



Department of
**Health, Social Services
and Public Safety**

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**POLICY FOR THE PROVISION
OF
HEALTH & SOCIAL CARE
LAUNDRY AND LINEN SERVICES**

Consultation Document

February 2014

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Alternative Formats

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Section One

Introduction and Background

1.0 Introduction

- 1.1 The provision of adequate laundry services is an essential component of the healthcare system and a fundamental requirement of patient care, without which many aspects of hospital services would be greatly impaired.

This policy for the provision of health and social care (HSC) laundry and linen services provides guidance on how the key interdependent criteria of quality, risk management and value for money must be satisfied. It also provides the backdrop in which redevelopment or rationalisation of laundry provision will be planned. An Action Plan setting out all the actions required to implement and comply with this policy can be found at **Appendix 1**.

Strategic Context

- 1.2 The rationalisation of structures under the Review of Public Administration has allowed the Trusts to review the legacy laundry services and make improvements, putting in place inter Trust arrangements to provide contingency. Where viable, it is important that this cooperation with other Trusts for laundry provision is extended.
- 1.3 Inevitably, economies of scale are associated with laundry provision. Bigger laundries tend to have greater levels of automation and cheaper unit prices. However, there will always be occasions when additional machinery and staff might be required to take on more capacity which would affect unit cost.

- 1.4 The private sector continues to play a role in HSC laundry provision. Future configuration incorporating a small number of large laundries on acute hospital sites, complemented by private sector provision and supplemented by a number of smaller laundries on other HSC sites is envisaged.
- 1.5 Linen services contribute to a safe, clean, comfortable environment in which patients can recover and surroundings are enhanced by clean, well-finished textiles. Good quality laundering can also contribute to improved hygiene standards with a positive impact on the drive towards a reduction in Healthcare Associated Infections (HCAIs). Poor quality in laundering and finishing can give an impression of neglect and indifference to hygiene.
- 1.6 Shortages of linen can affect the whole healthcare system by taking beds out of use and causing procedures to be postponed. They can cause inconvenience, discomfort and unnecessary risk, or lead to trained staff being diverted from patient care. Continuity of laundered supply is therefore a major issue and it is important to ensure continuous availability of the right items to the desired quality. Linen services should merge seamlessly with other ward activities, enabling the ward team to work without hindrance or distraction.
- 1.7 The use of new textiles has had an impact in some Trust areas ('Sleepknit' is described in more detail in Section 2). New technology has a strong role to play in laundry provision. Adopting use of Sleepknit has the potential to lead to greater efficiency given these textiles require less handling and no ironing. There is no evidence to suggest that the new textiles are technically inferior to existing textiles.

1.8 Laundry services are subject to several statutory requirements and these are listed in Appendix 2. The most recent standard followed for laundry services in NI is *HSG (95)18 Laundering Procedures to Secure Disinfection of Used and Infected Linen*¹. The Department of Health in England has published a *Choice Framework for Local Policies and Procedures 01-04: Decontamination of linen for health and social care*², which superseded HSG (95) 18 in England on 18 July 2012. Although the new Choice Framework has not yet been adopted in NI, it is viewed as current best practice and Trusts are expected to follow it for all new investment decisions.

Scope

- 1.9 This policy focuses on laundry services provided for or purchased by the HSC sector for patients on hospital sites including facilities for people with a mental health condition or disability.
- 1.10 The laundering of staff uniforms is not excluded from consideration. This policy will apply where uniforms are already laundered on health service premises. Current policy, however, does not require uniforms to be laundered on site. There are separate Trust guidelines for HSC staff on the safe laundering of uniforms at home.

Aims and Objectives

¹ HSG (95) 18: Hospital laundry arrangements for used and infected linen
<http://webarchive.nationalarchives.gov.uk/>

² The Department of Health in England has published *Choice Framework for Local Policies and Procedures 01-04: Decontamination of linen for health and social care*² <https://www.gov.uk/government/publications>

1.11 The aims of this policy are as follows:

- To ensure that there is sufficient capacity to provide laundry services.
- To ensure a reliable supply of linen which is of the right material, and is fit for purpose.
- To ensure linen supply is free of soiling and staining, and has been decontaminated to Department of Health, Social Services and Public Safety (DHSSPS) standards.
- To ensure a high level of automation and modernisation in order to maintain effectiveness and increase efficiency.
- To ensure that solutions for laundry services provide value for money, take account of the regional perspective, provide a sustainable long-term solution and are not constrained unnecessarily by Trust boundaries.

Key Principles

1.12 The key principles underpinning the development of this policy are as follows:

- In clinical settings (such as that needed to support procedures), linen should have the required level of impermeability from body fluids (containment), promote control of infection (e.g. a clean

disinfected garment) and in some cases act as personal protective equipment.

- Laundry services and products must be provided in such a way as to preserve the patient's dignity and promote the patient's care as well as being appropriate to the patient group, gender, clinical status, religion and beliefs. Where appropriate, laundry services should support the use of personal clothing.
- The environment in which laundering is carried out should be such as to minimise the risk of re-contaminating linen and, in doing so, ensure the protection of patients, service-users and staff involved in the handling of linen.
- Laundry facilities should be clearly separate from clinical treatment and publicly accessible areas.
- Laundered linen must be transported and stored in such a way as to maintain separation between clean and dirty to avoid recontamination or soiling.
- Laundry should be processed in line with current best practice included in the "Best Practice Guide for Linen Services"³ produced by the Society of Hospital Linen Services and Laundry Managers.
- All used linen must be laundered in accordance with guidance and legislation, including HSG (95) 18, to ensure that it is clean, disinfected and fit for purpose.

