quality standards. It is important to establish management's responsibilities and what review procedures there are by management of the actions of supervisors and staff (eg are there periodic visits by catering senior management to discuss and review operating procedures with the on site catering manager);
  - (2) the frequency, scope and content of training programmes for the catering staff and especially head, sous and diet chefs. It is important to ascertain whether these training courses are internal or external and provide the necessary education to allow for appropriate examinations to be taken (eg City and Guilds of London examination). In the assessment of the adequacy of the training programmes, the monitor should liaise with the health authority dietician and if necessary the local EHO;
  - (3) the extent to which the contractor has designed operating procedures to meet the particular needs of the hospital unit concerned;

- (4) the extent to which the contractor has documented the standard operating procedures in a manual. These procedures should include the policies relating to staff matters, job descriptions, use of equipment, and health, hygiene and safety practices. The monitor must review these to ensure that the appropriate level of importance is placed on the primary monitoring subjects which were identified in monitoring element No. 1.

#### **Review of quality control**

5. The monitor should review the contractor's quality control reports for:
- (1) **Format and Content:** In the catering service it is usual to find the quality control reports to be of a checklist questionnaire nature. The checklist is usually divided into four main categories which are staff and personnel; health, hygiene and safety; food standards and quality; and administration (including financial matters). The review by the monitor should assess the extent to which these checklists cover the monitoring subjects which have been identified in monitoring element No. 1.
  - (2) **Standards:** The monitor should assess whether the contractor's quality system provides a clear statement of the quality standards expected for the activities being monitored and the extent to which these are the same as those defined in monitoring element No 1.
  - (3) **Frequency:** The frequency of the quality reporting by the contractor should be established as it determines the importance placed on individual subjects. For instance, it would be reasonable to expect that the health, hygiene and safety together with food standards would be monitored more frequently than other categories of activity.

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#### **STEP TWO – SPECIFY RELIANCE TO BE PLACED ON CONTRACTOR'S PROCEDURES**

6. When the contractor's quality procedures have been assessed it is necessary to decide which of them can be used to satisfy the authority's monitoring requirements which were defined in monitoring element No 1.
7. To do this, it is suggested that the quality assessment standards which have been prepared for each activity should be compared with the contractor's quality procedures.
8. It will be remembered that the quality standard for each activity showed the subjects to be monitored for each activity, the standard of quality required and the method of assessment to be used. In comparing these with the contractor's procedures it may well be found that many of the subjects, and possibly even complete activities are being fully covered by the contractor's own system. If it is felt that the contractor's systems are reliable, and that suitable monitoring data can be made available to the monitor, then a decision may be taken by the hospital monitor to rely on the contractor's systems for monitoring those particular subjects and the quality assessment standards can be marked accordingly.
9. In the case of catering there will be certain types of monitoring for which authorities will not wish to rely totally on an external contractor's quality systems. These will relate to such matters as:
  - (1) staff and personnel;
  - (2) food standards and quality;
  - (3) hygiene, health and safety;
  - (4) payment to the contractor;
  - (5) the cost of food and materials borne by the authority.

10. Apart from matters of this nature however, many topics can be monitored by the contractor's own systems and the authority can reduce the extent, and costs, of its own monitoring systems.
- 

### **STEP THREE - MONITORING THE CONTRACTOR'S PROCEDURES**

11. Periodically during the life of the contract the monitor should review the contractor's quality procedures to determine whether continued, additional or less reliance can be placed on them. The results of these periodic reviews should be reported to the hotel services manager. As a result of these reviews it may be decided that the list of subjects to be monitored by the contractor's systems can be increased or decreased. The quality assessment standards should then be amended accordingly.
-

# Monitoring Element No 3: Specification of Monitoring Output (Catering)

## INTRODUCTION

1. The third main element in a monitoring system is the output required from the system in the form of regular reports to management. It is important that the output required is specified at an early stage so that the monitoring systems can be designed accordingly.
2. In part IV of the handbook it was suggested that output from a monitoring system for hospital hotel services should meet three main needs:
  - (1) to provide management information to the hotel services manager to assist in managing the services;
  - (2) to provide information to support the payments made to an external contractor;
  - (3) to provide information to enable the work specification to be amended where necessary.
3. These three aspects are discussed in relation to catering contracts in the three steps described in the remainder of this chapter.

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## STEP ONE – DEFINE MANAGEMENT INFORMATION NEEDS

4. In part IV of the handbook it was suggested that management information would be required to meet each of the nine elements of managing service contracts. In the case of catering it is useful to develop that concept further, and define the reports and other information required at the regular management meetings which will be held during the life of a catering contract. These meetings can be summarised as follows:

<b>Meeting</b>	<b>Frequency</b>	<b>Persons attending</b>
Informal briefing session	Weekly	Monitor; on site catering manager.
Formal meeting	Fortnightly	Monitor; on site catering manager; hotel services manager; and other managers such as works manager.
Contract report meeting	Monthly	Monitor; on site catering manager; regional and/or head office catering management; hotel services manager; (treasurer, dietician and nursing officer if required).
Specialist Reports and meetings	Biannual or ad hoc	Specialists; and monitor.
Pre-Termination report and meeting	At end of contract	Monitor; hotel services manager (and on site catering manager and regional/head office catering management).



5. Suggestions as to the information to be produced by the monitoring system for each of these meetings is described below.

**Information for weekly/fortnightly meetings**

6. The weekly/fortnightly meetings would be short briefing sessions. The purpose should be to discuss particular problem areas that have arisen from the monitoring visits/observations which are easily resolved and/or require early resolution.
7. The management information required for these meetings would be:
- (1) weekly/daily reports and complaints from users;
  - (2) results of monitor's tests during the period including observations from ward visits;
  - (3) results of the contractor's own quality control systems.

**Monthly contract report and meeting**

8. The monthly contract meeting would be the focus of all the monitoring and management of the contract. Attendees at the meeting would include the following:
- (1) hotel services manager;
  - (2) monitor;
  - (3) on site catering manager;
  - (4) regional and/or head office catering management (if outside contract).
9. The senior nursing officer, the treasurer and the hospital dietician could be invited to the meeting as required.
10. The purpose of the monthly contract meeting would be twofold:
- (1) to discuss and act on the contents of the monthly monitoring report including points for follow up and required variations to the specification;
  - (2) to approve the contractor's monthly invoice.
11. The main report available to the meeting should be the monitor's monthly report to the hotel services manager. It should incorporate the results of the monitor's checks and observations and where appropriate the results of the contractor's control checks. The aim of the report must be to give adequate management information together with suggested solutions for any management action. An example of the main contents of a monthly monitoring report for a catering service are given below.

---

(1). EXECUTIVE SUMMARY	General comments and conclusions on the overall provision of the catering service.
<hr/>	
(2). HEALTH HYGIENE & SAFETY	Include results of checks on food handling practices, clearing procedures, storage practices, fire precautions, ventilation, equipment condition and cleaning, use of correct clothing, vending machines.

(3). FOOD QUALITY & STANDARDS	Include results of checks on meal times, raw material purchase standards, food temperature, taste, texture and appearance, wastage on eating, patient and ward staff comments.
(4). STAFF RESTAURANT	Include results on check of sales and customer service aspects such as staff efficiency, attentiveness, resolution of complaints.
(5). TRAINING & STAFFING	Include what has been done in the last month in terms of training of both contractor staff and educating users. Also results of review of staffing levels.
(6). WARD PROVISIONS AUDIT	Include results of audit of ward provision costs.
(7). PATIENT MEALS AUDIT	Include results of audit of patient meals figures used as basis for invoicing by contractor. This would need comparison of figures with independent information (eg comparison of meals ordered by ward staff with the midnight bed statement).
(8). EQUIPMENT MAINTENANCE	This should show a schedule of equipment maintenance that is outstanding.
(9). SPECIALIST REPORTS	The report should either include summaries or the original reports prepared by specialists from time to time (eg Environmental Health Officer report).
(10). FOLLOW UP	This should give details of progress on prior month report action points.

In addition to the above contents, an in-house contract, or a variable price or management fee contract would require the following sections to be included in the monthly monitoring report.

(11). BUDGET PERFORMANCE	This would show comparison of actual with budget expenditure and income for the month and on a year to date basis. It would also include the explanation for variances.
(12). RAW MATERIAL PURCHASES	This would include results from monitoring the prices, quality and quantity of raw material purchases.
(13). WASTAGE	This would include statistics on wastage quantity and value together with causes and actions needed.

**Reports by specialists**

12. As required by the specification it will be necessary to employ specialists to carry out technical reviews of the catering service. The results of their work should be documented in formal written reports. These reports must form an important part of the monthly reporting procedure.
13. These reviews of specialist topics should be carried out in a planned way according to a schedule and timetable prepared by the monitor in conjunction with the specialist concerned and agreed with the hotel services manager. An example of some of the subjects for special periodic review relevant to a catering service are:
  - (1) dietary content of general meals:       Dietician
  - (2) maintenance of special diets:         Dietician
  - (3) hygiene, health and safety:            Environmental Health Officer
  - (4) contractor's quality procedures:       Monitor
  - (5) value for money studies:             Monitor
  - (6) purchasing practice:                  Purchasing Officer
  - (7) training needs of kitchen staff:       Training Consultant

**Information for pre-termination report and meeting**

14. Six months prior to the termination of the contract, it is recommended that a pre-termination report is prepared by the monitor and a meeting held to discuss it.
15. All the earlier reports of meetings should be utilised as a basis for this report. The primary purpose of the report should be to:
  - (1) summarise in broad terms how successful the contract has been in fulfilling the service requirements from both a standards and cost point of view;
  - (2) give details of all variations made to the original specification and further suggested variations for the next tender specification;
  - (3) recommend whether the contractor should be included in the next tendering round.
16. The meeting held to discuss the report will usually be between the monitor and the hotel services manager.

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**STEP TWO – DEFINE PAYMENT SUPPORT INFORMATION**

17. The hotel services manager will require the monitoring system to provide information to enable payment approval to be made. This requirement will vary dependent on the form of contract.
18. With a fixed fee catering contract regular information is needed to enable management to:
  - (1) ensure that the basis used for payment of the fixed rate per patient meal is being applied accurately. For instance, if payment is on the basis of meals ordered, the monitor would need to accumulate data on numbers of meals ordered and relate that to the contractor's invoice using the fixed rate cost shown in the specification;

- (2) ensure that the fixed costs which remain unchanged regardless of numbers of patient meals are being charged by the contractor correctly in accordance with the specification;
- (3) ensure that the health authority is paid the correct percentage of the staff meals income for the period. The monitor may also need to check that the income has been completely and accurately recorded;
- (4) ensure that ward and office provisions costs are being accurately charged.

19. With a variable fee catering contract information is required to enable management to:

- (1) ensure that the health authority pays only for food consumed. This may require reconciliation of opening and closing stock of raw materials and ingredients with purchases for the period. Alternatively, the monitor would need to perform a reasonability test based on figures for meals ordered and standard recipe costs shown in the specification. This would also require determination of the ward issues and direct issues to staff together with calculation of an estimated staff meals cost. A possible method for carrying out a test of this kind is illustrated below:

---

	£
Patient meals ordered x average standard costs (as shown in specification)	X
Direct issues cost to staff (from stores records)	X
Ward issues cost (from stores records)	X
Staff meals cost (based on takings and assumed gross profit percentages)	X
	—
	X
 Balancing figure: inefficiency or wastage	 X
	—
Total food cost as charged on invoice	£X

---

- (2) ensure that the fixed costs which remain unchanged regardless of numbers of patient meals are being charged by the contractor correctly in accordance with the specification;
- (3) ensure that the health authority is paid the correct percentage of the staff meals income for the period. The monitor may also need to check that the income has been completely and accurately recorded.

20. With a management fee catering contract the information is required to enable management to:

- (1) ensure that the costs accumulated and reported by the contractor agree with the health authority's own record and to obtain explanations for variances;
- (2) ensure that adequate and valid reasons are obtained for period and year to date variances between actual and budgeted expenditure;
- (3) perform detailed analysis and comparison of trends for certain costs such as raw material costs, ward provision costs and labour costs;
- (4) ensure that the portion of management fee charged agrees with the amount shown in the contract;
- (5) ensure that 100% of the staff meals income is allocated and passed on to the health authority.

21. With an in-house contract, information is required to enable management to:
- (1) ensure that total catering costs do not exceed budget;
  - (2) ensure that variances from budget arising on individual items of cost are properly explained;
  - (3) ensure that trends in raw material costs, and labour costs are monitored;
  - (4) ensure that a cost efficient catering service is operated which provides value for money.
22. Apart from financial information, management must also be presented with other supplementary information that will assist in the general financial management of the contract. Examples of such information are:
- (1) information on average daily sales of meals in the staff canteen and comparison with previous periods;
  - (2) information on midnight bed statement figures compared to meals ordered, produced and served;
  - (3) information on meal production as compared to meals ordered;
  - (4) information on wastage at preparation and eating stage. It should be noted that for a fixed price contract information on wastage on preparation is not of direct value to hospital management;
  - (5) information on staff meals sold at ASC and non ASC rates;
  - (6) information on ward provisions usage in comparison with prior periods and numbers of patients;
  - (7) information on special function operations (eg Doctors conference).

