1.1 Hospital management: non-clinical support and facilities

Introduction

For effective delivery of healthcare, a secure financial strategy with robust financial and manpower controls, a properly maintained technical infrastructure, clear lines of accountability, and good management and communication lines all need to be in place. Ideally there should be clearly defined written personnel procedures, good training systems, and written policies and guidelines for all staff functions. The facilities and functions described in this section need to be in place, and are as important as the quality of medical care given. The services and facilities discussed in this text are basic, not comprehensive; well-resourced countries may have many additional ones. If these services and facilities are in place, and are managed efficiently, supported and maintained, mainline healthcare delivery will be effective.

Giving advice on generic hospital management is difficult, since the ability to deliver a minimum standard of care depends on the political, social and economic context in which the hospital is situated. Ideally there should be a named person responsible for each facility and service, in addition to an overall hospital manager or management team. The hospital manager or management team should have overall responsibility for finances, estates and facilities, human resources, direct clinical patient care and support services (laboratories, radiology, therapies, pharmacy, etc.), training for all staff and the administrative services necessary to support all of these activities. There should always be a head nurse, a head of support services and a senior doctor within the management team.

Staff management

Staff motivation and retention (human resource management) is an essential component of hospital management.

In order to provide good-quality essential health services to the people whom they serve, hospitals must put in place strategies and mechanisms to retain staff and help them to provide the best possible care for patients. The reasons for the healthcare worker crisis in hospitals in resource-limited countries include inadequate numbers of healthcare professionals, who are poorly distributed due to an unplanned ‘brain drain’ both regionally and internationally (attrition). According to the World Health Organization (2006), this phenomenon is caused by workers experiencing low salaries, poor, unsafe work environments, a lack of defined career paths, and poor-quality education and training.

Another most important issue is the support of every healthcare worker’s family. Ministries of Health must not disrupt such vital bonds by moving staff away from their families, without their full and freely given agreement.

In the light of the above factors that face health services and compromise hospital-based care, managers must endeavour to motivate the limited human resources available to ensure retention.

A systematic review of six papers evaluating the management and leadership strategies that promote healthcare worker retention in resource-limited countries has identified a number of key lessons, which can be summarised as follows.

Payment of financial incentives to healthcare professionals

This particularly refers to professionals working in unpopular rural areas. Hospitals are run by boards which, as such, should be able to autonomously initiate better financial incentives for their staff. The above-mentioned review found that 86% of the studies showed payment of an attractive salary and allowances was a key motivational strategy for maintaining healthcare workers in their posts. Often what made most healthcare workers leave their jobs, particularly in the public health sector, was being unable to provide basic support for their families on the meagre salaries provided. According to a study conducted in South Africa, an increase in salary of healthcare workers has resulted in many health professionals who had previously left the public health sector, to work in private facilities, returning to the public sector.

Appreciation of healthcare workers

The community loyalty, personal commitment and willingness to make personal sacrifices that are shown by healthcare workers must be recognised and encouraged. This means that both the hospital management and the communities that they serve must demonstrate their appreciation of these attitudes.

Staff must be respected for and thanked for the work they do. Personal appraisal followed by periodic awards is a motivating factor for staff retention. The views of all staff should be listened to, and they must be involved in decision making to enable the best problem-solving approaches to be identified and implemented – it is their hospital and their community.

Orderlies, porters and cleaners are just as important in patient care as doctors and nurses, and this needs to be made clear to all staff. It can be helpful for doctors, nurses and hospital managers to participate and help the cleaners during, for example, the monthly deep cleaning of a ward.

An annual awards ceremony can be very helpful. For example, each department could be awarded certificates for:

- the most punctual member of staff
- the most improved member of staff
- the best dressed member of staff
- an award of excellence for the best all-round member of staff.

The awards could also include special categories, such as:

- the most long-serving member of staff (e.g. the refuse collector)
- an award for providing services above and beyond the ‘call of duty’.
This allows awards to be made to staff who might not be in a position to further their education and to receive a certificate.

Receiving such recognition in front of management and invited guests who are prominent in the hospital’s catchment area is a huge honour and boost to morale.

**Training and supervision**

Studies conducted on human resource management for health services in Africa indicate healthcare workers' frustration at having to be assigned to responsibilities and functions for which they have limited or no training. This can be effectively managed by providing 'on-the-job' support through the provision of simple and clear guidelines on clinical procedures. Although resources may be limited for specialised advanced training, priority should be given to locally conducted ongoing training that is cost-effective and sustainable, aimed at equipping healthcare staff with the knowledge necessary to provide efficient and good-quality patient care.