- New equipment or changes to laundries should be considered in light of the new decontamination standards in the Department of Health's Choice Framework for Local Policies and Procedures 01-04: Decontamination of linen for health and social care.
- There must be clear written policies and procedures in place for the safe operation of all equipment.
- Laundry services must be resilient and part of wider business continuity planning in HSC Trusts.
- When planning for replacement of laundry facilities or equipment, consideration should be given to making best use of new linen textiles and improvements in technology. There should be a detailed plan on how the provision and processing of linen will move towards best practice.
- Laundry services must be provided as cost effectively as possible whilst maintaining the quality of laundry.
- Given that the cost of laundry repairs and replacement of equipment can be significant, such investment must be considered carefully within a suitable business case which has been set out in the context of NIGEAE guidance⁴ and which should include consideration of service provision via surplus capacity in another HSC Trust and the private sector.

⁴ NIGEAE guidance: <http://www.dfpni.gov.uk/nigeae-2.pdf>

- Trusts must work towards providing laundry and linen and improving quality in accordance with the goals and objectives set out in “Quality 2020 – A 10-Year Strategy to protect and improve quality in health and social care in Northern Ireland”⁵.

⁵Quality 2020: [http://www.dhsspsni.gov.uk/quality_2020 - a 10-year quality strategy for health and social care in northern ireland.pdf](http://www.dhsspsni.gov.uk/quality_2020_-_a_10-year_quality_strategy_for_health_and_social_care_in_northern_ireland.pdf)

Section Two

Laundry Services Discussion

2.0 Introduction

Section 2 of this document covers a range of issues related to laundry provision including: alternative textiles; measures of performance; management information and audits; patient satisfaction; decontamination; capacity; contingency and sustainability.

Potential Impact of Alternative Textiles

- 2.1 Alternative items include fitted sheets, which are of a knitted construction and are referred to as “Sleepknit.” Sleepknit comprises soft fitted sheets, pillowcases and lightweight thermal blankets. The sheets are made of a blend of cotton and polyester with the bottom sheets having a special weave that means the patient lies on a cotton layer. The word “Sleepknit” describes a textile technology which is available from a number of suppliers. The bottom sheets are fully fitted and the top sheet fitted at the bottom end only. They are knitted in alternate rows of polyester and cotton in such a manner that, when fitted on to a bed, the patient lies on a predominantly cotton facing surface. The knitted construction and the polyester component provide elasticity without the necessity for separate elastomers, which have proved the Achilles' heel of previous fitted sheets. The sheets are colour-coded for different bed sizes and to indicate whether they are top or bottom sheets. It is these items which provided the primary focus for a small-scale trial.
- 2.2 The bed assembly also includes a lightweight thermal wrap, which has excellent insulating properties. It is of attractive textured appearance and takes the place of both blanket and counterpane. Only in 20% of cases is the use of any additional insulation necessary.

- 2.3 Conventional drawsheets had been replaced by "bed protectors," laminated washable pads capable of absorbing urinary discharges.
- 2.4 The advantages and disadvantages of moving to alternative textiles are as follows.
- 2.5 Advantages at ward level may include:
- Saving in nursing/ nursing assistant time for bed-making; Reduced maintenance and re-making of beds;
 - Reductions in usage due to less wrinkling in use;
 - Smooth and comfortable surface on which to lie;
 - Ease of management and possible reductions in pressure sores;
 - Requires the use of properly designed slides to move patients.
- 2.6 Disadvantages at ward level include:
- The top sheets are not appropriate for Intensive Care Units where it is common to use just a sheet. The draping qualities of the sheet make it unsuitable, as it does not provide the necessary modesty protection. Access to the feet is often required for diagnostic, treatment or monitoring purposes. In these situations the thermal wrap has to be used as an alternative to the top sheet.
 - Slightly unfamiliar appearance.
- 2.7 Advantages for laundry system include:

- Post-wash sorting is possible, reducing the risk of infection from needlestick injuries or sharps;
- Elimination of ironing giving savings of 0.4 Standard Minutes per item, a 40% saving in the time taken to process sheets;
- Major capital savings, eliminating the need for automatic feeding machines, high-pressure ironing machines and automatic folding equipment;
- Reduction in levels of circulating stock;
- Reductions in convection currents within the laundry, reducing lint and improving working conditions.

2.8 Disadvantages for laundry system include:

- Processing methods provide less opportunity for quality control.

2.9 The use of “Sleepknit” has the potential to reduce the on-going revenue costs significantly, as well as reducing the capital overhead due to the removal of the need for large ironing lines. These costs should be explored in any business case – set out in the context of NIGEAE guidance - for replacement infrastructure or linens. The costing benchmark will be the cost of a linen and workwear hire contract from a commercial provider. Costs will be estimated based on – salaries; bedding; detergents; repairs & maintenance; utilities e.g. water; electricity; steam.

2.10 Eliminating ironing as the main means of laundry finishing alters the economies of scale of laundry operations. Laundries can be smaller, with greatly reduced circulating inventory levels for standard linen. The need for transporting linen to and from a central laundry is removed,

and distribution accuracy is enhanced. This can lead to shorter turnaround times for non-standard items, which with shorter travel times and better communication with customers, leads to a vast improvement in service quality. This has been the case in the hotel industry, with On Premises Laundries (OPLs) being the preferred option for many large groups.