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### STEP THREE - DEFINE WORK SPECIFICATION VARIATION INFORMATION

23. The monitoring activity is required to provide information relating to changes required to the work specification and contract. In part II of the handbook, five potential sources of variation were identified, namely:
- (1) users requests;
  - (2) results of monitoring tests;
  - (3) results of reports by technical specialists;
  - (4) contractor's requests;
  - (5) value for money studies.

In the case of catering contracts, variations can arise from all five sources. These are for the most part self explanatory, with the exception of those arising as a result of contractor's requests. The monitoring procedures will identify where the in-house or external catering contractor does not meet the work specification. In such instances it will be necessary for the monitor to determine after consultation with the contractor whether such failure is because the specification cannot be met for valid practical reasons in which cases change is required to the specification and where the contractor is requesting a change. If a change is

required, the problem together with the reasons and financial effects of the change should be reported to the contract manager for further consideration.

24. An example would be if the monitor observed that meal times were not being kept in accordance with the specification and that the main reasons for this could be attributed to the inefficiency of the central washing up unit. This problem could either be resolved by the purchase of a new unit which would be expensive or by changing the specification and staggering meal times by wards.
  25. In considering each of five potential sources of variation requests, the monitor needs to make sure that the monitoring systems provide an adequate means for identifying where variations are needed and an adequate system for communicating the requests to the hotel services manager so that a decision can be made quickly whether or not to implement the requested change.
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## PART VI

### CHAPTER 26

# Monitoring Element No 4: The Definition of Monitoring Procedures (Catering)

## INTRODUCTION

1. The final element in a catering monitoring procedure is the provision of checklists and monitoring procedures for all those responsible for monitoring work. To do this information prepared in the three preceding elements is used:
  - (1) element No 1 provides the quality assessment standards showing what subjects are to be monitored;
  - (2) element No 2 shows which subjects will be monitored by the contractor's systems;
  - (3) element No 3 shows the information output required from the system.
2. To complete the design of the monitoring system this information now has to be used to:
  - (1) decide on the balance between using the monitor or the service users to carry out monitoring tasks;
  - (2) allocate specific responsibility for each monitoring task;
  - (3) prepare monitoring check lists for each person with monitoring responsibility;
  - (4) design the monitoring procedures for collecting and collating the data.

The application of these four steps to a catering monitoring system is described in the remainder of this chapter.

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## STEP ONE – AGREE BALANCE BETWEEN USER/ MONITOR REPORTING

3. The monitor and the hotel services manager should consider who will be responsible for collection of the data required by the monitoring system. Where staff other than the monitor are to be involved, that must be agreed with the head of the department or function concerned. When deciding who shall assist in collecting monitoring data in a catering service, it is useful to identify two levels of monitoring data that will be required:
  - (1) first level monitoring data – this is data where technical expertise is required in its collection, or where it has to be collected by a person who is independent from the in-house or external contractor;
  - (2) second level monitoring data – this is data which requires no technical expertise or independence in its collection.

4. Examples of first and second level monitoring data in the catering service would be:

**Examples of first level monitoring data**

- data on checks performed on food handling practices;
- data on temperature(s) of food;
- data on prices paid for meat and vegetable purchases (only required for variable price and management fee contracts);
- data on wastage of food at preparation stage (only required for variable price and management fee contracts)
- data on quantity and value of ward provision issues;
- data on takings from staff canteen;
- data on qualifications and further training of contractor;
- data on comparison of midnight bed statement statistics with numbers on which payment based (eg. meals ordered).

**Examples of second level monitoring data**

- patient and staff surveys;
- user complaints;
- data on staffing levels;
- data on temperatures of fridges and freezers.

5. The table below gives a suggested allocation of responsibility for collecting the monitoring data required for a catering service;

<b>Monitoring data</b>	<b>Responsibility</b>
First level	(1) monitor (2) technical specialists (3) finance staff
Second level	(1) monitor (2) users

**Collection of first level data**

6. It will be advisable to identify only the monitor, technical specialists and finance staff as having responsibility for the collection of first level monitoring data.
7. This is because the collection of first level data requires a certain degree of independence, consistency and technical ability. For instance it would be unacceptable to rely on the person serving meals to provide information on food temperature for a number of reasons:
- (1) there would be a lack of independence as the person would be personally involved in the process being measured;
  - (2) there might be a lack of consistency as, without training, different people might have different methods of measuring temperature;



**The use of specialists in first level data collection**

8. Because of the specialist nature of certain aspects of the catering service it will be necessary for the monitor to rely on specialists to perform some of the monitoring functions and meet certain data collection needs. The following list shows examples of first level data that could be provided by specialists:

**Monitoring data to be collected by specialists**

<b>Specialist</b>	<b>Data collection examples</b>
Hospital dietician	<ul style="list-style-type: none"> <li>● data on training of diet cooks</li> <li>● data on whether food contains adequate proteins and nutritional value</li> <li>● data on whether diets ordered are prepared correctly and delivered to the correct patient</li> </ul>
Environmental Health Officer	<ul style="list-style-type: none"> <li>● data on health, hygiene and safety aspects of the kitchen</li> <li>● data on equipment efficiency and adequacy</li> </ul>
Microbiologist	<ul style="list-style-type: none"> <li>● data on sample cultures taken</li> </ul>
External catering consultant	<ul style="list-style-type: none"> <li>● data on ward issue costs</li> <li>● data on food temperatures</li> <li>● data on wastage</li> </ul>

**Second level data collection**

9. In the catering service, second level monitoring data will need to be collected both by the monitor and by users. In the case of a hospital catering service, the term "users" will include ward nursing staff and ward domestic staff who have responsibility for patient feeding. However, the term users may also include the patients themselves, and in the case of staff meals, members of staff.
10. The user responsibility for second level monitoring data collection might include such matters as:
- (1) notification of complaints to contractor and monitor;
  - (2) notification of day to day problems to contractor and monitor;
  - (3) recording of meals ordered, received and consumed;
  - (4) completion of patient survey questionnaires;
  - (5) completion of staff meals survey questionnaires.

Aspects of second level monitoring data collection which do not fall in these general categories will probably be best carried out by the monitor and the monitor's own staff.

**STEP TWO: ALLOCATE RESPONSIBILITY FOR MONITORING TASKS**

11. Having assessed in step 1 the broad balance of monitoring work between the monitor, users and technical specialists, the next step is to allocate specific responsibilities to individual members of staff.

12. This can be done by using the quality assessment standards prepared in monitoring element No 1. It will be remembered that the quality assessment standards show for each catering activity the specific subjects it was considered should be monitored. In monitoring element No 2 the monitoring of some of those subjects was allocated to the contractor and it is now necessary to allocate the remainder to the hospital's own monitoring staff, users, and technical specialists.
13. If the layout for the quality assessment standards outlined in this handbook has been adopted, then the simplest approach will be to take each standard in turn and allocate each monitoring subject to specific individuals (or posts) in the monitor's staff, in user department's staff, or to technical specialist staff. This should be done using the general criteria regarding first and second level monitoring data described in the previous step.
14. As part of the process of allocating monitoring tasks, it will be advisable to consider the overall workload which this places on the resources and budget available for monitoring. It may be found that the initial allocation of tasks places too much additional work on individuals, and a reallocation may be required. It may even be found that the demand on total resources is too great, and that a reduction in the overall scope of monitoring is required. If so, any reduction should be made after agreement of the hotel services manager. Reductions in the scope of monitoring should be made at this stage in the development of the system to avoid unnecessary design work.

### STEP THREE: PREPARE MONITORING CHECKLISTS

15. When the responsibility for individual monitoring subjects has been allocated and it has been established that the extent of the work is within the capacity of the resources available, the next step is to prepare the monitoring checklists which must be completed by each person.
16. Checklists will be required for each of the monitoring tasks allocated to:
  - (1) the user department's staff;
  - (2) the monitor and monitor's staff;
  - (3) the technical specialists;
  - (4) the special periodic reviews to be made by the monitor.

It is essential that each of these checklists is designed specifically to monitor a particular subject or group of subjects defined in the quality assurance standards, or to derive specific data required to meet the reporting needs established in monitoring element No 3.

17. Notes are provided in the following paragraphs for constructing catering checklists.

#### User checklists

18. Monitoring checklists for use by staff in user departments must be kept simple and easy to complete. Staff in user departments will not have time to complete lengthy or complex questionnaires about catering matters. Some principles to keep in mind when designing user checklists are:
  - (1) collect all the matters which an individual person is to monitor into one checklist;
  - (2) construct the checklists so that they are completed on a daily or weekly basis, but not more;

- (3) restrict the checklist to one, (at most two) pieces of paper;
- (4) construct the checklist on the basis of recording simple facts, or yes/no answers for a series of questions, leaving only one area for general written comments;
- (5) ensure adequate heading information is given on each checklist about time of completion, where completed and by whom.

19. An example of a simple catering checklist available for a user department is given below:

---

**WARD NAME** .....

**WEEK ENDING** .....

**TIMELINESS (midday meal)**  
 Did the meal trolleys arrive on time? YES/NO

**ORDERING**  
 Was all food ordered received? (including special diets) YES/NO  
 Was there food left over in the trolley after service? YES/NO

**PORTIONS**  
 Were portion sizes adequate? YES/NO

**TEMPERATURE**  
 Did the hot food appear to be hot enough? YES/NO  
 Was the cold food adequately chilled? YES/NO

**PRESENTATION**  
 Was the food well presented? (Only relevant for plated systems) YES/NO

**PATIENT DISSATISFACTION**  
 How many patients complaints received in the period? NONE/FEW/MANY  
 Were all complaints satisfactorily and promptly resolved? YES/NO  
 Was there a lot of plate waste? YES/NO  
 Did catering staff or management visit the ward at any time during the period? YES/NO

**COLLECTION**  
 Were empties collected on time and in a satisfactory manner? YES/NO

**WARD PROVISIONS**  
 Did ward provisions arrive on time and in accordance with order? YES/NO

**COMMENTS**

**NAME AND SIGNATURE OF WARD SISTER**

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**Monitor and technical specialists checklists**

20. The checklists for the monitor and technical specialists can be more complex than those for users. In the case of technical matters, the monitor should ask the relevant technical specialists to prepare the checklist. Specific guidance on hygiene subjects is available in the Food Hygiene section of the Health Service Catering Manual.

21. As these checklists will cover a wide range of matters, no specific example is given. However, summarised below is a list giving some examples of the subjects which might be included in a catering monitor's or technical specialist's checklist.

#### **Example of subjects for monitors and specialists checklist**

---

##### **Staff and personnel Matters**

- |                              |                                                                                                                                              |
|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| Staff appearance and hygiene | <ul style="list-style-type: none"> <li>● uniform</li> <li>● hats</li> <li>● hands</li> <li>● personal hygiene</li> <li>● sickness</li> </ul> |
|------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|

- 
- |           |                                                                                                                         |
|-----------|-------------------------------------------------------------------------------------------------------------------------|
| Personnel | <ul style="list-style-type: none"> <li>● operating manuals</li> <li>● job descriptions</li> <li>● appraisals</li> </ul> |
|-----------|-------------------------------------------------------------------------------------------------------------------------|

- 
- |          |                                                                                                                                                    |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| Training | <ul style="list-style-type: none"> <li>● programme completion</li> <li>● future plans</li> <li>● examinations</li> <li>● qualifications</li> </ul> |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------|
- 

##### **Health, hygiene and safety**

- Premises – physical areas such as raw materials delivery area, main kitchen, cold rooms, dry store, cleaning area, despatch of food area, and dining room. Check for cleanliness, ventilation, lighting and pest infestation;
- Storage conditions – fridges, freezers, dry stores – check for temperature, capacity, organisation of storage of food;
- Equipment – main kitchen equipment including washing up equipment and cutlery. Also vending machine equipment. Checks for cleaning and safety problems;
- Safety – guards, repair, safe storage, fire exits and drills, thermometer and thermostat, floors not slippery, protective clothing, labelling.

---

##### **Food standards and quality**

- |                        |                                                                                                     |
|------------------------|-----------------------------------------------------------------------------------------------------|
| Trolleys               | ● Temperature, cleanliness and condition                                                            |
| Wards/<br>dining rooms | ● Food temperature, presentation, texture flavour and colour and portions.<br>Customer satisfaction |
| Meal times             | ● Variations and reasons                                                                            |
| Menu                   | ● Changes to availability and choice                                                                |
| Wastage                | ● Percentage and reasons at cooking and consumption stage                                           |

---

##### **Administration**

- |                  |                                                                    |
|------------------|--------------------------------------------------------------------|
| Staff restaurant | ● Takings, sales reconciliation                                    |
| Purchases        | ● Price and quality                                                |
| Provisions       | ● Calculation of ward provisions supplied and replenishment levels |
| Cash             | ● Reconciliation of payments in and out                            |
| Meals ordering   | ● Reliability, accuracy and meeting of dietary requirements        |
-

**Patient and staff meal surveys**

22. Patient and staff meal surveys can be a useful adjunct to the main monitoring data provided by the monitor, technical specialists and user department staff. Patient and staff surveys can be used to provide general information about the acceptability of the catering service, and they also serve a useful public relations function. An example of the way in which a patient survey can be constructed is given below.