Providing a programme, space and encouragement for healthcare workers to take turns to train and update their peers (e.g. an internal continuing medical education programme) can also be a low-cost and effective way for healthcare workers to share new or updated practice, as well as to develop their own teaching skills.

Similarly, provision of basic information technology, computers and an Internet connection where possible is an important way of reducing professional isolation, helping healthcare workers to remain updated in their practice and to connect with the wider health community.

Some hospitals have benefited greatly by training the locally recruited nurse attendants (healthcare assistants) to second level (state-enrolled nurses) at the local nurse training school. Such nurses are usually born locally and their families live nearby, which often ties them to continuing to serve the community in which they live. In one site that has used this approach, the hospital has been able to train over 30 nurse attendants to the second level.

The introduction of an on-call support service to nurses working out of hours can be valuable. Senior nursing staff who are knowledgeable and experienced have volunteered to help with difficult health or social problems that arise. This provides a link between management and the nursing and clinical staff, facilitating resource mobilisation and ensuring that staff are on duty at the right time and filling gaps where necessary. Many social problems for both staff and patients can be heard and addressed appropriately.

Similarly, it is important to have a suggestions box that allows any member of staff to air their views anonymously if they wish to do so.

**Provision of essential equipment and supplies**

The lack of or inadequate provision of medical supplies, drugs and equipment in hospitals is one of the most difficult situations that healthcare workers have to cope with. Research has shown the demotivating situation that healthcare workers face when trying to treat patients without the necessary drugs and equipment. The provision of adequate and regular medical supplies, drugs and equipment is part of the answer to the ongoing question of how health systems in developing countries can best retain their health workforces. Such provision should be a management priority.

**Provision of social and family amenities**

Provision of basic facilities such as housing and good accommodation for healthcare staff is found to have contributed immensely to retention in many parts of the resource-limited countries where such projects have been implemented as part of a retention package.

For example, this is evident in Bansang Hospital, Gambia, West Africa, where staff retention for the past 5 years has been well recognised by authorities. Healthcare workers in Bansang Hospital are given fully furnished accommodation with water and electricity at no cost to the staff. This helps staff to increase their savings and thus boost their income, as they do not have to pay rent or utility bills. This initiative has not only enabled the hospital to retain its staff, but has also served to attract other healthcare workers to come and work there.

A particular challenge for recruiting and retaining experienced healthcare professionals in remote regions is the provision of education for their children, particularly at secondary level. Arrangements for children to be educated and looked after elsewhere are offered in some countries, but this remains a barrier to retention.

Nutrition is an important aspect of medical care for inpatients, particularly those whose relatives cannot provide the nutritious or special diets required. Encouraging all staff to grow their own vegetables and fruit for both patients and staff gives staff a sense of belonging, and extends their care for patients. In Bansang Hospital, Gambia, staff have for the past 3 years formed their own 'Charitable Farming Association'. They pay to become a member, and in return for this they can sustain the feeding of the patients with couscous and beans. Farming activities are to increase in 2014, as the hospital has been given 20 hectares of land, and will now grow rice.

A social centre for staff (with a television, sports facilities, etc.), particularly those who are not living close to or with their families, can be very helpful.

In conclusion, financial incentives can contribute to retention, but other non-financial incentives are equally likely to lead to sustainable retention. Given the economic situation in most resource-limited countries, the wages paid to healthcare workers in prosperous economies might not be realistic in low-income countries. However, the implementation of cost-effective human resource strategies is a more realistic step forward.

Furthermore, the implementation of one strategy at the expense of others is unlikely to result in the long-term aim of achieving healthcare worker retention. Therefore there is a need to adopt both financial and non-financial strategies to retain healthcare staff. Strategies might differ between low-income countries, due to socio-cultural and economic differences.

**Essential services and facilities**

**Hospital security and access**

The security and accessibility of the hospital are of paramount importance, especially given the relative lack of police resources in many resource-limited countries. There is also a need for governmental and international agencies to ensure that hospitals are protected and do not become targeted during armed conflict.