- 2.11 Realising the full saving potential of the new textiles requires a move to the new technology over time. The decision to make the change can be taken with some confidence because NHS trusts have accumulated over five years' successful experience with them.
- 2.12 The potential capital saving with new textiles would significantly impact on provision of new laundries because, without the need for ironing lines, the floor area of the laundry can be reduced and the floor to eaves height can be reduced by up to 30%.
- 2.13 Significant savings are possible to accompany the known improvements in quality of service. At the very least, analysis indicates that financial considerations should not be a barrier to the adoption of these new bed textiles.
- 2.14 Given the need to replace equipment and the need to replace some facilities as part of wider hospital development plans, there will be an ongoing requirement to seek capital. There is no single best model of laundry service provision. It depends on the circumstances in each location and should be based on a detailed business case. However, the adoption of new textiles is not limited by the size or location of laundries. Its adoption should be encouraged and business cases for

new laundry provision or equipment replacement should be predicated on the adoption of new textiles and future proofing taking account of 'HSG (95) 18; and the Choice Framework for Local Policies and Procedures 01-04: Decontamination of linen for health and social care and the new decontamination standards in the Department of Health's Choice Framework for Local Policies and Procedures 01-04: Decontamination of linen for health and social care.

Key Performance Indicators

- 2.15 The ongoing requirement to ensure that costs are reduced without compromising quality, highlights the need for key performance indicators (KPIs) to be established to ensure that the laundry service is as efficient as possible and of good quality.
- 2.16 KPIs are likely to include the number of items laundered; unit costs; reimbursement due to rejected items; complaints or failure to comply etc. The KPIs should also reflect the % of new textiles and/or traditional linen used.

Management Information

- 2.17 It is important that sufficient management information is available to allow linen services to be managed effectively. There is a need to ensure that each Trust has a laundry information management system which is capable of tracking laundry. The following information should be available on a monthly basis:

- Quantities of linen items supplied to individual wards and departments;
- Quantities of uniforms laundered;
- Numbers of rejected items, requiring reimbursement by the laundry;
- Records of issue, receipt laundering and stock levels for all additional items ;
- Records of dry cleaning undertaken;
- Numbers of repairs or alterations undertaken;
- Number of items condemned;
- Number of items purchased;
- Number of complaints or failure to supply.

2.18 Currently, it seems likely that Trusts can quantify how much new linen is procured and how much linen is brought out of service due to disrepair, but it is unlikely that an accurate figure could be placed on how much is in circulation. It is also difficult to track laundry within a Trust, which leads to the possibility that laundry might make its way to another Trust or out of the health and social care sector.

2.19 The use of the new radio frequency identification (RFID) technology is becoming cost effective with reduction in costs of the RFID chips. Consideration should be given to implementing this new technology in conjunction with the move to new textiles and the introduction of new laundry information systems. Such projects would allow more accurate information on laundry flow/usage and could lead to savings in the future.

Auditing

- 2.20 The cleanliness of laundries already falls under cleanliness policy such as Cleanliness Matters⁶ and the Regional Healthcare Hygiene and Cleanliness Standards⁷. The audit regime for cleanliness is already well documented and understood.
- 2.21 The audit process should be seen as an opportunity for improvement. The audit results should be documented, as should any corrective action, the outcome of such corrections, and the measures taken to prevent a recurrence.
- 2.22 There are two levels of audit: technical audits; and, managerial audits.
- 2.23 The audit should be based on the Linen Handbook from the Society of Hospital Linen Service & Laundry Managers but a more defined regional tool will be developed as part of the implementation of this policy.
- 2.24 A regional approach to audit processes will be taken forward as part of the action plan (See Appendix 1).

Technical Audits

- 2.25 Technical audits should be carried out on a monthly basis (weekly if serious issues are identified). They should be used to confirm that

⁶ Cleanliness Matters – A Strategy for Improvement Sept 2005
http://www.dhsspsni.gov.uk/facilities_management_cleanliness_matters_strategy_sept05.pdf

⁷ Regional Healthcare Hygiene and Cleanliness Standards
http://www.rqia.org.uk/what_we_do/registration_inspection_and_reviews/infection_control/hospital_hygiene.cfm

outcomes, processes and procedures comply with current standards and other guidelines. These include:

- Verification of thermal/chemical disinfection
- Technical quality checks
- Statistical analysis
- Standards of microbiological monitoring
- Compliance with specification
- Separation of clean and dirty laundry

Managerial Audits

2.26 These audits should focus on outcomes rather than processes and should identify areas for improvement. They should be carried out at six monthly intervals but more frequently should the need arise and where possible, should be conducted jointly between service providers and representatives of service users who should have access to the results of Technical Audits. The audit team should consist of:

- Hospital management
- Ward managers or departmental managers
- Infection control staff
- Patient representation

Patient Satisfaction

2.27 It is important that patients should be regularly surveyed to determine whether laundry/linen is meeting their expectations. A patient

satisfaction survey should be carried out annually to ensure patient views are sought and taken into account. It would also provide some data to allow more informed decisions to be taken to support the move to new textiles or a combination to include more traditional linen which may need to be retained.

Training

2.28 It is important that all staff involved with the provision, supply and monitoring of linen services receive appropriate training. This includes the following:

- General Health & Safety training.
- Training to use specific equipment (including health & safety).
- Best practice in respect of sorting, collection, transportation, appropriate washing techniques, storage of laundry, and the cleaning of laundry premises and where laundry is stored.

2.29 One example of training is the new course “Introducing the BICSc On Premises Laundry Qualification (OPL)” which has been developed by the British Institute of Cleaning Science.

Choosing the best approach for laundry provision for each Trust

2.30 Given the state of repair of current on-site laundries and the need to replace ageing equipment, there is a requirement to reconsider laundry provision. If HSC laundry provision is to be maintained, re-provision must be future proofed.