**Example of contents of patient survey**


---

INTRODUCTION	● Brief explanation of reason for survey. Use of words "Dear Patient", "Thank you", and "helpful"
PATIENT DATA	● Avoid asking patient name but request ward name, length of stay and whether on medical, normal or ethnic diet
SCORING SYSTEM	● Minimise number of grades – keep to 3-4 (eg good, adequate, poor and very poor).
MEAL TIMES	● Include prompt questions such as "get food at right time?"
MENU CHOICE	● Include prompt questions such as "tempting" "interesting?"
MEAL ORDERING	● Include prompt question such as "get what you ordered"
FOOD AND BEVERAGE QUALITY	● Include prompt question such as "edible?" "tasty?" "tender?"
TEMPERATURE	● Include prompt question such as "hot enough?" "too much?"
NUTRITION	● Include prompt questions such as "eating right type of food"

---

**STEP FOUR: DESIGN MONITORING PROCEDURES**

23. When the monitoring checklists have been prepared for all the catering subjects which are to be monitored, the monitor should prepare procedure guides giving instructions to each person who has responsibility for completing the checklists, namely:
- (1) the staff of user departments;
  - (2) the monitor and monitor's staff;
  - (3) the technical specialists.
24. The procedure guides should also include the procedures to be used by the monitor for collecting the completed checklists and collating the data which has been recorded to provide the management information and other reports which were specified in monitoring element No. 3.
25. The preparation of procedure guides is an important task: they provide the basis for instructing all concerned in exactly what they have to do within the monitoring system, and equally important, they provide the hospital with a base document to ensure continuity of the monitoring role.

**The contents of procedure guides**

26. The contents of procedure guides will depend on the particular circumstances to be covered by each one. However, it is suggested that a format for these guides should be

designed by the monitor of each unit, and adopted as the standard for that unit. The main headings and contents for procedure guides should include the following:

- (1) the name of the checklist and procedures;
  - (2) the reference number of the checklist and procedure;
  - (3) the job title of the person who is to complete the checklist;
  - (4) the daily or weekly time when the checklist should be completed;
  - (5) the instructions for completing the checklist, including any technical information about how to make the quality assessment;
  - (6) the way in which the completed checklists are to be passed to the monitor;
  - (7) the person to contact when difficulties arise in completing the checklist;
  - (8) the date the procedure was issued.
27. When the procedure guides have been completed by the monitor it will be advisable for them to be agreed with the hotel services manager, and where the staff of other departments are to be involved in the procedures, for the guides to be discussed and agreed with the head of the department concerned.
28. Where procedure guides for technical catering matters are concerned, the monitor should ask the relevant technical specialist to assist in preparing the guides. In some cases, the procedure and completion of the checklist will be carried out entirely by the specialist, but even in those cases, the specialist should be asked to prepare the procedure guide and checklist, so that they can be held for reference by the monitor. The procedure guides must include the procedures to be operated by the monitor in collating the data and preparing the information required by the monitoring systems and payment systems.
29. When all the procedures have been written they should:
- (1) be circulated to all persons who will use them, each individual receiving only the procedure relevant to them;
  - (2) be held by the monitor, together with the quality assessment standards as a central record of all the procedures relative to monitoring.

#### **NOTES ON PROCEDURES RELATIVE TO CATERING**

30. Two comments relating to implementing the procedures guides for catering may be helpful. They concern:
- (1) the timing of procedures;
  - (2) the training of staff.

#### **The timing of monitoring activities**

31. In the case of a catering service, the timing of monitoring activities can be of critical importance, and this factor must be borne in mind when designing the checklist procedures.
32. A catering specification will identify the daily times of meal requirements for both patients and staff. The contractor will establish schedules for activities and tasks that need to be

performed to meet the required times and standards. It is essential for the monitor to be advised of the schedules as the monitoring procedures will have to be performed in parallel with those activities and tasks. For example, the relevant monitoring procedures must be carried out at the time at which vegetables will be prepared for cooking or the time at which the cooked food will be placed on trolleys.

#### **Training staff in the procedures**

33. All staff will require training in the monitoring procedures which they are to operate and in completing the relevant checklists. They need to be provided with:
- (1) understanding how the service is provided and what role they play;
  - (2) understanding the standards required of them in fulfilling the above role;
  - (3) understanding the procedures to be followed for patient complaints;
  - (4) understanding how to complete the monitoring procedures and checklists.
34. Training must be given to ward and other personnel who carry out monitoring tasks so that they are familiar with the parts of the service which they will deal with. For instance, ward staff will need to understand the meal ordering system, the special diets ordering procedures, the meal times, ward provisions requisition procedures, the method of delivery and the times of collection of empties. They also need to be instructed as to the standards which have been laid down for the parts of the catering service which they will deal with. For example, it will be necessary to demonstrate presentation standards and portion sizes for serving meals to patients.
35. All staff involved in monitoring work will need to be informed of the importance of the monitoring checklists and given training on how to complete them and on the scoring system applicable. The procedure guides should be given to all members of staff who will be required to complete the checklist and training given in how to carry the procedures out. This training should be given by the monitor, who should then be available to assist with completing the checklists when required.
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**PART VII**

**LAUNDRY  
SERVICES**



## PART VII

### LAUNDRY SERVICES

#### SUMMARY OF CONTENTS

Part VII of the handbook takes the general principles of monitoring as described in the previous parts of the handbook and applies these to laundry services. It identifies the characteristics of hospital laundry operations, the forms of contract available and how the detailed elements of a monitoring procedure can be applied to laundry services.

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Discusses the way in which detailed operating procedures, checklists and reports are defined for laundry services and how responsibilities for monitoring can be allocated	

# General Characteristics of Hospital Laundry Services

## INTRODUCTION

1. This chapter examines the characteristics of laundry services, the forms of organisation and different types of service provision. Its aim is to provide a general background to the subsequent chapters which describe how laundry monitoring procedures can be designed and implemented.
2. A laundry and its associated operations must provide a health care unit with an adequate and timely supply of the required mix of clean items. The products of a laundry service are important in many aspects of hospital activity and even minor variations in the level of service provided may have serious consequences. Whilst continuity of supply is a prime consideration, cost is also an important factor. A health authority will seek to maintain adequate performance standards whilst at the same time maximising the value for money achieved. Laundry and associated operations are important items of expenditure for a hospital unit as they involve large investments in equipment as well as substantial direct and other labour and transport costs.

## THE CHARACTERISTICS OF LAUNDRY OPERATIONS

3. A complete laundry service consists of three major elements:
  - (1) the reception and processing of items at the laundry;
  - (2) the transport of items to and from the laundry, and the delivery, storage, maintenance, and distribution of linen within a hospital unit;
  - (3) the control of linen stocks.

In terms of the volume of activities the second and third elements often rank equal in importance with the first in laundry services.

4. A laundry service is characterised by the degree to which the service operation can be quantified. Unlike some services, laundry operations provide many quantifiable measures of service in terms of items delivered, processed and returned, and the range of biological and chemical analyses available.

### Characteristics of hospital laundry service

5. A laundry service in a hospital environment has a number of particular characteristics which affect operating standards and service requirements:
  - (1) the wide range of items to be laundered – this often covers sixty or more major groupings of different articles;
  - (2) the fundamental importance of the correct segregation, handling, and treatment of soiled or infected items to minimise the risk of cross infection to laundry workers, hospital staff and patients;
  - (3) the high standards of finish required for items to be used in surgical environments;
  - (4) the need to provide the end user of the service with a high level of availability of the required article at the location where it will be used.

### Key functions and responsibilities

6. The complete laundry service cycle from point of use through laundering and return to point of use involves a number of different activities and staff responsibilities. The types of activities and the personnel involved are as follows:

Activity	Personnel involved
Purchase/supply	Supplies staff
Use of article	Patients/medical staff/nursing staff
Disposal of soiled articles	Nursing staff/ ward orderly
Collection of articles	Porters
Segregation/sorting	Laundry staff
Laundering	Laundry staff
Resorting	" "
Packaging	" "
Delivery	Laundry or transport staff operations
Sewing/maintenance	Linen room staff
Condemning	" " "
Location in central store	" " "
Issuing	" " "
Distribution	Porters or linen room staff
Point of use storage	Porters/nursing staff
Withdrawal from point of use store	Nursing staff

### The organisation of a laundry service department

7. The laundry services activities of a health authority can be organised in a number of different ways. For example, one or more laundries may serve the needs of a number of units within a district and may also undertake work for units in neighbouring districts.
8. A typical laundry services function will include a laundry services manager who will be responsible for both the production and distribution activities of the laundry. Depending on the scale of the laundry operation, assistant managers for laundry operations and distribution/maintenance will be included in the organisation. These individuals will report to the linen services manager. The linen services manager will often also be directly involved in the specification and supply of linen.
9. In cases where the laundry provides a service to a number of units, the laundry services manager may report directly to the district general manager. Alternatively a particular unit manager or group of managers could take overall responsibility for the service.
10. The organisation of an external laundry contractor will depend on a number of factors, namely:
- (1) the internal management and reporting structures of the contractor;
  - (2) the type of contract which is used;
  - (3) whether the laundry facility is located on the same site as the hospital unit or at another location.

A typical external contractor organisation structure will include a contract manager who will be responsible for a number of separate contracts.

11. The contract manager is the prime contact between the hospital unit and the contractor. In the case of a laundry situated on the hospital premises the contract manager will often be the contractor's resident manager on the site. Where both linen rental and linen management services are also provided by the contractor these functions will usually report to the on site contract manager.

# Forms of Laundry Contract

## INTRODUCTION

1. This chapter relates the scope of laundry activities to the possible forms of contract which can be used. These various forms of contract and the division of risk and responsibility between the contractor and the health authority will directly influence the scope and activity of monitoring. In this context, the contractor can be an external or an internal contractor.

## FORMS OF SERVICE PROVISION

2. The table given below shows five different approaches to providing a full laundry service. These different approaches will be reflected in the forms of contract and work specification used. The five approaches are:
  - (1) **Service type one – Laundry only:** Under this form of service the launderer is merely required to launder articles and make them available for collection.
  - (2) **Service type two – Laundry and transport:** This form of service requires the launderer to provide transport between the laundry and a central reception/despatch area, in addition to laundering the articles.
  - (3) **Service type three – Laundry plus linen supply:** In this form of service the launderer takes responsibility for the purchase and supply of articles, their maintenance, laundry and transport but not for storage and distribution at the unit. Linen and other items are made available to the user via a rental agreement based on an agreed charge per article. The service user organisation will however maintain control over the technical specification of articles.
  - (4) **Service type four – Laundry, supply and stock control:** In this type of service, the laundry service provider and the user organisation share responsibility for stock control and final issue. Other activities remain the same as in service type three.
  - (5) **Service type five – Full linen service:** This level of service includes the full responsibility for local stock control and final distribution and issue to users.

These different types of service can be summarised as follows.

### Laundry service activity and service type

ACTIVITY	SERVICE TYPES				
	1	2	3	4	5
1. Specification/Purchase of goods	O	O	X	X	X
2. Rental of items	-	-	X	X	X
3. Stock control (local)	O	O	O	X+O	X
4. Conservation/maintenance	O	O	X	X	X
5. Distribution/final issue	O	O	O	X+O	X
6. Transport in	O	X	X	X	X
7. Laundering	X	X	X	X	X
8. Transport out	O	X	X	X	X

O = Performed by user organisation

X = Performed by laundry service provider.

X+O = Joint Responsibility

3. Service types one to five represent the range of services currently available to health authorities. Where the contract is awarded to the existing in-house provider, the form of service provided will normally correspond to service type one or two. However, depending on the particular circumstances of the authority and the division of activities between different groups of personnel an in-house provision may include the responsibility for activities other than pure laundering. It is therefore possible for the in-house launderer to submit a tender for a full linen management service.
4. It is important in the development of a successful monitoring procedure that the monitor and the hotel services manager are able to identify whether a particular activity will be performed by the service provider or by the service user organisation. Some activities may be operated jointly by the service provider and the user. For these reasons it is important to be clear about which level of service is being provided so that the monitor is able to specify precisely the roles and responsibilities of each party to the contract.

#### **IMPLICATIONS FOR MONITORING**

5. Clearly, to be fully effective, the monitoring procedure should be designed to cover all aspects of the laundry service. This is because all laundry activities and tasks are related and form a continuous cycle. For example, it will be difficult to monitor fully the delivery performance of a laundry without also monitoring the volumes of stock in circulation.
6. However, in practice it may not always be possible to undertake such a complete form of monitoring. A complete monitoring system of that kind may be found to need additional staff and significant amounts of service users time. A health authority may therefore decide to save costs by limiting its laundry monitoring, to those activities performed by the external or internal contractor. For example, under service types one and two only those subjects related to the actual laundering and finishing of articles would be monitored, and other aspects of the laundry service such as distribution and transport would not be covered. This will provide a less costly level of monitoring, but it will, of course, also be less effective.