At the local level, the hospital should have a perimeter fence with secure entrances where all persons attending
have to demonstrate a legitimate reason for entry. No weapons should be allowed into the hospital, and in some countries it may be necessary to have a metal detector to screen all visitors.

A well-organised car parking system is required, with strictly policed access areas for emergency vehicles and for parents or relatives bringing very sick patients to and from the hospital.

Safety and cleanliness
There should be clear written evacuation and fire policies, together with appropriate equipment (e.g. fire extinguishers). The perimeter fence should be of a construction that will keep out animals.

Communication systems
Good communication systems for staff, visitors and patients are essential. Ideally both outside and internal telephone systems should be available. If telephone systems are not feasible, alternative effective reliable systems of communication should be used. A hospital paging system for doctors, senior nurses and managers aids communication in emergency situations.

Internet access is invaluable for information sharing and education, both within a country and globally. Provision can be sought via governmental or non-governmental donor sources. A nominated person with overall responsibility for hospital computer systems predisposes to a cohesive service both internally and externally, avoiding duplication and ensuring appropriate usage.

Effective communication between groups of staff improves the effectiveness and efficiency of care. Regular meetings should discuss individual patients, debrief following deaths and clinical incidents, and audit specific aspects of clinical and unit management, such as infection control. The outcome of audit, particularly any changes in practice, needs to be available to those staff it affects, but such meetings should be educational and not used for apportioning blame.

Utilities
Water and sanitation
Hygiene within the hospital is paramount, and is dependent on a constant and high-quality water supply and adequate sanitation and washing facilities (i.e. bathrooms, showers, toilets and accessible sinks with an effective, functioning drainage system), all of which are vital if hospital-related infection (see Section 1.2) is to be minimised.

Electricity
An electricity supply within the hospital, which functions independently of any power losses to the rest of the area, is mandatory. Therefore a generator of sufficient power should be an essential item of equipment (the generator size is calculated from bed dependency and operating theatre requirements). In resource-limited countries where an erratic power supply is common due to high fuel costs, solar back-ups are needed for hospitals to function efficiently and effectively. There should be special emergency circuits. Power-cut simulations should be carried out regularly to test the system.

Heating and ventilation
Ideally there should be a functioning central heating system within the hospital. For this to work, there will also need to be a continuous water supply. If either of these cannot be ensured, electric heaters should be installed in all areas where there are patients.

In hot weather, there should be sufficient windows (that can be opened) to allow a comfortable temperature to be maintained during the hottest part of the day. An air-conditioning system or fans, either electric or manual (to be operated by relatives), should be available in areas of the hospital that become particularly hot, and for patients who must be kept cool (e.g. children with high fevers or head injuries).

Laundry service
Bedding and other items must be frequently washed. Therefore the hospital must have a staffed laundry service, ideally with a sufficient number of industrial washing machines and drying facilities. Where hand washing is the only option, staff should wear protective clothing and high-quality thick gloves. Clean bedding, towels and nappies must be available. A small supply of nightwear and other clothing may be needed on the wards for families who do not have a change of clothes with them.

Cleaning services
Patients who are being cared for in hospital are particularly vulnerable to nosocomial (hospital-acquired) infection (see Section 1.2). To reduce this risk, sufficient staff should be employed on a rota over the 24-hour period to keep all areas of the hospital and grounds clean at all times. Written cleaning policies and training for cleaners should be in place, and a supply of appropriate cleaning materials and disinfectants readily available.

Clean hospital grounds, pathways and entrances reduce the risk of dirt being transmitted to the ward and other patient areas by staff, relatives and other visitors. Stray animals must be kept away from the hospital premises. Vermin must be kept away from the hospital buildings. Professional advice must be sought as soon as any signs of vermin are found.

Toilets, bathrooms and other facilities needed for personal hygiene and for equipment cleaning are of particular importance, and these areas should always be kept scrupulously clean.

Certain areas, such as operating theatres, as well as certain items of equipment, must always be aseptic (see Section 1.5). Ideally there should be a central sterilising service. If this is not possible there should be suitable sterilisers and a supply of appropriate disinfectants at a range of dilutions. Wherever possible the manufacturers’ instructions for specific items of equipment should be followed.