2.31 Trusts must demonstrate that cases for new laundries or new equipment, including new textiles (such as Sleepknit), have been properly considered and evaluated and must allow the new laundry or equipment to be capable of validation under BS EN 14065 and current guidance/standards. Decisions on the best approach must be determined by a business case, set out in the context of NIGEAE guidance and should take account of the following:

- The ability to meet new standards of disinfection (BS EN 14065⁸ et al).
- Any additional changes to on-site laundries which would be necessary to support the move to meet new standards of disinfection.
- An option analysis of the cost of laundering in-house compared to provision by another HSC Trust and/or the private sector.
- An option analysis of the cost of retaining a small number of larger laundries on acute hospital sites, complemented by private sector provision and supplemented by a number of smaller laundries on other HSC sites.

A Regional Approach

2.32 There may be opportunities to make laundry services more efficient by setting them more firmly in a regional context. Each business case should take account of the regional context and should explore the option of a private sector/revenue-funded model. Capital cost projections should take into account the potential for additional

⁸BS EN 14065: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/148539/CFPP_01-04_BS_EN_Final.pdf

investment to bring facilities up to the higher decontamination requirements which have emerged from the Choice Framework.

- 2.33 The development of a Strategic Outline Case (SOC) set out in the context of NIGEAE guidance, will allow planning and prioritisation of the laundry service to:
- Improve planning of major capital schemes.
 - Ensure that developments and rationalisation of services are set in a regional context.
 - Avoid local individual Trust savings at the expense of greater regional cost as a whole.
 - Improve contingency across the HSC.

Decontamination

- 2.34 All of the Health & Social Care laundries in NI and Private Sector providers currently apply HSG(95)18. As stated in paragraph 1.14, a new Choice Framework was published by the Department of Health in England on 18 July 2012. Although the new Choice Framework has not yet been adopted in NI, it is viewed as current best practice and Trusts are expected to follow it for all new investment decisions.

Capacity and Contingency of Existing Laundry Facilities

- 2.35 Ensuring adequate contingency capacity is a key consideration in securing service delivery. Given that there have been two major fires in laundry establishments in Ireland in recent years, these incidents highlight the potential risks of such an occurrence in Northern Ireland.

- 2.36 In the case of commercial providers, the normal practice is to optimise the utilisation of all the assets of the organisation. However, contingency capacity is not likely to be guaranteed from commercial sources.
- 2.37 Table 3B in Appendix 3 demonstrates that the service could not cope with the loss of any of the major service providers within the existing working hours, and that some means of quickly increasing existing capacity would need to be found.
- 2.38 Account must be taken of a major shift in the way that laundry services are expected to be provided in future. The development of alternative bed assemblies may mean that there would be some advantages from the development of smaller laundries, closer to user departments. Coping with the unexpected closure of one of these small plants would be much easier to manage than the closure of a large facility. The interim situation is complicated by the different natures of the capacity required. Ironing capacity is no longer a limiting factor, being replaced by washing and drying capacity. The management of such a change would need to take this into account.
- 2.39 Future configuration is envisaged as being a small number of large laundries on acute hospital sites, complemented by private sector provision and supplemented by a number of smaller laundries on other HSC sites.

Contingency Plans

2.40 An exercise was carried out in each Trust in Summer/Autumn 2011 and reviewed in Autumn 2012 and again in December 2013 to ensure that Trusts had contingency plans in place. The contingency plans address a number of key issues including:

- Loss of a utility
- Loss of a main site
- Loss of a main production unit
- Loss of key staff / managers
- Loss of a major piece of equipment
- Loss of a major supplier

2.41 The plans were developed by HSC Trusts; quality assured by the Department and signed off by Trust Chief Executive Officers. Arrangements have been put in place to ensure that the plans are reviewed on at least an annual basis, with the most recent review being in December 2013.

Sustainable Development

2.42 Sustainable development means creating policies and making decisions that support our communities, improve the standard of living, and help people to live within environmental limits. For example, in the case of government procurement policy, it means not just buying as cheaply as possible, but seeking to procure so as to generate positive results for the economy, society and environment.

- 2.43 Policies designed to promote economic growth should seek to promote social development and the achievement of a high level of environmental quality at the same time.
- 2.44 *DAO(DFP)05/08⁹* sets out specific guidance produced by Central Procurement Directorate (CPD) of the Department of Finance and Personnel and the Equality Commission for Northern Ireland on "Equality of Opportunity and Sustainable Development in Public Sector Procurement." The purpose of this guidance is to embed consideration of equality of opportunity and sustainable development into procurement practice.
- 2.45 The guidance states that Northern Ireland Procurement Policy recognises that the primary objective should be to achieve best value for money, which is defined as "the optimum combination of whole life cost and quality (or fitness of purpose) to meet the customer's requirements." This definition was drawn up to stress that value for money does not mean lowest price. Any procurement must meet its requirements for equality of opportunity and sustainable development to be deemed good quality and fit for purpose.
- 2.46 Sustainable development must be considered at the outset of any procurement process and then throughout the life of the project.
- 2.47 Procurement and business case development for laundry provision should be carried out with due regard to DAO(DFP)05/08 and the

⁹ DAO(DFP)05/08 - Guidance on Equality of Opportunity and Sustainable Development in Public Sector Procurement
http://www.dfpni.gov.uk/index/finance/afmd/afmd-key-guidance/afmd-daos/dao_dfp_0508.pdf

statutory duty under Northern Ireland (Miscellaneous Provisions) Act 2006. The Business Support Organisation (BSO) will be able to advise on local and regional procurement and contract methodologies for health and social care procurement which satisfy this requirement.