#### **Contract risk and monitoring**

7. The element of risk in laundry contracts operated by external contractors is of two main kinds. First, there is the risk related to changes in the volume of work. Most laundry contracts will state the expected volumes of work with a clause stating that price adjustments can be made if the volume falls below a certain amount. The risk on the contractor from this cause is thus limited, but both the authority and the contractor will want to monitor volumes carefully to see when changes to pricing arrangements are to come into force.
8. The second area of risk concerns loss of linen. Losses can occur either while items are at the laundry or while they are in the hospital. Most contracts will have provisions stating who is to bear the cost of such losses. In practice, however, it can be difficult to establish exactly where items have been lost. It is feasible to weigh linen in bags although it is not generally undertaken because it tends to be rather imprecise in the case of foul and infected items but a 5% deduction will give an indication of the weight of the linen. It is therefore in both the contractor's and the hospital's interests to monitor stocks and the number of items processed by the laundry very carefully. The form such monitoring will take will depend on the precise terms of the contract, but it may well be most effective for such monitoring to be carried out jointly by the monitor and the contractor. A full stock check should be performed prior to the letting of the contract and detailed investigations instigated into high stock loss items during the course of the contract.

PART VII

CHAPTER 29

# The Principal Elements of a Laundry Service Monitoring Procedure

## INTRODUCTION

1. Part IV of the handbook described the general principles involved in the main elements of a monitoring procedure. They are:

**Monitoring element no 1** – The definition of monitoring scope

**Monitoring element no 2** – The use of the contractor's quality procedures

**Monitoring element no 3** – The specification of monitoring output

**Monitoring element no 4** – The definition of monitoring procedures

2. In the following chapters, each of these monitoring elements are taken in turn, and suggestions are made as to how they should be applied to laundry services. Readers will find it helpful if they have already read part III of the handbook which describes a general form of monitoring and payment procedure, and also part IV which describes the four elements of monitoring system design.

## PART VII

### CHAPTER 30

# Monitoring Element No 1: Definition of Monitoring Scope (Laundry)

## INTRODUCTION

1. The first element in a system of monitoring is the definition of the scope of the system and of the quality standards which are to be monitored. This definition will be based on a detailed study of the work specification and will show what subjects are to be monitored, the standards to be applied, how they are to be monitored and when. In an ideal situation the definition of monitoring scope should be prepared in conjunction with the work specification, but in many cases this will not be possible as the work specification will already be in existence. In these cases careful analysis of the specification must be made. This will require detailed discussion with those individuals who drew up the document.
2. It is important that the monitoring scope is defined in a structured and logical manner. The approach described in this handbook is based on the preparation of quality assessment standards for each main activity covered by the service. Examples of quality assessment standards are given in Part IV and readers will find it helpful to have read that part of the handbook.
3. There are five main steps in preparing quality assessment standards for a laundry service. They are:
  - (1) to define the structure of the monitoring records;
  - (2) to list the activities to be monitored;
  - (3) to grade the activities to be monitored according to priority;
  - (4) to list each physical location involved in the service;
  - (5) to prepare the quality assessment standard documentation.

These steps are described below for a laundry service.

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## STEP ONE – DEFINE STRUCTURE OF MONITORING RECORDS

4. The first step in setting up a monitoring system for a hospital laundry service is to decide:
  - (1) the format for the quality assessment standards;
  - (2) the way in which the records will be classified, by physical area or by activity;
  - (3) the overall scope of the monitoring activity.

5. A suggested content for the quality assessment standards is given in Part IV of the handbook. In designing a laundry monitoring system, monitors should review the suggested content and use it as a basis to design the specific format needed to meet the needs of the laundry service for their unit.
6. The classification adopted for the quality assessment standards is important as subsequent development of the monitoring procedure will be built on that classification. The classification of service operations for monitoring purposes can be according to activity or physical location. It is probable that in the case of laundry, a classification according to activity will be the most useful one to adopt, and that is the basis adopted in this handbook.
7. The third matter to decide in Step 1 is the overall scope of the monitoring service. This will depend on which of the five categories of the service, (already discussed in this part of the handbook) have been allocated to a contractor. For example, if service type one, a laundry only service, is the subject of the contract, the scope of monitoring may be confined just to the laundry aspects of the service. But, if service type five, a full linen service, were the subject of the contract then the scope of monitoring would be extended to cover the full service.
8. In some units, it might be decided that the laundry monitoring system should cover the full linen service even though only part of it was allocated to an external contractor. This would clearly be the most effective approach and it is recommended that it should be adopted wherever possible, although, of course, it will be more costly than monitoring only that part of the laundry service carried out by the contractor.
9. In any event it is essential that before designing the monitoring system the monitor should prepare a short statement describing the overall scope of the system, and that statement should be agreed with the hotel services manager.

## STEP TWO – LIST THE ACTIVITIES AND SUBJECTS TO BE MONITORED

10. Having chosen an activity based structure for laundry monitoring records the monitor should now use the laundry work specification to prepare a comprehensive list of the main activities and subjects to be covered by the monitoring system. For each activity the detailed subjects to be monitored should also be listed. Examples of activities and monitoring subjects in a laundry service are given below.

Activity	Monitoring subjects
(1) Review of equipment	<ul style="list-style-type: none"> <li>● Type of machines</li> <li>● Conformity to standard performance requirements</li> <li>● Capacity</li> </ul>
(2) Upkeep of laundry environment	<ul style="list-style-type: none"> <li>● Cleanliness</li> </ul>
(2) Processing (soiled articles)	<ul style="list-style-type: none"> <li>● Thermal disinfection of batch continuous machines</li> <li>● Segregation clean/dirty</li> <li>● Use of chemicals</li> <li>● Use of correct container</li> </ul>
(3) Processing (foul/infected articles)	<ul style="list-style-type: none"> <li>● Central disinfection/barrier area (or other arrangements as required by the local CIO)</li> <li>● Use of correct containers</li> <li>● Sluicing cycle</li> <li>● Correct processing cycle</li> <li>● Use of dedicated washer/extractors</li> </ul>



(4) Finishing	<ul style="list-style-type: none"> <li>● Pressing requirements</li> <li>● Folding requirements</li> <li>● Moisture retention</li> </ul>
(5) Operating procedures	<ul style="list-style-type: none"> <li>● Health/safety procedures</li> <li>● Prevention of infection</li> <li>● Emergency backup facilities</li> <li>● Rewash procedure</li> <li>● Stained articles treatment procedure</li> <li>● Repair identification procedures</li> <li>● Special requirements for flame retardant items</li> <li>● Use of specified chemical agents</li> </ul>
(6) Stock maintenance	<ul style="list-style-type: none"> <li>● Volumes of different articles in circulation – inventory counts</li> <li>● Stock losses whilst in use</li> <li>● Coding or marking of articles</li> <li>● Repair facilities and procedures</li> <li>● Disposal and resupply procedure</li> <li>● Specification and purchasing procedures</li> <li>● Use of disposables</li> </ul>
(7) Storage/distribution handling	<ul style="list-style-type: none"> <li>● Security of storage</li> <li>● Timetables of delivery/collection from point of use</li> <li>● Analysis of shortages</li> <li>● Use of correct containers</li> <li>● Procedures to minimise inclusion of extraneous articles</li> </ul>

11. It will be seen that in the above example the activities and detailed monitoring subjects have been grouped according to the two broad aspects of a laundry service namely:

- (1) activities and subjects related to the processing of articles including technical procedures and standards;
- (2) activities and subjects related to the supply, collection, transport, delivery, storage and distribution of articles.

#### **Notes on the selection of monitoring subjects for laundry services**

12. The following paragraphs provide some guidance on the selection of monitoring subjects in a laundry service. They deal with:

- (1) the significance of time;
- (2) thermal disinfection;
- (3) transport arrangements.

13. In addition to monitoring subjects relating to how laundry processing and delivery/transport will be performed the question of time is often important in a laundry service and frequently has to be identified as a specific monitoring subject. The times of collection and delivery and the time required to satisfactorily disinfect articles during washing are both examples of time related monitoring subjects.

14. Another matter which will be found to be a subject for monitoring in a laundry service is that of thermal disinfection before processing. Examples of possible monitoring subjects are:

- (1) the achievement of minimum temperatures for specified time periods;
  - (2) the time periods during which the temperatures must be as specified to allow for adequate mixing of washing agents;
  - (3) the regular recording of temperatures and the periodic calibration of the thermometers;
  - (4) ensure that machines, especially those of the batch continuous type are correctly thermally disinfecting, particularly at the start of the day.
15. The monitoring of transport arrangements can include such subjects as:
- (1) the turn round time in hours from specified collection and delivery points;
  - (2) the type of transport to be used eg covered vans with secure doors;
  - (3) the vehicle disinfection procedure using specified detergents, the type of rinsing required and the frequency;
  - (4) the arrangements already established for emergency backup transport and who is responsible for requesting and authorising its use.
16. In selecting subjects to be monitored, reference should also be made to standard NHS laundry procedures and guidance notes and the monitor should ensure that all this information is available and regularly updated. This is important for the development and maintenance of effective monitoring procedures in the light of accepted current laundry practice.
- 

### STEP THREE – GRADE MONITORING SUBJECTS

17. Having listed the main activities in the laundry service as shown in the specification together with the subjects to be monitored within each activity, the next step is to grade them according to their importance.
18. The purpose of grading is to put an order of priority on the subjects to be monitored so that monitoring resources are allocated to the most important matters.
19. Previously in this handbook it has been suggested that initially activities and monitoring subjects should be graded on a simple *primary* or *secondary* basis. More complex grading systems can be developed later if required. The definition of a *primary* activity or subject should be one which is critical to either:
  - (1) the provision of the service as a whole, where non performance would rapidly result in a reduction in service levels or a marked increase in risk to the user organisation;
  - (2) the cost paid by the health authority for the service.
20. The nature of a laundry service is such that many activities are linked in a continuous cycle of processing, storage, distribution, use and reprocessing. To maintain the service provision it is important to maintain that cycle. Those subjects which are of prime importance to the cycle of activities should therefore be nominated as primary monitoring subjects. A useful guide in grading would be to assess the time required for service recovery given a breakdown in a particular activity, and to grade as primary those activities where the necessary time would be lengthy, or where matters of health were at stake.

21. Examples of possible primary and secondary monitoring subjects in a laundry service are:

**Primary subjects**

(1) Transport	<ul style="list-style-type: none"> <li>● Timetable of collection and delivery from central delivery reception points</li> </ul>
(2) Distribution	<ul style="list-style-type: none"> <li>● Timetable of collection of soiled items and delivery of replacements to point of use stores</li> </ul>
(3) Processing of foul and infected items	<ul style="list-style-type: none"> <li>● The operation of a central disinfection area</li> <li>● Current processing cycle times and temperatures</li> </ul>
(4) Finishing of articles	<ul style="list-style-type: none"> <li>● Pressing or folding and wrapping of articles eg CSSD or theatre use items</li> </ul>
(5) Operating procedures	<ul style="list-style-type: none"> <li>● Treatment and finishing of flame retardant fabrics</li> </ul>

**Secondary subjects**

(1) Finishing of articles	<ul style="list-style-type: none"> <li>● Pressing or folding requirements and acceptable levels of creasing (non critical items)</li> </ul>
(2) Transport	<ul style="list-style-type: none"> <li>● Type of vehicle used</li> </ul>
(3) Transport/Delivery	<ul style="list-style-type: none"> <li>● Correct grouping or mix of items in each delivery container</li> </ul>
(4) Stock maintenance	<ul style="list-style-type: none"> <li>● Repair procedures and volume of repairs</li> <li>● Coding or marking of items</li> </ul>

22. It is important to note that a number of subjects can be classified as either primary or secondary grade depending on the circumstances. For example, the finishing and folding of items to be used in operating theatres or sterile environments may be graded as primary because this activity is critical to their effective usefulness. The finish and folding of items such as towels and blankets is not critical to their eventual use, and these subjects can be graded as secondary. However, the correct marking of laundry articles will always be a primary monitoring subject for reasons of security and stock control.
23. It should also be appreciated that certain monitoring subjects may be of primary or secondary grade depending on which type of laundry service is being provided by the contract. For example, under a laundering only contract the timetable of delivery and collection from a central point might be a primary subject to be monitored. This might become a secondary activity when a linen management service is provided where the timetable of delivery of articles to points of use would become the subject of prime importance.
24. It is important that in arriving at a graded list of monitoring subjects the monitor works closely with the person developing the specification and other specialists and service managers who can provide information on specific subjects.

**STEP FOUR – LIST PHYSICAL AREAS**

25. As explained in steps 1 and 2, in monitoring a laundry contract the main classification used for monitoring purposes is likely to be activity based. However, the monitor will also need to document the physical areas used by the laundry service. This will enable the monitor to:
- (1) be familiar with the items of laundry equipment used within each area;
  - (2) record the points of laundry delivery, collection, storage and distribution;
  - (3) be able to identify and name the relevant department head, supervisor or other person responsible for the area.
26. With regard to the last point, it should be appreciated that under different forms of contract, managerial responsibility for physical areas may be different. For example, in the case of a full linen management service an internal or external contractor will take responsibility for point of use stores, but would not do so in the other forms of contract.
27. An additional reason for documenting the physical areas is that it allows the monitor to relate locations to the activities so that it can be determined where the monitoring will take place and by whom.
28. An example of how a record of physical areas would be applied to a list of monitoring subjects is given below:

**ACTIVITY: Collection of foul linen**

<b>Monitoring subjects</b>	<b>Areas</b>
1. Storage of foul infected linen	Wards Nos.....
2. Transfer to central collection point	From loading bays..... to loading bay.....
3. Handling of articles in laundry reception area	Laundry receiving bay and machine loading area.