Waste disposal system
A powerful incinerator that operates 24 hours a day is essential for the safe disposal of clinical waste. A system for handling and disposal of all clinical and non-clinical waste, including “sharps”, is also needed. Written policies for various types of waste disposal, and appropriate training, should be available to all staff.
Facility and utility maintenance services

Buildings, utilities and equipment
It is essential for these to be maintained to as high a standard as possible. Suitably trained engineers, builders and other maintenance staff are necessary. There is no point in having expensive medical and surgical equipment if it cannot be maintained or used. A sufficient number of trained bioengineers are therefore essential. All equipment that is used in the hospital should be robust, compatible if at all possible, suitable for the conditions and level of expertise available, and, when new, should be purchased with accompanying staff training and servicing arrangements.

Porters
For the functional relationships between different departments (e.g. the movement of patients to and from the operating theatres), a well-organised, trained and sympathetic team of porters is essential.

Caterers
Hospital food must be prepared under scrupulously hygienic conditions, and by staff who do not have gastroenteritis or superficial skin infections. Ideally, nutritious food should be provided free of charge. Special diets for malnourished children should be available (see Section 5.10.B).

Administrative support
Rather than diverting away the skills of a trained nurse, dedicated reception and other administrative support staff need to be employed to aid facility managers and other non-clinical and clinical staff. There must be a staffed system for storing and processing medical and nursing records. There should be strict rules about who has access to these records, where they are stored and for how many years they are kept.

Human resource issues

Hiring and dismissing staff
There should be transparent procedures for advertising for, interviewing and employing staff. These must include non-discriminatory policies, in particular with regard to gender, age, and ethnic and religious status.

Employment and financial issues
It is essential that the medical and nursing professions in all countries are highly regarded and respected, so it is important that the salaries for doctors and nurses in the national health services reflect this. If not, the staff may have to undertake other jobs during the day, and will not feel valued for their work. A lack of funding for salaries also increases the risk of corrupt practices, with some doctors taking supplies and equipment from their hospital to use in private clinics, thus depriving the poorest and most needy in the community.

Individual job descriptions and responsibilities should be agreed between healthcare professionals, their professional organisations and hospital management. Arbitrary and compulsory transfer of staff from one place to another, at short notice and without consultation, is damaging both to morale and to the effectiveness of health services, and should be avoided.

There should be systems for ensuring the regular and secure recording of the time spent at work and the appropriate payment arrangements based on the contracted number of hours worked (part- or full-time). On-call emergency work and its payment should also be part of the contract.

There should be a professional registration system for each country, which ensures a basic level of training, as well as a system that validates experience and ability at specific intervals after initial registration.

Concern about individual performance should be addressed by a senior staff member on a one-to-one basis. Written guidelines should be used in a transparent way. Sometimes a period of supervised practice or retraining is appropriate.

Training and continuing staff education (see also Section 1.3)
Induction training concerning hospital policies should be mandatory for all staff.
Governments in well-resourced countries could encourage a support system of education for those working in less well-resourced regions.

New teaching techniques, such as skill- and scenario-based teaching (e.g. EMNCH courses) (see Section 1.3), should be introduced.

Professional registration requirements for healthcare workers
These will vary from one country to another. However, some form of governmental registration is essential. There should also be procedures governing the employment of expatriate staff in the health service.

Vetting of healthcare workers
All staff who are working with patients, whether they are local or from abroad, should be checked to ensure that they are suitably trained and have not been involved in the abuse of children. This is also important with regard to expatriate staff.

Staff health (see also Section 1.17)
There needs to be a system to advise the hospital management about staff health problems that may affect patient care. Staff with health-related problems that are affecting their performance need access to a supportive occupational healthcare system. There should be systems in place to protect patients from staff who are ill. This is a difficult but extremely important issue, particularly with regard to illnesses such as TB, HIV and hepatitis. Sometimes other support is necessary so that a healthcare worker’s performance can be restored in the interests of all.

Needlestick injury
Although the risk of infection is very small, a policy should be in place to deal with this issue urgently, especially in hospitals where there are many patients with HIV infection and hepatitis.

Needlestick injuries are the commonest type of sharps injury, although other contaminated sharp instruments may also cause injuries. All healthcare workers must be educated about the potential exposure that can occur during their duties, and should have appropriate vaccinations. The risk of hepatitis B, hepatitis C and HIV infection should be assessed and appropriate immunisation or chemoprophylactic steps taken after an incident. Immediate treatment of such injuries should encourage washing thoroughly with
running water and an antiseptic solution. Consult the infec-
tion control team for further advice, and follow their basic
protocol. An incident-reporting system should be in place.
This should not be seen as punitive; active support by man-
gagers should encourage prompt and accurate reporting.