The Way Ahead

- 2.48 Given the need to replace ageing equipment and to upgrade/replace some facilities as part of wider hospital development plans, there will be an ongoing requirement to seek capital. There is no single best model for laundry provision. It depends on the circumstances in each location and should be based on a rational approach to decision making.
- 2.49 The detailed Action Plan at Appendix 2 reflects the issues and priorities raised in the body of the policy which are relevant to health and social care and partnership working. It outlines the actions required; expected outcomes; lead responsibilities and targets for completion over the period 2014-2017. The Plan does not contain actions for other departments.
- 2.50 A Regional Laundry Implementation Group will be established to take forward the recommendations from this policy in the form of the Action Plan. The Group should incorporate representation from each Trust and from the HSCB.
- 2.51 The key policy principles outlined in the policy have been reflected in the recommendations and actions contained within the Action Plan.

Section Three

Implementation

LAUNDRY & LINEN ACTION PLAN

Key Area	Action	Performance Indicators	Lead Responsibility	Target Completion
Quality of Linen	P1.1 Trusts should ensure that in clinical settings (such as that needed to support procedures), linen has the required amount of impermeability from body fluids (containment), promote control of infection (e.g. a clean disinfected garment) and in some cases act as personal protective equipment.	Quality standards are met	Trusts	Ongoing
Laundry Environment	P1.2 Trusts should ensure that laundry facilities are clearly separate from clinical treatment and publicly accessible areas so as to minimise the risk of re-contaminating linen and, in doing so, ensure the protection of	Location of laundry facilities Local written policies and procedures in place	Trusts	As required

	patients, service-users and staff involved in the handling of linen.			
Laundry transportation and storage	P1.3 Trusts should ensure that all laundered linen is transported and stored in such a way as to maintain separation between clean and dirty items to avoid recontamination or soiling.	Local written policies and procedures in place Staff training	Trusts	Ongoing
Best Practice Guidance	P1.4 All used linen must be laundered in accordance with the latest guidance and legislation, including the “Best Practice Guide for Linen Services”, to ensure that it is clean, disinfected and fit for purpose. New equipment and changes to laundries should be considered in light of the new decontamination standards in the Department of Health for	Regular and documented monitoring Local written policies and procedures Business case analysis	Trusts Trusts Trusts	Ongoing Ongoing

	England "Choice Framework for Local Policies and Procedures 01-04: Decontamination of linen for health and social care".			
Staff training	P1.5 All staff involved with the provision, supply and monitoring of linen services must receive appropriate training, including the safe operation of all equipment.	Training register Certificates Local written policies and procedures	Trusts	Ongoing
Contingency Plans	P1.6 Trust contingency plans must be reviewed at least annually to outline arrangements for the: <ul style="list-style-type: none"> • Loss of a major utility • Loss of key staff • Loss of premises • Loss of main production unit 	Contingency Plans in place Documented reviews and outcomes	Trusts Trusts	Immediate Annually

	<ul style="list-style-type: none"> Loss of main supplier 			
Business Continuity	P1.7 Laundry services must be resilient and part of wider business continuity planning in HSC Trusts	Business Plan Risk Register	Trusts	12 Months post publication of the Laundry Policy
Laundry Repairs /Replacements	P1.8 Where investment in laundry repairs and replacement equipment is required, Trusts must give careful consideration to all options available and develop a suitable business case.	Completed and approved Business Cases	Trusts	As required
Upgrade of HSC Laundry Services	P1.9 Trusts should carry out an exercise to determine their regional workplan and capital requirements to maintain current laundry provision and to upgrade to meet the Choice Framework from Department of Health in England.	Fully detailed and costed plans for both maintaining current provision and to adopt higher standards	Trusts	12 Months post publication of the Laundry Policy
New textiles/	P1.10 Trusts must consider	Detailed plans in place	Trusts	12 Months

technology	implementation and develop detailed plans for the provision of new textiles/ technology and the reduction in future use of traditional linen.	Documentation to demonstrate that any decision re new textiles/technology has been properly considered and evaluated.		post publication of the Laundry Policy
Laundry Information Management Systems	P1.11 Trusts should ensure laundry information management systems are developed, specified and implemented. The systems must be capable of tracking laundry and handling RFID technology.	Laundry information management systems in place within each Trust which are capable of handling RFID technology if required.	Trusts	12 Months post publication of the Laundry Policy
RFID Technology	P1.12 Trusts should consider implementing RFID technology in conjunction with the introduction of new laundry information systems	Documentation to support decision making and demonstrate RFID has been considered.	Trusts	As A1.11 above
Business cases	P1.13 All business cases must be set out in the context of NIGEAE guidance.	Completed and approved business cases in line with	Trusts	Ongoing

	Due regard must also be given to DAO(DFP)05/08 and the statutory duty under Northern Ireland (Miscellaneous Provisions) Act 2006.	required guidance		
Cost-Effectiveness	P1.14 Laundry services must be provided as cost effectively as possible whilst maintaining the quality of laundry.	Completed Cost-Benefit / Cost-Effectiveness Analysis Regular and documented monitoring	Trusts HSC Board	Ongoing
Development of Key Performance Indicators (KPIs)	P1.15 Key performance indicators should be established to ensure high standards of service are constantly delivered.	Establishment of KPIs	HSC Board	6 Months post publication of the Laundry Policy
Audit arrangements	P1.16 A regional audit tool and arrangements for carrying out both technical and managerial audits should be developed specifically for laundries.	New audit tool and timetable Audit documentation setting out audit results, any	Group to be set up under Regional Support Services Group	9 Months post publication of the Laundry Policy