**STEP FIVE – PREPARE THE QUALITY ASSESSMENT STANDARDS**

29. Using the list of graded monitoring subjects and associated physical areas the monitor should now prepare the quality assessment standard for each activity. An example of the content of a quality assessment standard is shown in Part IV and at this stage the following sections of the standard should be completed:
- (1) the overall service standard expected;
  - (2) the detailed monitoring subjects;
  - (3) the areas where monitoring will be carried out;
  - (4) the standard of quality to be applied;
  - (5) the method of assessment;
  - (6) the frequency of assessment.
30. Notes on completing each of these sections of a quality assessment standard are given in the remainder of this chapter. First however, an example of the way in which a quality assessment standard might appear in practice is given below.

**Example of laundry quality assessment standard**

*Activity:* Collection and delivery of laundry to central reception area.

*Grade:* All subjects graded as primary

*Overall Service Standard:* Collections and deliveries are to be made at the times detailed in the specification, using the specified equipment and procedure

<i>Subjects:</i>	(c) correct bagging of outbound items;
(a) adherence to times of collection and delivery;	(d) correct outer covering of rolling cages;
(b) correct containers used eg rolling cages;	(e) correct location and storage of full and empty containers eg under cover.

*Location:* Loading bay and holding area

<i>Standard of quality expected:</i>	(d) according to agreed procedure between contractor and hotel services manager;
(a) delivery times as scheduled plus or minus 30 minutes;	(e) following specified procedure and operating rules for loading bay activities.
(b-c) conformity to standard procedure at all times;	

<i>Method of assessment:</i>	(a) actual time of receipt/collection as noted on goods notes;
	(b-d) number of examples found in an unacceptable condition;
	(e) acceptable/unacceptable instances.

*Frequency:* Subjects (a-e) daily      Subjects (a-e) weekly.

**NOTES ON PREPARING THE QUALITY ASSESSMENT STANDARDS**

31. In the remaining sections of this chapter a number of general notes are given to assist with the completion of the quality assessment standards for a laundry service. The notes refer to certain sections of the quality assessment standards and two key monitoring subjects namely article finish and staining.

**The service standard expected**

32. For each principal activity a general statement of the overall service standard expected should be given. The work specification for the service will probably already refer to the specific standards for the main activities and it may be useful for the service standard to be cross referenced to the relevant sections of the contract and specification. A properly defined service standard will assist the monitor in correctly defining more detailed standards of quality for monitoring subjects. It will also provide a reference point for discussions between service providers and users on quality.

**The detailed monitoring subjects and physical areas**

33. Using the list of activities, subjects and physical areas developed in steps two, three and four, the actual subjects to be monitored should be recorded on the quality assessment standard for each activity. This should include a reference to the physical location where monitoring will take place. For example, the activity of handling and processing foul and

infected articles may involve subjects such as the use of correct containers or bags, the operation of a central disinfection area and the washing cycles and temperatures. These subjects will be monitored in areas such as wards, storage and loading areas and within the laundry building.

### The standard of quality

34. In this section of the quality assessment standards the monitor, together with the hotel services manager and technical specialists, must note the standard of quality required for each subject to be monitored.
35. In part I of this handbook the concept of quality was introduced. Quality can be defined in one of two ways:
- (1) quantitative standards;
  - (2) qualitative standards.
36. Quantitative standards can be applied in those cases where measurement can be performed objectively with the minimum scope for interpretation. For example the collection and delivery of laundry is time based and therefore suitable for quantitative measurement. The number of articles delivered is also an example of a quantitative measure of service quality.
37. Qualitative standards apply to all subjects where measurement techniques are either imperfect or subjective judgement is required in identifying the standard of quality. The two principal subjects in a laundry service where qualitative standards will apply are the standard of finish and staining. These will be discussed later in this chapter.
38. Examples of quantitative and qualitative standards in a laundry service are:

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#### Quantitative standards

- Dirty linen to be collected at 2pm each day plus or minus 30 minutes
- Top sheets to be returned in bundles of twenty five items
- Final wash temperature for flame retardant items should not exceed 75 degrees centigrade.

#### Qualitative standards

- Small theatre sheets are to be ironed flat and neatly folded
  - Vehicles used for transporting laundry should be kept clean at all times when carrying laundry
  - Laundry articles used in operating theatres must show a high level of stain removal.
- 

39. It will also be helpful if when setting standards, the monitor considers how the measure of quality will be noted or recorded. It is generally preferable to use a simple acceptable/unacceptable notation. In most laundry subjects it should be possible to define the standard and measurement method so that "acceptable" or "unacceptable" answers can be given when monitoring. For example, deliveries of laundry which exceed a specified allowance for lateness could be defined as unacceptable.

### The method of assessment

40. Having defined the standards of quality to be applied the method of assessment must be chosen. The monitor should review the methods of assessment which are widely used and accepted by the industry, and discuss the practical application of these with laundry specialists.

41. Various methods of assessment are available to the monitor and these can be grouped under the following headings:
- (1) sampling, where a sample of a number of articles is inspected for certain characteristics;
  - (2) quantitative assessment, where a particular characteristic is measured objectively and the results recorded;
  - (3) qualitative assessment, where subjective interpretation is required in making an assessment;
  - (4) direct observation, where the performance of tasks can be assessed whilst they are in progress or physical records can be examined.
42. Examples of each of these types of assessment are given below:
- (1) sampling:
    - sampling of articles to assess the standard of finish
  - (2) quantitative assessment:
    - physical stock counts
    - number of articles delivered
    - time of delivery
    - measurement of final quality using reflectometer readings
    - variations in temperatures during washing cycles
    - calculation of laundry turnaround times
  - (3) qualitative assessment:
    - the standard of finish achieved
    - the overall cleanliness of the laundry
    - staining of laundry articles
  - (4) direct observation:
    - the observance of specified working practices
    - the correct functioning of equipment eg washing machine cycles
    - the condemning of laundry articles.
43. In many cases a combination of methods may be used, for example, a sample of washing temperature records can be taken and a quantitative assessment made of the amount of time a particular machine was operating outside specified limits during a day. Specially marked articles can be introduced into the laundry cycle on a selected number of days per month. Here the sample results of actual turnaround times would be used as the method of assessing delivery performance.

#### **The frequency of assessment**

44. The grading of monitoring subjects will to a large extent determine the frequency of monitoring. However, the frequency selected must also relate to the following factors:
- (1) the performance time cycle of the subject; for example, deliveries of laundry will be made daily and the natural monitoring cycle will therefore be daily for this subject;
  - (2) the practicalities and cost implications; for example it may only be practical and cost effective to perform an inspection of all vehicles or visit emergency backup facilities on a monthly basis.

45. In laundry services a number of monitoring subjects refer to the need to follow a specific technical procedure. For example the time cycles for washing and the temperature levels maintained. If these subjects are not regularly monitored the risks to service users from contaminated articles will increase. In these cases more frequent monitoring such as once each shift can be reinforced by a weekly review of recorded observations. The monitor, together with the hotel services manager and technical specialists, should discuss and develop correct frequencies of assessment having regard for the risks and costs involved.

#### **Methods of assessing the standard of finish and staining**

46. In a laundry service, monitoring the standard of finish of articles and the treatment of staining are difficult matters to accommodate. For that reason, when developing the quality assessment statements the monitor, the technical specialists and service users should bear in mind that:
- (1) the standards of finish and stain removal specified will affect the service costs incurred. High standards demanded may require extra finishing operations which are costly or require the use of potentially damaging detergents;
  - (2) it is often not possible to give definitive examples of acceptable or unacceptable standards for finish and staining.

#### **Standard of finish**

47. Regarding finish, a laundry service specification will normally include details of the finish required for different articles by specifying the finishing processes to be used. To design the system for monitoring the standard of finish the monitor should consider the following ways of grouping laundry articles for monitoring purposes:
- (1) laundry items could be divided into different groups according to the processes to be performed. For example, one group would include all items which required washing, drying, callendering and hand folding, and procedures for monitoring finish for articles in that group could be designed accordingly;
  - (2) alternatively, laundry items could be grouped according to the end use of the article. Thus those articles used in a sterile environment, where special standards of finish are required, could be grouped separately for monitoring purposes.
48. The second approach will probably be found more appropriate in monitoring a laundry service since the monitor is principally concerned with the results of laundering in relation to the use of articles in different activities or locations in the hospital.
49. The most suitable method of assessment for standards of finish is by sampling different groups of articles. The size of sample and the frequency of data collection can be adjusted to reflect the relative importance of different groups of article. Standards of finish will relate to how the article is finally presented to the user. For example, whether it is correctly folded and has not been creased in an unacceptable fashion. Colour preservation and whiteness can be assessed using industry accepted methods such as the Fabric Care Research Association's reflectometer tests. Where this test is utilised it must be applied according to the operating instructions and the required standards of acceptability must be contained in the laundry specification.
50. The comparison of laundered articles with a desired "standard" or "ideal" article can be a useful method of assessment. One approach would be to agree with contractors examples of acceptable and unacceptable finish for specific articles. These examples could then be used as models against which actual results would be compared. Guidance to potential contractors is normally also included in the tender documentation through the use of diagrams showing folding and creasing information for a variety of articles.



### Staining

51. Articles which show residual staining after normal laundering or processing through the correct rewash cycle will be identified during either:
- (1) the receiving or issuing from point of use stores;
  - (2) the sampling procedures used to monitor the standard of finish.

Normally however the quality control procedures at the laundry will ensure that stained articles should be intercepted and put aside rather than returned to the hospital.

52. A typical test which is often used to assess the extent of staining will utilise a reflectometer. This apparatus quantifies the extent to which white articles have been successfully reinstated to a clean condition. Provision is frequently made by service users in a laundry contract for minimum reflectometer readings that must be achieved when this test is applied. If reflectometer readings are used in monitoring, the test must be applied in accordance with the operating instructions.
53. The whole subject of staining and stain removal is a difficult area for laundry monitoring for two reasons:
- (1) the assessment and quantification of staining often requires a considerable degree of subjective judgement in addition to the use of a reflectometer;
  - (2) the true cause of a particular occurrence is difficult to identify.

Whilst the use of data from reflectometer readings may help in (quantifying the marginal cases of staining, more obvious or concentrated stains require an understanding of the following contributory factors:

- (1) the age and general condition of the articles and the previous laundering history;
  - (2) the types of material and fabric in use and how they react with chemicals used both in the hospital and the laundry;
  - (3) the operation of correct segregation, sorting, condemning and rewash procedures.
54. If a service standard is to be developed for staining and used during monitoring this can only be done with adequate knowledge of the factors listed above. Monitoring information concerning these factors should be regularly provided from a variety of investigations and reports. Each occurrence of excessive staining should be examined against information gained about all these subjects and procedures in an attempt to trace the most likely cause.
55. The user organisation should hold examples of unacceptable staining and discuss these with the contractor. These should preferably include samples which have been investigated in some detail to ascertain whether the stain was caused by faulty processing or by usage. It is often difficult to assign responsibility for staining directly to the launderer unless adequate information is available to the monitor on the factors which can contribute to the existence of a stain after normal laundering.
56. Each example of excessive staining should be discussed with the contractor. The monitor should provide necessary supporting evidence concerning factors which could contribute to the occurrence. The eventual assignment of responsibility may however be a management decision taken in the light of all the evidence presented by the monitoring procedure.

## PART VII

### CHAPTER 31

# Monitoring Element No 2: The Use of the Contractor's Quality Procedures (Laundry)

## INTRODUCTION

1. The second element of the design of a monitoring procedure is the evaluation of the contractor's own quality assurance and quality control systems and their integration with monitoring. In performing this element the monitor may require the assistance of personnel with the relevant technical expertise in laundry related subjects.
2. This evaluation should be carried out where the service provider is an external contractor or is the existing in-house team. There are three main steps in this process, namely:
  - (1) the review and assessment of the contractor's quality procedures;
  - (2) specifying the monitoring subjects where reliance is to be placed on the contractor's quality procedures;
  - (3) subsequent monitoring of the contractor's quality procedures.

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## STEP ONE – ASSESS CONTRACTOR'S QUALITY PROCEDURES

3. Potential service providers will normally be asked to provide details of their quality assurance and quality control procedures in the tendering procedure. The scope of these procedures will be related to the type of laundry service and the division of responsibilities between the user and provider organisations.
4. In the case of laundry services particular attention should be paid to the use made of recognised and independent quality assessment organisations by an external contractor. Where these organisations provide a testing and assessment scheme the contractor will frequently refer to procedures as "designed to meet the requirements of" giving the name of the organisations and the particular subject. A detailed understanding of the methods of verification employed by the organisations referred to will be required to enable the monitor to make a judgement on the acceptability of such tests.