**Exposure to human immunodeficiency virus (HIV)**
The route of transmission of HIV is from person to person
via sexual contact, sharing of needles contaminated with
HIV, infusions that are contaminated with HIV, or transplant-
tion of organs or tissues that are infected with HIV. The
risk of a healthcare worker acquiring HIV after a needlestick
or other ‘sharps’ injury is less than 0.5%. Risk reduction
must be undertaken for all bloodborne pathogens, includ-
ing adherence to standard precautions using personal
protective equipment, appropriate safety devices, and a
needle disposal system to limit sharps exposure. Training
for healthcare workers in safe sharps practice should be
ongoing.

Information on preventive measures must be provided
to all staff who may potentially be exposed to blood and
blood products. Policies that are in line with the local and
national guidelines must include screening of patients,
disposal of sharps and wastes, use of protective clothing,
management of inoculation accidents, and sterilisation
and disinfection procedures. Hospital policy must include
measures to obtain serological testing of source patients
promptly where necessary, usually with the patient’s
informed consent. Post-exposure prophylaxis should be
started as per local or national guidelines.

**A suggested strategy for use when a healthcare worker
has been potentially exposed to HIV**

1. Discuss with the patient (or in the case of a child, the
family) what has happened, and ask whether the patient’s
HIV status is known. If it is not, discuss the possibility
of testing, if the injury occurred during normal working
hours. Remember that anyone undergoing an HIV test
has the right to counselling. If the injury occurred out of
hours, or the family decline testing, proceed to Step 3.

2. If the patient has negative HIV ELISA and is over
18 months of age, infection is extremely unlikely. If they
are under 18 months of age, a positive ELISA may
reflect maternal antibodies. However, any positive test
result should lead to Step 3. If the result is negative, the
healthcare worker is not at risk of HIV infection. However,
further testing of both the child and the healthcare
worker for hepatitis B and C may be warranted.

3. Arrange a baseline HIV ELISA for the healthcare worker
after appropriate counselling. If the result is positive, they
will need to discuss further treatment with their own
doctor.

4. If the healthcare worker’s baseline serology is negative
and the patient is HIV positive, antiretroviral prophylaxis
should be started urgently. Current recommendations
advise 1 month of treatment. The healthcare worker will
need a repeat ELISA after 3 to 6 months to check their
status.

**Exposure to hepatitis B virus**
The route of transmission of hepatitis B virus is through body
fluids such as blood, saliva, cerebrospinal fluid, peritoneal,
pleural, pericardial and synovial fluid, amniotic fluid, semen,
vaginal secretions and any other body fluid containing
blood, and also through blood products. It is important
to follow standard precautions, but immunisation is the
best way of preventing transmission to healthcare staff. All
healthcare workers who are in contact with patients or body
fluids must be vaccinated against hepatitis B.

Staff who are infected with bloodborne pathogens may
transmit these infections to patients, and therefore require
careful evaluation with regard to their duties. This status
should not be used to discriminate against them.

**Exposure to hepatitis C virus**
The route of infection is mainly parenteral. Sexual transmis-
sion does occur, but is far less frequent. No post-exposure
therapy is available for hepatitis C, but seroconversion (if
any) must be documented. As for hepatitis B viral infection,
the source person must be tested for hepatitis C virus
infection. For any occupational exposure to bloodborne
pathogens, counselling and appropriate clinical and sero-
logical follow-up must be provided.

**Confidentiality**
Systems need to be in place to ensure that patient’s records
and the personal files of employed staff are kept confidential.

**Other services for patients and their relatives**
Health information should be available (see the Maternal

Toilets should be available for visitors, as well as facilities
for those visitors with a disability. If possible, telephones
should also be available for visitors.

Ideally there should be written policies concerning the
rights and responsibilities of patients, resident parents/
carers and visitors. These policies should be prominently
displayed around the hospital, and should include issues
such as the prevention of smoking, the effects of alcohol,
vioence (verbal and physical) and weapons in the hospital.
Smoking is particularly important in relation to children’s
health, but in the case of stressed parents it may be inap-
propriate to ban it altogether. Instead it should be limited
to defined areas.