	The arrangements should promote best practice.	corrective action and associated outcome and preventative measures taken.		
Promoting Good Practice	P1.17 Trusts should promote good practice through engagement with other HSC organisations to share experiences, methods, practices and results.	Evidence of ongoing and regular communication and sharing of information	Trusts	Ongoing
Patient Satisfaction and Quality of Service Provision	<p>P1.18 Trusts should ensure:</p> <ul style="list-style-type: none"> • Patient views are being sought and taken into account; • the promotion of patient care and preservation of patient dignity in the provision of laundry services and products; • the provision of laundry services and products is appropriate to the patient group, gender, clinical status, religion and 	<p>Annual surveys with the findings published on Trusts' websites.</p> <p>Local written policies and procedures in place.</p>	Trusts	Include as part of the Trusts General Annual Survey OR issue a Laundry specific survey 12 months post publication of the Laundry

	beliefs.			Policy.
Stakeholder Engagement	P1.19 Trusts should ensure that mechanisms are in place to enable patients, visitors and staff the opportunity to contribute to the planning of laundry services.	Trust-wide groups including patients, visitors and staff established	Trusts	As required
Q2020	P1.20 Trusts must work towards providing laundry and linen and improving quality in accordance with the goals and objectives set out in “Quality 2020” – A 10-Year Strategy to protect and improve quality in health and social care in Northern Ireland”.		Trusts HSC Board Regional Support Services Group	2020

STATUTORY ENVIRONMENT

Key areas of legislation which cover laundry services are as follows:

NB: This list is not exclusive

Control of Substances Hazardous to Health (COSHH) Regulations 2002

Guidance: http://www.hseni.gov.uk/coshh_booklet.pdf

PDF version of NI Regulations:

<http://www.legislation.gov.uk/nisr/2003/34/made/data.pdf>

Users of laundry equipment should note that “substances hazardous to health” can include micro-organisms that create a hazard to the health of any person. Guidance on the precautions to be taken when handling micro-organisms in a laboratory can be found in the Health and Safety Executive (HSE) documents (compiled with the Advisory Committee on Dangerous Pathogens):

- The management, design and operation of microbiological containment laboratories (2001),
<http://www.hse.gov.uk/pubns/books/microbio-cont.htm>
- Biological agents: Managing the risks in the laboratory and healthcare premises (2005),
<http://www.hse.gov.uk/biosafety/biologagents.pdf>
- The approved list of biological agents (2004),
<http://www.hse.gov.uk/pubns/misc208.pdf>

- Compiled by the Health Services Advisory Committee, Safe working and the prevention of infection in clinical laboratories and similar facilities, (2003).

<http://books.hse.gov.uk/hse/public/saleproduct.jsf?catalogueCode=9780717625130>

The Personal Protective Equipment at Work Regulations (Northern Ireland)1993

(<http://www.legislation.gov.uk/nisr/1993/20/contents/made>)

NI Guidance:

http://www.hseni.gov.uk/hseni_guidance_personal_protective_equipment_at_work.pdf

GB Guidance 2nd Edition (also on HSENI web site and used in NI):

http://www.hseni.gov.uk/l25_personal_protective_equipment_at_work_second_edition.pdf

PDF version of NI Regulations:

<http://www.legislation.gov.uk/nisr/1993/20/made/data.pdf>

Managers should assess whether the risks associated with laundry activities require the use of personal protective equipment (PPE). Some examples include overalls and aprons for use when loading washer-extractors and protective gloves for use when sorting.

Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2009 (known as the Carriage Regulations)

(<http://www.legislation.gov.uk/uksi/2009/1348/contents/made>)

NI guidance:

http://www.hseni.gov.uk/resources.htm?srch_topic=6330

PDF version of NI Regulations:

<http://www.legislation.gov.uk/nisr/2010/160/made/data.pdf>

Advice on the carriage of dangerous goods and the appointment of DGSAs can be found in HTM07-01. The majority of used linen being transported to off-site laundries will not normally be assessed as dangerous for transport. There will be some occasional circumstances where soiled laundry will need to be classified as dangerous for transport, such as when a consignment is thought to contain pathogens which pose a significant risk of spreading disease and the load is heavily soiled to the extent that the potential for exposure and infection is high. In such instances the load is categorised as infectious, bagged accordingly and should then be classified as and packaged as UN 3291.

Statutory reporting procedure (RIDDOR)

(http://www.hseni.gov.uk/riddor_booklet.pdf)

PDF version of NI Regulations:

<http://www.legislation.gov.uk/nisr/1997/455/made/data.pdf>

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995 place responsibilities on employers to report certain incidents and dangerous occurrences to the Health and Safety Executive for Northern Ireland (HSENI). The action to be taken following any incident will need to be detailed in the organisation's procedures to ensure compliance with this legal requirement.

The User should notify HSENI immediately, normally by telephone, if any of the following should occur:

- Any fatal injuries to employees or other people in an accident connected with the operation of the equipment.
- Any major injuries to employees or other people in an accident connected with the operation of the equipment.
- Any of the dangerous occurrences listed in the Regulations.

The User should send a written report to HSE within seven days of any incident including:

- Any of the notifiable incidents listed above
- Any other injury to an employee which results in their absence from work or being unable to do their normal work for more than three days
- Any of the cases of ill health listed in the Regulations

A record should be kept of any injury, occurrence or case of disease requiring a report. This should include the date, time and place, personal details of those involved and a brief description of the nature of the event.