### Review of quality assurance

5. In reviewing a contractor's quality assurance procedures, the monitor should pay particular attention to the following:
  - (1) the specification of management and supervisory roles in maintaining quality standards. This should include definitions of reporting relationships and channels of communication. It is important to identify how the contractor's management maintain quality;
  - (2) the frequency and content of training programmes for laundry and other staff of all grades. Specific attention should be paid to how the requirements of health and safety are included in training programmes and the types of qualifications to be obtained;

- (3) the extent to which the contractor has designed procedures to meet the specific needs of a hospital laundry service such as the way in which foul and infected linen is handled. Where health service quality procedure guidance notes are applicable the methods by which the contractor assures compliance with them should be assessed;
- (4) the extent to which operating procedures for the contractor's staff are defined in writing describing operative's tasks.

#### **Review of quality control**

6. When reviewing the contractor's quality control procedures the monitor should pay particular attention to the following:
    - (1) the subjects which are monitored during quality control reporting purposes and the standards which are applied;
    - (2) the extent to which the subjects and standards monitored by the contractor relate to those to be monitored by the hospital's monitor as defined in monitoring element no 1;
    - (3) the reports made available to management and the extent to which those reports will be made available to the monitor;
    - (4) the conformity of sampling or testing procedures to established standards as specified by agencies such as the British Standards Institute;
    - (5) the use made by the contractor of quality control techniques sponsored or provided by independent organisations.
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#### **STEP TWO – SPECIFY RELIANCE TO BE PLACED ON CONTRACTOR'S PROCEDURES**

7. Following the review of the contractor's procedures the monitor should prepare a report for the hotel services manager dealing with:
  - (1) the degree to which the contractor's quality assurance procedures relate to the type of contract proposed and the scope of the services to be provided;
  - (2) the way in which the contractor's quality control procedures address the monitoring subjects identified by the monitor in monitoring element No 1;
  - (3) the acceptability of the measures, tests and standards used by the contractor;
  - (4) the adequacy and frequency of the reporting procedures used by the contractor.
8. The monitor and the hotel services manager, in conjunction with technical specialists if required, should review the report on the contractor's procedures and identify the monitoring subjects where reliance can be placed on the contractor's own monitoring and reporting systems. The quality assessment standards should be amended where necessary to show precisely which monitoring subjects will be covered by the contractor's reporting methods and frequencies of assessment.
9. In the case of laundry services there will be certain types of monitoring where authorities will not wish to rely on an external contractor's quality systems. These will relate to matters where technical expertise or independence from the contractor's staff is required, such as monitoring:

- (1) control of foul and infected linen;
  - (2) health and safety;
  - (3) linen stocks and losses of linen through theft and damage;
  - (4) payment to the contractor.
10. Apart from matters of this kind, however, use of a laundry contractor's own quality systems as part of a hospital's monitoring procedures can be effective and can reduce the total cost of monitoring.
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### **STEP THREE - MONITOR THE CONTRACTOR'S PROCEDURE**

11. The monitor should establish and agree with the hotel services manager the way in which periodic reviews will be made of the contractor's quality procedures. A schedule and timetable of the periodic reviews to be carried out of the contractor's quality systems should be prepared. The periodic reviews should cover those aspects of the contractor's system on which reliance is placed in the monitoring system, and they should also cover any particular aspects of the service which it is considered should be examined periodically by the monitor or by technical specialists.

# Monitoring Element No 3: The Specification of Monitoring Output (Laundry)

## INTRODUCTION

1. The third element in a monitoring procedure is the output required from the system in the form of the information and reports generated for management. The information will be needed for three particular purposes, which are:
  - (1) information required for management purposes;
  - (2) information required to support payment approval;
  - (3) information required for contract and specification variation.
2. The monitor together with the hotel services manager should decide what information is to be produced by the monitoring procedures and make sure that the monitoring procedures are designed in a way which will enable this information to be produced quickly and easily.

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## STEP ONE – DEFINE MANAGEMENT INFORMATION NEEDS

3. The monitor, and the hotel services manager, should develop a list of the information needed to enable the laundry contract to be managed effectively. To do this, it may be helpful if the list describes the information needed for each of the main management meetings which will be required during a laundry contract. These meetings will be as follows:

### Suggested laundry contract meetings

Meeting	Frequency	Persons attending
Briefing sessions	weekly or fortnightly	monitor; on site laundry manager
Contract report meeting	monthly	monitor; on site laundry manager; hotel services manager
Specialist reports and meetings	as necessary (required for problems which have been regularly highlighted or are fundamental to the service)	as above, together with specialists as required

**Information for weekly/fortnightly meetings**

4. The weekly/fortnightly meetings would be short briefing sessions. The purpose would be to discuss particular problem areas that have arisen from the monitoring visits/observations which require early resolution and where up to date information is readily available.
5. The type of information required for these meetings would be:
  - (1) records of scheduled delivery/collection times;
  - (2) point of receipt analysis of quantities;
  - (3) point of use shortage analysis;
  - (4) test results of correct packing/presentation of articles;
  - (5) test results of use of correctly colour coded containers;
  - (6) number of items rejected for rewash;
  - (7) number of items for repair;
  - (8) number of items condemned;
  - (9) number of replacement items put into circulation;
  - (10) number of extraneous articles found;
  - (11) report of specific health and safety incidents;
  - (12) test results of use of correct transport procedures;
  - (13) test of use of disposables.

**Monthly contract report meeting**

6. The monthly contract meeting would be the focus of all the monitoring efforts. Attendees at the meeting would include the following:
  - (1) the hotel services manager;
  - (2) monitor;
  - (3) the on site linen services manager;
  - (4) the contract manager (if contracted outside);
  - (5) a senior finance department representative.

In those cases where the external contractor only provides the laundering aspects of the contract the manager responsible for distribution and stock maintenance should also be present.

7. The senior nursing officer and representatives of specific departments such as supplies, works or other service users could be invited to the meeting as required. The purpose of the monthly contract meeting would be:
  - (1) to discuss and act on the contents of the monthly monitoring report, including points to be followed up and variations required to the work specification;
  - (2) to approve the contractors monthly invoice, or;
  - (3) report on the in house contract budget performance.

8. The monitor's monthly report to the hotel services manager will provide the information required for the meeting. The aim of this report must be to give adequate management information supported by factual data with suggestions for action. An example of the main contents of a monthly laundry service monitoring report is given below:

(1) EXECUTIVE SUMMARY	General comments and conclusions on the overall provision of laundry services during the month
(2) PROCESSING/DELIVERY PERFORMANCE	Monthly summarised data on delivery performance, analysis of shortages by item at delivery points, volumes of articles recycled through rewashing, turnaround time achievement, item marking accuracy
(3) LAUNDRY PROCESS PERFORMANCE	Test results into machine cycle time characteristics, temperature control, chemical analysis of washing solutions
(4) STOCK MAINTENANCE	Volumes of stock injected by type to replace losses and condemned articles Analysis of condemned articles by type and reason Changes to types of fabric in use Results of stock security reviews
(5) FOLLOW UP	This should give details of progress on prior month action points

#### Reports by specialists

9. From time to time it will be necessary to use specialists to report on selected technical aspects of the laundry service. These reviews should be carried out according to an agreed schedule and timetable. Specialists may be directly employed by a health authority or have an advisory and inspection role granted to them by legislation. Some of the subjects for special periodic review in a laundry service are:

- (1) chemical analysis of washing agents washing and rinsing solutions;
- (2) health and safety aspects of the operation of equipment;
- (3) the operation of the central disinfection area in the laundry;
- (4) the effects of laundering procedures on flame retardant fabric deterioration;
- (5) the operation of the laundry delivery and distribution procedures;
- (6) purchasing value for money studies.

#### Information for pre-termination report and meeting

10. Six months prior to the termination of the contract, it is recommended that a pre-termination report is prepared by the monitor and a meeting is held to discuss it.
11. All the earlier reports of meetings should be used as the basis for this report and the purpose of the report would be to:
  - (1) summarise in broad terms how successful the contract has been in providing the laundry service to the required standards and cost;

- (2) report on all variations made to the contract and make suggestions for changes to the specification to be tendered for;
    - (3) recommend whether the contractor should be included in the next tendering round.
  12. The monitor and the hotel services manager should discuss the report and it can then be used by the hotel services manager as part of his report to unit and district management prior to contract retendering.
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## STEP TWO – DEFINE PAYMENT SUPPORT INFORMATION

13. In addition to the information needed by the hotel services manager to manage the laundry contract, information will be needed to support the payments made to the contractor. The exact information requirements will depend on the actual terms of the particular laundry contract. The remainder of this section discusses in general terms the main kinds of laundry contract and their related payment information requirements.
14. Under a standard laundry only or laundry and transport type contract (service types one and two) the contract price is based on the cost of laundering a specific volume of articles which will be in circulation and will be sustained at that level. In these forms of contract payment to the service supplier is therefore normally based on the agreed price per article cleaned to the specification standard. In practice this contract price may refer to a unit of say 100 articles.
15. Where a laundry service contract includes linen rental (service types three, four and five) payment is normally based on an article charge for each clean article delivered together with an article replacement charge which is related to the cost of replacing lost or damaged items.
16. For all these kinds of contract the hotel services manager will normally require information from the monitoring system about the numbers of articles laundered on which the payment to the contractor will be calculated. This requirement would include such items as:
  - (1) the number of articles received and accepted either at the central receiving point or at each user deliver area (provided by using signed and dated copies of the delivery/acceptance notes);
  - (2) the quantities of articles returned to the launderer for rewash and subject to “rewash no charge” procedure;
  - (3) actual numbers of processed articles compared to the estimated volumes on which the tender and contract were based;
  - (4) the volume of stock in circulation in order to establish stock losses. This may require the establishment of periodic stocktaking procedures.
17. In addition to being used to calculate the normal monthly payment to the laundry contractor, information relating to volumes of articles processed and in stock will be relevant when additional sums become payable to the contractor because volumes fall below a specified percentage of the estimated throughput quoted in the contract.
18. For a linen rental or management contract (service types three, four and five) the following additional information would also normally be required:
  - (1) information on the stock of articles in circulation including figures of shortages of articles at points of use to enable assessments to be made about whether the contractor has introduced a sufficient number of articles into the system;



- (2) information on the amount of additional stocks introduced into the system, by the contractor with corresponding figures for withdrawals of damaged items which can be independently verified by the health authority.
19. The information required by the hotel services manager and the finance department to approve payment should be included in the monthly report to the hotel services manager from the monitor.
  20. Some contracts may allow deductions to be made from amounts payable to an external contractor in certain conditions. The scale of financial deductions, the time allowed for rectification and the basis upon which deductions are to be made will be contained in the laundry contract and specification documentation. Where this is the case, the monitoring system will need to provide information to enable the deductions to be calculated. An example would be information on the additional charges incurred by the authority in purchasing disposables to meet shortages of linen caused by delays in delivering clean items from the laundry. Information demonstrating that delays did in fact occur would have to be produced by the monitoring system, to enable reimbursement to be obtained from the contractor through financial deductions.

#### **Financial information for monitoring an in-house contract**

21. Where an in-house laundry contract is in operation, no payment is being made to the contractor but it is essential that financial information is prepared to ensure that the in-house team is operating within the cost levels at which they won the competitive tender. In general terms, the information needed should enable the hotel services manager to:
  - (1) ensure that total laundry operation costs do not exceed budget;
  - (2) ensure that variances from budget arising on individual items of cost are properly explained;
  - (3) ensure that the volumes of articles processed are similar to those included in the competitive tender, and that if not then the budget is amended accordingly;
  - (4) ensure that trends in operating costs are monitored;
  - (5) ensure that a cost efficient laundry service is operated providing value for money.

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#### **STEP THREE – DEFINE WORK SPECIFICATION VARIATION INFORMATION**

22. In addition to the regular reporting of service performance achieved, monitoring must also provide information which assists in the maintenance of the contract and specification.
23. Experience over time with any laundry contract will bring to light aspects where changes are needed to maintain an effective service. These changes can occur for a number of reasons:
  - (1) a marked increase or decrease in the volume or mix of laundry work processed, resulting from:
    - opening or closing hospital units or wards
    - an incorrect assessment of item volumes at the contract start date
    - a change in use of hospital facilities;
  - (2) a change in the technical specification of linen or fabric or the procedures and chemicals used in laundering;

- (3) an increase in the proportion of fouled or infected articles either in absolute terms or as a result of additional conditions being classed as infectious;
  - (4) changes in technology which affect the way in which laundry processes are performed;
  - (5) changes in the organisation, activities, and responsibilities of staff which may affect the way in which the laundry contract operates, for example the responsibilities of porters, nurses or domestic staff for linen handling and distribution or collection;
  - (6) changes in standards or methods, leading to improved value for money.
24. To support management decision making on variations the monitoring procedure must:
- (1) identify the need for a variation;
  - (2) collect the relevant evidence or supporting data either during the normal management reporting cycle or as a special exercise;
  - (3) report the matter to management.
25. In reporting potential variations to management, it would be useful if the report dealt with the following:
- (1) a statement of the subject matter;
  - (2) present experience with performance or effectiveness of the subject to be considered;
  - (3) the scope of the required variation;
  - (4) the effects of the required variation in terms of:
    - contractor/user responsibilities
    - cost of implementation
    - savings over time
    - the reasons for these effects;
  - (5) technical, legal or operational factors and advice from experts;
  - (6) the way in which the variation will be included in the monitoring procedures and reporting.