**Family-centred care**
The role of families in caring for patients alongside and
in partnership with professional staff is vital, but must be
handled extremely carefully. Families must not be exploited,
but equally in resource-limited countries hospital care would
not be possible without their assistance. Good understand-
ing of roles and effective communication are of paramount
importance (see also Section 1.20 and the MCHI manual).

**Play, sensory stimulation and support for
children’s wards**
The importance of play and developmental support cannot
be overemphasised. A friendly and stimulating environment
helps the child to understand and cope with their hospi-
talisation and to get better far more quickly (as advocated
in the World Health Organization recommendations for the
recovery management of children with malnutrition). It also
helps to support the parents, and can provide them with
additional skills that they can continue to use at home once
the patient has been discharged. Many mothers cannot
afford to stay at the hospital for long periods because there is strong pressure to return to their village, where they are pivotal to the daily routine, farming, etc. Mothers can be supported by passing on the knowledge of play as taught by a play worker. Giving the sick child access to play and information facilities in hospital also helps to reduce loneliness and fear.

Some well-resourced countries have training programmes and qualifications for play specialists. These are not available in most low-income countries. However, much can be achieved by recruiting suitable people to support therapeutic, informational and recreational play with children in hospital. It is effective, as both an adjunct and core part of treatment, in the hands of a skilled play worker, and any resources can be made of local and low-cost materials.

Play workers need to have good communication and empathy skills with children and families. They also need to have a good understanding of child development and the particular needs of children in hospital (especially children who are alone and/or who have disabilities or other additional needs). In addition, play workers need to be trained in how to deal with some specific situations, such as the comatose child (the fact that these children can hear and have feelings when touched, and how to encourage the parents to talk and play with the child).

Conclusion
The provision, organisation and financing of these services, facilities and functions, and the management of the human resources needed to service them, are as important as those needed to provide the clinical and clinical support services. A sound hospital infrastructure and management are of paramount importance for the provision of good-quality care.

Further information on other work-related issues concerning healthcare staff can be found in Sections 1.17 and 1.20.

1.2 Prevention of hospital-acquired infection

Introduction
Nosocomial or hospital-acquired infection is a major problem not only in terms of cost but also, more importantly, because it increases morbidity and mortality in patients. Such infections may affect up to 10% of all patients. Nosocomial infection requires a source of microorganisms and a chain of transmission. It is essential that all healthcare staff scrutinise their own practice to ensure that they are not part of this chain of transmission.

Please see the Maternal and Child Healthcare Initiative Manual for more information on standards of care relating to the prevention of hospital-acquired infection (http://media.wix.com/ugd/dd2ba4_ef4f40edd7a8993a8621a2caee7e4338.pdf).

The combination of use of powerful antibiotics and poor hygiene also predisposes to the development of antibiotic-resistant microorganisms, which are difficult both to eradicate from the environment and to treat.

Pregnant women and girls, as well as children with chronic and debilitating illness, are particularly at risk of infection. However, not all infections are related to their particular disease process, but rather they may be caused by failure of both hospital management and individual healthcare workers to introduce and adhere to strict infection control policies.

Every research study relating to the prevention of infection and cross-infection in hospitals during the last 100 years has emphasised the importance of hygienic conditions in the entire hospital.

Requirements and procedures
The following measures are essential in order to minimise the risks of infection and cross-infection.

A clean and adequate water supply
Just as water and sanitation are of central importance in the prevention of cross-infection in emergency refugee camps, they are also of vital importance in hospitals, particularly where there are vulnerable patients. Running water (both hot and cold) is preferable. Hot water should be stored at 65°C, distributed at 60°C, and the temperature then reduced to 43°C to be used from the taps. This process helps to ensure that water-borne infections such as Legionnaire’s disease are not passed on to staff or patients.

Accessible sinks in all areas
These should preferably be equipped with elbow-operated taps, and there should be adequate washing and toilet facilities for staff and patients.

Effective cleaning policies
The whole of the hospital, including the grounds, should be kept clean. Entrances should screen visitors’ shoes for dirt, and corridors need to be cleaned at least twice a day with a disinfectant (see below). Ward areas, floors, window-sills, light fittings and curtains need to be kept scrupulously clean, but the priority is the adequacy and cleanliness of the toilets and bathrooms. These should be kept scrupulously hygienic by frequent cleaning and disinfection. Staff appointed as cleaners should be given adequate status and salaries to reflect the importance of the work they are doing, as well as training in how to keep the hospital clean and why this is so important.