Examples of dangerous occurrences applicable to laundry equipment include:

- The explosion, collapse or bursting of any closed vessel;

- Electrical short circuit or overload causing fire or explosion;
- Any explosion or fire resulting in the suspension of normal work for more than 24 hours;
- An uncontrolled or accidental release or escape of any pathogens or substance from any apparatus or equipment;
- Any incident where breathing apparatus malfunctions in such a way as to deprive the wearer of oxygen.

Examples of reportable diseases applicable to laundry equipment include any illness caused by a pathogen.

Full details can be found in “A guide to the Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1985,” HS(R)23, published by HSE.

(<http://books.hse.gov.uk/hse/public/saleproduct.jsf?catalogueCode=9780717664597>)

Incidents and dangerous occurrences which are reported to HSENI should also be reported to the Department of Health as appropriate, by telephone during the first working day after the incident and then followed by a written report.

Workplace (Health Safety and Welfare) Regulations (Northern Ireland) 1993 (as amended)

NI Guidance:

http://www.hseni.gov.uk/acop_workplace_health_safety_and_welfare.pdf

PDF version of NI Regulations:

<http://www.legislation.gov.uk/nisr/1993/37/made/data.pdf>

Current Laundry Services

A3.1 The present position with laundry provision in HSC is based on a mixed economy to meet requirements:

- Both private sector and HSC providers of laundry services;
- A mixture of premises and plant of various ages at the main HSC laundries;
- A mixture of laundry requirements due to the combined nature of the service e.g. hospital linen, community linen, patient clothing;
- A mixture of HSC laundry capacity with limited contingency.

A3.2 Services are currently provided at a number of levels, appropriate to local circumstances. At the lowest level are ward launderettes with no dedicated laundry staff, processing up to 2000 items/week (24 kg/hr). Control is achieved via automatic dosing, pre-programmed machines and user training. Such laundries concentrate on the processing of items such as clothing, which require fast turnover and accurate delivery systems. These are generally sited at locations where there are many long-term patients and clients. Semi-domestic laundry facilities are also available at HSC community facilities.

A3.3 At the next level are medium sized laundries run by a supervisor /manager with up to 18 dedicated operatives processing from 10,000 up to 40,000 pieces/week (480 kg/hr). Control is from the

supervisor /manager and covers health and safety, chemicals handling, personnel, maintenance planning and quality management to ISO 9001: 2000 or equivalent. These laundries operate in circumstances where there is a mixture of return-to-sender (RTS) items and large flat work. RTS service is where Trust owned items are sent to a contractor to be laundered. It is important that these items are individually and clearly labelled to ensure they do not get mixed up with general pool stock or laundry from other customers. Large flat work refers to the ironing of large items such as bed linen.

A3.4 The third level comprises full-size laundries run by a Linen Services Manager and full laundry team (up to 34 operatives) processing from 40,000 up to 100,000 pieces/week (1200 kg/hr). Control is from the LS Manager and covers continuous cost optimisation, process development, and quality management to ISO 9001:2000.

A3.5 Those at the two higher levels are regarded as 'Main' laundries and in addition to the levels of provision cited above, laundry services are, in some instances, also obtained from private providers.

A3.6 The current provision and condition of laundry services differs across the HSC Trusts whereby four of the Trusts have their own high-volume laundry facilities:

- Northern HSC Trust – Northern Linen Service;
- South Eastern HSC Trust - Ulster Hospital Laundry;

- Southern HSC Trust - Craigavon Area Hospital Laundry;
- Western HSC Trust –South West Acute Hospital Laundry, Tyrone & Fermanagh Hospital Laundry, and Altnagelvin Hospital laundry.

A3.7 A proportion of the Belfast HSC Trust's bulk laundry requirements are outsourced to private-sector providers. There is some laundry provision at the Mater Hospital comprising two small OPL (on-premises laundries) for the processing of Sleepknit bedding. The smaller laundry at Muckamore Abbey also processes Sleepknit; scrub suits and patient clothing. The remainder of its laundry provision rests with Craigavon Area Hospital.

A3.8 Table 3A sets out the current arrangements for the provision of laundry and linen services across HSC Trusts.

Table 3A

HSC Trust	Facility	Facility Type	Evaluation of condition
Belfast	Mater Hospital	Satellite	Two small OPL (On-premises laundries) for the processing of Sleepknit
	Knockbracken Healthcare Park, Belfast	Satellite	A satisfactory facility for long-term patients' clothing. Could be retained in present form.
	Muckamore Abbey	Main	Sleepknit, patients' clothing, staff uniforms. Can be retained in present form.
Northern	Northern Linen Services (Route Hospital Site, Ballymoney)	Main	Generally unsuitable for the requirements of a modern laundry due to restricted roof height. Use of new textiles (Sleepknit) means that the floor to eaves height can be reduced.
	Holywell Hospital	Satellite	Ward laundries for patients' clothing. Can be retained in present form.
South Eastern	Ulster Hospital, Dundonald	Main	Extensive refurbishment required and access

			problems. Enabling works for Phase B development will include a refurbished access road.
Southern	Craigavon Area Hospital, Craigavon	Main	Generally sound building, but roof requiring major work. Could be retained and upgraded.
Western	Altnagelvin Hospital, Londonderry	Main	Generally sound building but problems with current layout. Could be retained if layout problems addressed. Capital works recently completed to implement Sleepknit use.
	Tyrone and Fermanagh Area Hospital, Omagh	Main	Generally unsuitable for the requirements of a modern laundry. Main laundry is expected to close around November/December 2013 following transfer to laundry at South West Acute Hospital and development of 5 individual laundrettes in Omagh Sector.