**PART VII**

**CHAPTER 33**

# **Monitoring Element No 4: The Definition of Monitoring Procedures (Laundry)**

## **INTRODUCTION**

1. After the monitor and the hotel support services manager have developed and agreed the contents of monitoring elements one to three, the detailed monitoring procedures must be defined and documented. There are four steps in this procedure each of which takes the results of the three previous monitoring elements and incorporates them into an operational procedure. The steps are as follows:
  - (1) decide on the balance between using the monitor or the service users to carry out monitoring tasks;
  - (2) allocate the responsibilities for reporting on each monitoring subject;
  - (3) design the monitoring checklists to be completed by each person with a monitoring responsibility;
  - (4) design the procedures for collecting and collating the data.

The application of these four steps to a laundry monitoring system is described in the remainder of this chapter.

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## **STEP ONE – AGREE BALANCE BETWEEN USER/MONITOR REPORTING**

2. Whichever form of laundry contract is used users should be involved in reporting on service performance where possible. This emphasises the importance of the service to the authority and recognises the role that different groups of service users have in participating in the maintenance of quality standards.
3. It is important to be clear on who is the service user for reporting purposes. Where contractor responsibility terminates at a central delivery point (service types one and two) the service user can be identified as receiving bay personnel or central linen and sewing room staff. However, under a full linen rental and management contract service users can be identified as those individuals who are the final users of clean articles, for example ward staff.
4. In deciding on whether user's staff or the monitor shall collect laundry monitoring data, it is useful to identify two levels of data:
  - (1) first level monitoring data – this is data where technical expertise is required in its collection, or where the person collecting it has to be independent from the in-house or external contractor;
  - (2) second level monitoring data – this is data which requires no technical expertise or independence in its collection.

Examples of first and second level data in a laundry contract would be:

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**First level data:**

- tests relating to staining;
- tests relating to finish and folding;
- tests relating to infection;
- tests relating to payment;
- tests relating to linen stocks.

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**Second level data**

- tests relating to non specialised items of laundry;
  - laundry delivery times and schedules;
  - maintenance or repair of linen.
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5. The table below gives a suggested allocation of responsibility for collecting monitoring data for a laundry service:

Monitoring data	Responsibility
First level	(1) monitor (2) technical staff (3) finance staff
Second level	(1) monitor (2) service users

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**STEP TWO – ALLOCATE RESPONSIBILITY FOR MONITORING TASKS**

6. Having assessed in step 1 the broad balance of monitoring work between the monitor, users and technical specialists, the next step is to allocate specific responsibilities to individual members of staff.
7. This can be done by using the quality assessment standards prepared in monitoring element No 1. It will be remembered that the quality assessment standards show for each laundry activity the specific subjects it was considered should be monitored. In monitoring element No 2 the monitoring of some of those subjects was allocated to the contractor and it is now necessary to allocate the remainder to the hospital’s own monitoring staff, users, and technical specialists.
8. If the layout of the quality assessment standards outlined in this handbook has been adopted, then the simplest approach will be to take each standard in turn and allocate the monitoring subjects listed to specific individuals (or posts) in the monitor’s staff, user department’s staff, or technical specialist staff. This should be done using the general criteria regarding first and second level monitoring data described in the previous step.

9. Examples of broad categories of laundry monitoring subjects allocated to specific personnel are:

Delivery Performance	<ul style="list-style-type: none"> <li>● Receiving bay supervisor</li> </ul>
Standard of finish	<ul style="list-style-type: none"> <li>● Linen room staff</li> <li>● Monitor</li> <li>● Users</li> </ul>
Laundering operations	<ul style="list-style-type: none"> <li>● Health and safety officer</li> <li>● Control of infection officer</li> <li>● Laundry specialists</li> </ul>
Stock maintenance	<ul style="list-style-type: none"> <li>● Linen room staff</li> <li>● Monitor</li> </ul>
Laundering cycle time performance	<ul style="list-style-type: none"> <li>● Sample tests by the monitor</li> </ul>

10. As part of the process of allocating monitoring tasks, it will be advisable to consider the overall workload which this places on the resources and budget available for monitoring. It may be found that the initial allocation of tasks places too much additional work on individuals, and a reallocation may be required. It may even be found that the demand on total resources is too great, and that a reduction in the overall scope of monitoring is required. If so, any reduction should be made after agreement of the hotel services manager. Reductions in the scope of monitoring should be made at this stage in the development of the system to avoid unnecessary design work.

### STEP THREE - PREPARE MONITORING CHECKLISTS

11. If the previous steps have been followed, the quality assessment standards will now contain the monitoring subjects, the standards of quality expected and the frequencies and responsibilities for monitoring and reporting. The monitor should now develop the detailed checklists or report formats to be used by each person in carrying out the monitoring tasks allocated to them. In preparing these checklists and report formats the monitor should take into account the information required for management, payment approval and variations which was defined in monitoring element No. 3. A checklist may cover one monitoring subject, or a group of monitoring subjects, depending on the most practical way of carrying out the work. Checklists will be required which cover the monitoring tasks allocated to:

- (1) service user staff;
- (2) the monitor and monitoring staff;
- (3) technical specialists;
- (4) periodic reviews performed by the monitor.

#### Checklists for service users

12. The service user's staff will not have time to complete extensive checklists and the monitor should bear in mind the following points when designing user checklists:
- (1) collect all the topics to be monitored by each person into one checklist;
  - (2) checklists should be simple, easy to understand and preferably on one, or at most two pages;

- (3) the answers to be given to checklist questions should be either “yes” or “no”, or a simple fact to be recorded;
- (4) checklists should be designed to that they are completed either on a daily basis (e.g. following a delivery) or weekly;
- (5) adequate ‘heading’ information should be given on the checklist about the time of completion, where the check was made and who by.

An example of a ward level user checklist relating to laundry is shown below:

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**Ward Name** .....

**Week Ending** .....

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(1) Delivery	<i>answer yes/no and note the total number of failures</i>																
(a) was the laundry delivery the specified time plus or minus 30 minutes	Mon, Tue, Wed, Thur, Fri, Sat, Sun.  <i>answer in minutes</i>																
(b) show the actual time delivery was outside specification	Mon, Tue, Wed, Thur, Fri, Sat, Sun.  <i>answer yes/no</i>																
(c) were any deliveries missed?	Mon, Tue, Wed, Thur, Fri, Sat, Sun.																
(d) were any items short delivered (list items by day)	<table border="0" style="margin-left: 20px;"> <tr> <td style="text-align: right;"><i>Shortages</i></td> <td><i>Quantity</i></td> </tr> <tr> <td>Mon</td> <td></td> </tr> <tr> <td>Tue</td> <td></td> </tr> <tr> <td>Wed</td> <td></td> </tr> <tr> <td>Thur</td> <td></td> </tr> <tr> <td>Fri</td> <td></td> </tr> <tr> <td>Sat</td> <td></td> </tr> <tr> <td>Sun</td> <td></td> </tr> </table>	<i>Shortages</i>	<i>Quantity</i>	Mon		Tue		Wed		Thur		Fri		Sat		Sun	
<i>Shortages</i>	<i>Quantity</i>																
Mon																	
Tue																	
Wed																	
Thur																	
Fri																	
Sat																	
Sun																	

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(2) Condition of items	
(a) were any items <ul style="list-style-type: none"> <li>● damaged on receipt</li> <li>● damp on receipt</li> <li>● stained or not cleaned</li> </ul>	(b) if answer is yes list the items by type which had to be returned and the quantity  Yes/No Yes/No Yes/No

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**Checklists for monitors**

- 13. The monitor and monitor’s staff will monitor those subjects which have not been allocated to users to monitor. Checklists need to be prepared for each of these subjects or group of subjects.
- 14. In general, the monitor will wish to monitor the complex and technical subjects, while allocating only relatively straightforward subjects to users to monitor. Some examples of the more complex subjects which the monitor will wish to monitor are given overleaf:

(1) Stock Control	<ul style="list-style-type: none"> <li>● Inventory records and procedures</li> <li>● Stock movement analysis</li> <li>● Stock loss evaluation</li> <li>● Security procedures</li> </ul>
(2) Stock conservation	<ul style="list-style-type: none"> <li>● Repair/condemning procedures</li> <li>● Life cycle analysis of different groups of articles</li> </ul>
(3) Finishing	<ul style="list-style-type: none"> <li>● Correct presentation, creasing, folding</li> <li>● Reflectometer readings of cleanliness</li> <li>● Maintenance of colour</li> </ul>
(4) Laundering cycle performance	<ul style="list-style-type: none"> <li>● Sample tests of circulatory performance</li> </ul>
(5) Handling/Distribution	<ul style="list-style-type: none"> <li>● Colour coding of bags</li> <li>● Control of foreign object inclusion</li> <li>● Segregation/storage/handling procedures</li> </ul>
(6) Laundry operations	<ul style="list-style-type: none"> <li>● Temperature control</li> <li>● Use of correct detergents/bleaches</li> <li>● Central disinfection area control</li> <li>● Emergency procedures</li> </ul>
(7) Health and safety	<ul style="list-style-type: none"> <li>● Observance of correct procedures</li> </ul>
(8) Transport	<ul style="list-style-type: none"> <li>● Disinfection of vehicles</li> <li>● Emergency backup availability</li> </ul>

15. Monitoring of many of these subjects will require the use of sample based tests. For example, the assessment of the standard of finish would require the monitor to select a random sample of different types of article and examine them for correct folding, pressing and packaging. The circulatory performance of the laundry system is normally tested by the monitor selecting samples of items in a particular category of linen over a period of say five days and logging the return time after laundering. Analysis of the effects of laundering on certain types of fabric such as flame retardant treated articles often requires destructive testing. Control of quality will therefore be directed towards ensuring that the correct bleaches and detergents are used in the laundry.
16. Where the monitoring requires the use of testing apparatus or equipment such as a reflectometer or time cycle and temperature analysis recorders the monitor should be fully trained in the correct use of this type of equipment.
17. When preparing checklists for subjects to be reviewed by the monitor it may be helpful to group these in the following fashion:
- (1) checklists related to the laundry operation itself;
  - (2) checklists related to the stocks of laundry articles, their storage, distribution and presentation;
  - (3) checklists related to the circulatory performance of the laundering operation.
18. This approach will assist the monitor in ensuring that, for example, health and safety procedures are monitored in all three areas, namely, within the laundry, and in the transport and hospital distribution systems.

19. Where monitoring tests require the operation of sampling techniques these should be developed in such a way that they conform to the normal requirements of statistical sampling tests for aspects such as sample size, frequency of sampling and correct analysis of results. The monitor should consider obtaining the assistance of the management services department when developing the documentation and procedures for these types of test.

#### Technical specialist monitoring assessments

20. Depending on the technical qualifications of the monitor and the amount of specialised knowledge required to undertake monitoring tasks the health authority may decide to make use of external organisations which specialise in the assessment of laundry related subjects.
21. These organisations are typically research associations with a high degree of independence from users or contractors. Many specialised testing facilities are available as well as laundry quality review procedures which seek to satisfy the requirements of, for example, British Standard 5750 on quality assurance schemes.
22. The monitor and the hotel services manager should discuss the quality assessment standards with the monitoring organisation, the contractor and other laundry specialists within the NHS before deciding on which subject areas are to be covered by the organisation, the standards to be applied, and the form of reporting to be used.
23. A number of other technical specialisms may also be required to contribute to the monitoring procedure. The quality assessment statements and the reporting needs of management will indicate where these will be required in a laundry service. The following are examples of the specialists who may be involved, and the subjects which could be dealt with in the monitoring assessments they would carry out:

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(1) Control of infection officer – including any microbiological testing personnel

- segregation of foul/infected laundry
  - disinfection cycles and cleanliness of transport
  - safe handling techniques and containers
  - storage facilities suitability
  - sterile environment testing and control
- 

(2) Management services

- statistical surveys and sampling procedures
  - work methods analysis and costing
- 

(3) Occupational health officer

- staff health screening
  - reports on notifiable conditions or diseases
- 

(4) Supplies/purchasing

- selection and costing of supplies
  - sourcing of articles.
- 

24. If assessments or reports are required from these technical specialists the subjects, the methods of assessment and frequencies should be added to the quality assessment standards, and report formats developed and agreed with the hotel services manager.
-



**STEP FOUR – DESIGN MONITORING PROCEDURES**

25. When the monitoring checklists have been prepared for all the laundry subjects which are to be monitored, the monitor should prepare procedure guides giving instructions to each person who has responsibility for completing the checklists, namely:
- (1) the staff of user departments;
  - (2) the monitor and monitor's staff;
  - (3) the technical specialists.
26. The procedure guides should also include the procedures to be used by the monitor for collecting the checklists and collating the data which has been recorded to provide the management information and other reports which were specified in monitoring element No 3.
27. The preparation of procedure guides is an important task: they provide the basis for instructing all concerned in exactly what they have to do within the monitoring system, and equally important, they provide the hospital with a base document to ensure continuity of the monitoring role.