	South West Acute Hospital	Main	New, modern facility designed and equipped to undertake Sleepknit; Staff uniforms; Patients' clothing; mops and cloths.
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A3.9 Of the high volume laundries, only Altnagelvin and Craigavon are considered to have adequate potential to be upgraded to meet the standards of a modern efficient laundry in a cost effective manner. The South West Acute Hospital has a new, modern, high volume laundry that has the capacity to take work from other hospitals as part of Trust contingency arrangements.

A3.10 There is the potential to improve the level of usage at Altnagelvin and Craigavon if required, by implementing changes to the production process which would provide a degree of extra capacity for contingency purposes. This would be achieved by limited investment in improved equipment for automatic handling and for mechanical ventilation. The South West Acute Hospital is designed and equipped to undertake laundry of sleepknit bedding; staff uniforms; patients' clothing; mops and cloths. It also has the capacity to take work from other hospitals / Trusts as part of Trust contingency arrangements.

A3.11 Significant scope exists to improve Cleansing Quality performance towards the highest standards of best practice. These improvements are seen as fundamental to increasing the overall contribution to cleanliness of the patient environment made by the linen service.

A3.12 Potential also exists to raise the standard of performance at the HSC laundries in terms of Infection Control. At the same time, it would be appropriate to bring all laundries up to the new EU standard for bio contamination control, EN 14065:2003.

A3.13 These potential improvements to existing laundries identified as having a useful future lifespan would be accompanied by a significant reduction in carbon footprint, water consumption and effluent production, making a generally strong contribution to the Department's sustainability objectives.

A 3.14 Private Sector Providers

Private sector laundry provision forms part of the overall system in Northern Ireland

- *Lilliput Laundry, Derriaghy*
- *Waveney Laundry, Ballymena*

Capacity and Contingency of Existing Laundry Facilities

A3.15 Table 3B shows the amount of capacity immediately available at each of the HSC laundries, based on their normal working hours at time of publication. In some cases, additional capacity could be generated reasonably quickly based on introduction of increased operating hours but this would be dependent on availability of appropriate workforce capacity.

Table 3B

Facility	Pieces Laundered(Weekly)	Maximum Capacity	Local Contingency (15%)	Contingency Capacity
Craigavon Area Hospital	90,000	108,000	13,500	3,000
Ulster Hospital	83,000 +10,000 ¹⁰	83,000	-	NIL
Northern Linen Services	53,000	76,000	8,000	15,000* Non flatwork / Sleepknit only
Altnagelvin Hospital	53,178	80,000	8,000	20,000
Tyrone and Fermanagh	25,000	45,000	4,000	16,000
Mater Hospital	7,500	7,500	-	-
Muckamore Abbey	23,200	23,200	-	-
Knockbracken	2,077		-	-
South West Acute Hospital	35,000	40,000	4,500	5,000* Sleepknit only
<i>TOTAL</i>	381,955	462,700	38,000	59,000

Current Capacity and Contingency Levels at HSC Laundry Facilities in a normal working week

A3.16 The capacity calculations take into account the transfer of some of the work from the Mater Hospital to Northern Linen Services and the balance to Craigavon Hospital Laundry.

A3.17 The Belvoir Park closure pointed up the practical difficulties of transferring work from one laundry to another. The laundries receiving the work required considerable notice to recruit and train additional staff to cope with the work transferred. Careful planning was required to integrate the transport and production schedules to minimise turnaround time and avoid queuing and double handling.

A3.18 An additional difficulty was created by the practice of closing HSC laundries over holiday periods such as Easter. Although activity levels within acute hospitals in particular are lower at such times, non-elective and emergency procedures still have to be catered for. Additional stocks of linen are therefore injected into the system just prior to the holiday period, generating large backlogs of work to be dealt with when the holiday is over.

Equality Screening

- E4.1 Section 75 of the NI Act 1998 requires all public bodies in carrying out their functions relating to Northern Ireland, to have due regard to the need to promote equality of opportunity between persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation; between men and women generally; between persons with a disability and persons without; and between persons with dependants and persons without. The Department is also required to “have regard” to the desirability of promoting good relations between persons of a different religious belief, political opinion or racial group.
- E4.3 In accordance with these statutory obligations and the guidance produced by the Equality Commission for Northern Ireland, the Department has carried out a preliminary screening of the policy and has concluded that an Equality Impact Assessment is not required. If you consider this decision is not correct please advise the Department by completing and returning the consultation questionnaire, including any supporting evidence you may have. Copies of the preliminary screening are available on request.

Appendix 5

LIST OF ABBREVIATIONS

BHSCT	Belfast Health and Social Care Trust
BSO	Business Support Organisation
CPD	Central Procurement Directorate
DHSSPS	Department of Health, Social Services and Public Safety
DoH	Department of Health
EQIA	Equality Impact Assessment
HACCP	Hazard Analysis and Critical Control Points
HSC	Health and Social Care
HSCB	Health and Social Care Board
HSCT	Health and Social Care Trust
HSE	Health & Safety Executive
KPIs	Key Performance Indicators
NI	Northern Ireland
NIGEAE	Northern Ireland Guide to Expenditure Appraisal and Evaluation
NHSCT	Northern Health and Social Care Trust
NISRA	Northern Ireland Statistics and Research Agency
RSSSG	Regional Support Services Steering Group
SEHSCT	South Eastern Health and Social Care Trust
SHSCT	Southern Health and Social Care Trust
SOC	Strategic Outline Case
UK	United Kingdom
UN	United Nations
VFM	Value for Money
WHSCT	Western Health and Social Care Trust