**The contents of procedure guides**

28. The contents of procedure guides will depend on the particular circumstances to be covered by each one. However, it is suggested that a format for these guides should be designed by the monitor of each unit, and adopted as the standard for that unit. The main headings and contents for procedure guides should include the following:
- (1) the name of the checklist and procedure;
  - (2) the reference number of the checklist and procedure;
  - (3) the job title of the person who is to complete the checklist;
  - (4) the daily or weekly time when the checklist should be completed;
  - (5) the instructions for completing the checklist, including any technical information about how to make the quality assessment;
  - (6) the action to be taken after the checklist has been completed, and what should be done with completed checklists;
  - (7) the person to contact when difficulties arise in completing the checklist or procedure;
  - (8) the date the procedure was issued.
29. When the procedure guides have been completed by the monitor it will be advisable for them to be agreed with the hotel services manager, and with the heads of departments whose staff are to be involved in the monitoring procedures.
30. Where procedure guides for technical laundry matters are concerned, the monitor should ask the relevant technical specialist to assist in preparing the guides. In some cases, the procedure and completion of the checklist will be carried out entirely by the specialist, but even in those cases, the specialist should be asked to prepare a written procedure guide and checklist, so that they can be held for reference by the monitor. The procedure guides must include the procedures to be operated by the monitor in collecting the completed checklists and collating the data and preparing the information required by the monitoring systems and payment systems.

31. When all the procedures have been written they should:
- (1) be circulated to all persons who will use them, each individual receiving only the procedure relevant to them;
  - (2) be held by the monitor, together with the quality assessment standards as a central record of all the procedures relative to monitoring.

#### **NOTES ON PROCEDURES RELATIVE TO LAUNDRY SERVICES**

32. A number of comments relating to implementing the monitoring procedure guides for laundry services may be helpful. They concern:
- (1) establishing the current position of the laundry service;
  - (2) training staff in monitoring procedures;
  - (3) testing monitoring results during the early stages of the contract.

#### **Establishing the current position**

33. Unlike catering and domestic services a laundry service is characterised by the way in which laundry articles pass through a continuous cycle of use, collection, laundering, storage, distribution and re-use. This cyclic nature of a laundry service means that it is difficult to assess the performance of the whole range of activities involved unless suitable information can be obtained on the volumes of different types of article in circulation and an assessment made of the age, condition and suitability of these articles for future use.
34. Where a linen rental or full linen management service is to be provided the contractor and the health authority will as a matter of course wish to establish correct stock figures and monitor these over time. Payments made to the contractor under these types of service are based on a charge per item of laundry provided by the contractor and charges for the replacement of articles. It is therefore necessary that the contractor and the authority establish the actual number of articles in circulation and monitor withdrawals or losses and replacements. Even if a hospital is not considering a service of this type it is important that accurate stock figures are available and procedures are established to regularly review them and bring them up to date. Many health authorities will have instituted these procedures as part of the work required to develop the service specification. Many of the monitoring procedures and subjects discussed in this part of the handbook will require the maintenance of accurate records of stocks, either because the method of assessment used requires the setting of suitable sample sizes or the monitoring subject itself depends on absolute quantification of volumes of articles, eg. stock losses as a percentage of total stocks.

#### **Training of staff in procedures**

35. All staff involved in the monitoring of laundry service performance will require training in:
- (1) the monitoring procedures, documentation and reporting responsibilities;
  - (2) the way in which quality assessments are to be made.
36. In many cases the information used in the monitoring system will not have been collected in a formalised way before, or it may have been collected and recorded in a different format at different times. By consulting with the contractor the monitor should seek to minimise the amount and number of different forms to be used. For example receiving bay personnel will find it much easier if delivery note documentation and the monitoring checklist are

laid out on similar lines. Attention to these aspects of the monitoring procedure will assist in the training of users in monitoring by presenting a logically structured package of procedures, documents and instructions.

37. Many individuals who will be involved in monitoring must also be trained in the techniques of assessment to be used. For example, where users are required to assess the standard of finish of a range of articles these people should be adequately trained using samples of acceptable and unacceptable items and be given written instructions based on the specification requirements for the amount of creasing allowed and where it is allowable.
38. Staff must also be trained in the correct timing of the application of monitoring procedures. Whilst in laundry this is less important than say in domestic services where the quality standards observed depend critically on the timing of the assessment it is nevertheless important for two reasons. Firstly, the opportunity to monitor subjects such as the standard of finish or delivery performance or machine cycle times may only be available at specific times during the laundry cycle. Secondly, the results of a particular monitoring procedure may be an important source of information for immediate management decision making, for example the occurrence of shortages on delivery.
39. From time to time during the operation of the monitoring procedure this initial training should be reinforced, particularly when new materials, procedures or standards are introduced.

#### **Testing the monitoring procedure**

40. The initial implementation phase of a contracted laundry service provides the opportunity for the testing of the monitoring procedure. During this time it is likely that problems will be highlighted in the following areas:
  - (1) the specification may be faulty: certain aspects of the laundry specification may either be unworkable or monitoring may highlight subjects which are not adequately defined. For example delivery timetables may be too short when allowing for the full range of tasks to be performed with the available staff, or the specification of subjects such as the standard of finish may need refining;
  - (2) the monitoring procedure may show wide variations in service results: this could be because inadequate training has been given to users in monitoring or the activities of other groups of staff in relation to laundry has not been fully appreciated. For example, the way in which the porters and domestic staff work is organised may have a direct impact on the performance of the laundry service;
  - (3) the monitoring procedure may show early on in the life of a contract the need to revise the whole subject of security procedures. Early monitoring results could be seriously compromised if the implementation of monitoring has not been reinforced with a similar implementation of stock security measures. If this aspect is not dealt with speedily the results of monitoring will be regarded with suspicion as to their accuracy or relevance.
41. It is important that the hotel services manager, the monitor and the service provider cooperate to resolve these problems during the early stages of the contract. It will be easier to question fundamental issues such as the accuracy of the specification or security arrangements early on in the life of the contract to assess whether the monitoring results accurately and fairly reflect the performance of the service provider or whether additional factors must be allowed for in the monitoring of the service.



# APPENDICES

# APPENDIX I

## Action Steps: Contract Management

### CHAPTER 8

	MANAGEMENT ELEMENT	ACTION STEPS	RESULT
Para 7	Element No 1 NEW CONTRACT IMPLEMENTATION	Step 1 Define cut off point between the user and provider of the service	1 Preparation of a "service statement" for each user giving details of the service to be provided to that user and any action required by the user.
10		Step 2 Define the work to be done by other departments in providing the service	2 Preparation of a statement of working arrangements for agreement between heads of department and the service provider (in-house or contractor).
13		Step 3 Train staff of all departments	3 Preparation of training for: - the external contractors staff; - the in-house service managers staff; - the staff of other departments involved in delivering the service; - the supervisors in the user department.
16		Step 4 Brief user departments	4 Preparation and issue of brief written or oral statement for users of the new service describing the new arrangements.
18		Step 5 Appoint the monitor	5 Appointment of a suitably qualified monitor, preferably before work specification is completed.
21		Step 6 Develop monitoring systems	6 Preparation of a "monitoring manual" followed by training and implementation.
23		Step 7 Define contract management process	7 Adoption of formal arrangements for meetings between hotel service manager and contractors or in-house manager's staff, and definition of agenda.
Para 30	Element No 2 DEALING WITH DAY TO DAY PROBLEMS	Step 1 Nominate users and providers	1 Publication of users and providers names in each users "service statement".
35		Step 2 Define procedure and records	2 Definition of problems to be dealt with directly between user and provider to be included in the "service statement".
Para 38	Element No 3 DEALING WITH MAJOR PROBLEMS	Step 1 Nominate the person to contact	1 List of persons to be contacted with major problems to be included in "service statement".
41		Step 2 Operate reporting procedures and records	2 Major problems to be reported in writing.
43		Step 3 Resolve major problems	3 Major problems resolved by hotel services manager after discussion with service providers senior management.
Para 47	Element No 4 DEALING WITH SERVICE PROVIDERS	Step 1 Operate monthly meeting procedure	1 Operate monthly meeting procedure between hotel services manager, monitor, and service provider (internal or external).
50		Step 2 Operate subsidiary meetings procedure	2 Operate subsidiary meeting structure between the service providers supervisors and individual users where the size of the unit warrants it.

## CHAPTER 8

	MANAGEMENT ELEMENT	ACTION STEPS	RESULT
Para 52	Element No 5 PAYMENT PROCEDURES	Step 1 Verify service delivery (external contract)	1 Operation of systems for recording receipt of the service.
54		Step 2 Involve finance function in payment procedure (external contract)	2 Operation of finance department controls re payment.
55		Step 3 Verify service delivery (internal contract)	3 Consider operation of systems for recording receipt of service in same way as for external contractor.
56		Step 4 Involve finance function in budgetary control (internal contract)	4 Operation of budgetary control procedures.
Para 58	Element No 6 CONTRACT AND SPECIFICATION VARIATION	Step 1 Establish authorisation responsibilities	1 Preparation of list of authority levels for making changes to the work specification.
61		Step 2 Define who can request specification changes	2 Definition in the "service statement" of those who can request changes to the service specification.
64		Step 3 Define procedure for authorising specification changes	3 Preparation of authorisation procedure, which should also include the steps by which the service provider can request changes.
66		Step 4 Implement changes to specification	4 Incorporation of changes to specification in adequate documentation, obtaining legal assistance where necessary.
Para 67	Element No 7 EMERGENCY PLAN	Step 1 Consider potential emergencies	Preparation and agreement of plans to deal with potential emergencies, including major failure of external contractor.
		Step 2 Define action to be taken	
		Step 3 Submit plans for approval of UGM	
		Step 4 Maintain plans	
Para 71	Element No 8 CONTRACT RE TENDERING	Step 1 Review work specification	Preparation of revised invitation to tender which takes into account the lessons learnt from the previous contract whether in-house or external.
		Step 2 Consider value for money aspects	
		Step 3 Review monitoring procedures	
		Step 4 Consider changes to contract	
		Step 5 Consider changes to payment arrangements	
Para 75	Element No 9 REPORTING TO UNIT GENERAL MANAGER	Step 1 Ensure UGM is informed about the management and monitoring system	Fulfill the hotel service manager's general responsibility to report to the Unit General Manager on all matters relating to the provision of services (in-house or contracted out).
		Step 2 Report to UGM results of monthly meeting with service provider	
		Step 3 Report to UGM major problems	
		Step 4 Report to UGM on financial matters	
		Step 5 Refer to UGM contract variations requests	

## APPENDIX II

### Action Steps: Contract Monitoring

#### CHAPTER 12

	<b>MONITORING ELEMENT</b>	<b>ACTION STEPS</b>	<b>RESULT</b>
Para 5	<b>Element No 1 DEFINITION OF MONITORING SCOPE</b>	Step 1 Define structure of monitoring records	Definition of the form and structure of quality assessment standards and decision on the basis of classification (ie according to activity or physical location)
9		Step 2 List activities and subjects to be monitored	Preparation of a list of activities together with related monitoring subjects
13		Step 3 Grade activities and monitoring subjects	Classification of activities and monitoring subjects according to a defined grading
18		Step 4 List and grade physical locations	Classification of physical areas according to a defined grading
23		Step 5 Prepare the quality assessment standards	Preparation of a "quality assessment standards" document for each activity or area. This will show standard of service to be provided; the particular subjects to be monitored and how each subject will be assessed.
<hr/>			
Para 33	<b>Element No 2 THE USE OF CONTRACTOR'S QUALITY PROCEDURE</b>	Step 1 Assess contractor's quality procedures	Preparation of a report for the hotel services manager. This should include information on the contractor's quality assurance and quality control systems together with details on where and how it is proposed to place reliance on the contractor's system.
39		Step 2 Specify reliance to be placed on contractor's procedures	Record on quality assessment standards where reliance is to be placed on contractor's procedures.
42		Step 3 Monitor the contractor's procedures	Preparation of programme for the periodic examination of the contractor's system and procedures. Agreement of programme with hotel services manager and preparation of report by monitor following each examination.
<hr/>			
Para 47	<b>Element No 3 SPECIFICATION OF MONITORING OUTPUT</b>	Step 1 Define management information needs	Decision by hotel services manager on management information requirements and preparation of list of required reports together with timing, responsibility for preparation and source of data.
51		Step 2 Define payment support information	Agreement with the hotel services manager and financial management on data required to support the payment procedure and listing by monitor of documents to be prepared together with timing, responsibility for preparation, source of data and details on calculations to be made.
57		Step 3 Define work specification variation information	Definition of information sources for variations and how requests are to be recorded, reported, authorised and implemented.

## CHAPTER 12

	<b>MONITORING ELEMENT</b>	<b>ACTION STEPS</b>	<b>RESULT</b>
Para 64	Element No 4 <b>THE DEFINITION OF MONITORING PROCEDURES</b>	Step 1 Agree balance between user/monitor reporting	Decision on the balance between using the service users staff and the monitor in performing detailed monitoring tasks.
69		Step 2 Allocate responsibility for monitoring tasks	Allocation of responsibility for each monitoring task to individual managers and staff and recording of this allocation on final part of the quality assessment standards documents.
73		Step 3 Prepare monitoring checklists	Preparation of checklists/reports to be completed by each person with a monitoring task.
77		Step 4 Design monitoring procedures	(1) Preparation of procedure guides containing instructions and procedures necessary to operate the monitoring systems. (2) Training of personnel using prepared procedures guides.