

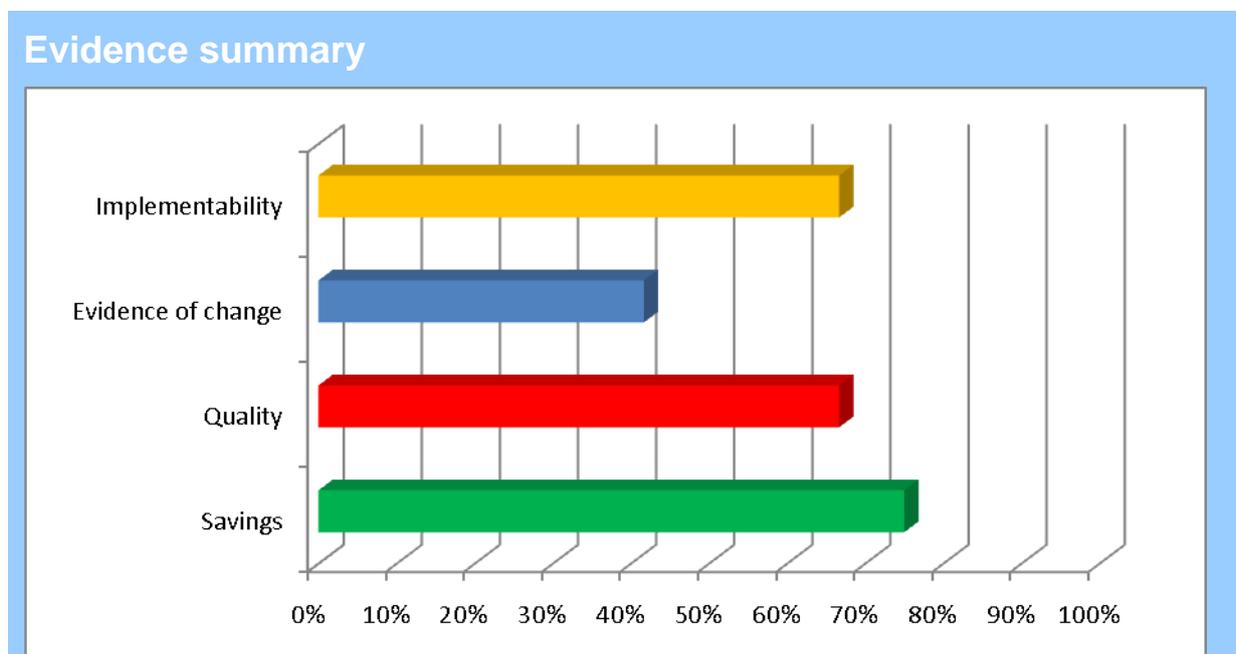
Microfibre mops: saving money and reducing risk

Provided by: Basingstoke and North Hampshire NHS Foundation Trust

Publication type: Quality and productivity example

QIPP Evidence provides users with practical case studies that address the quality and productivity challenge in health and social care. All examples submitted are evaluated by NICE. This evaluation is based on the degree to which the initiative meets the QIPP criteria of savings, quality, evidence and implementability; each criterion is given a score which are then combined to give an overall score. The overall score is used to identify the best examples, which are then shown on NHS Evidence as 'recommended' or 'highly recommended'.

Our assessment of the degree to which this particular case study meets the criteria is represented in the evidence summary graphic below.



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Details of initiative

Purpose	To reduce the cost of the laundry bills to the Trust without compromising infection control standards.
Description (including scope)	<p>The Trust is moving from using standard mops, 'Kentucky-style' to using microfibre mops. The microfibre mops can be cleaned much more cheaply onsite whereas the standard mops have to be laundered offsite.</p> <p>In addition, because the floors are not as wet after cleaning, a reduction in slips, trips and falls is expected.</p> <p>In order to transfer to microfibre mops, the Trust has needed to purchase the mops and a cleaning device (because an external linen company was previously responsible for the laundry of the conventional mops).</p> <p>Finally, microfibre mops may be more reliable at cleaning and therefore improving the cleanliness of the hospital, however this cannot be verified by NHS Evidence to date.</p>
Topic	Back office and productive care.
Other information	Business case was provided for review.

Gate 1: Savings delivered/anticipated

Amount of savings delivered/anticipated	£120,000 a year per average PCT. The Trust covers about 300,000 population so there are savings of £40,700 per 100,000 population.
Type of saving	Real cash savings will be achieved through reduced expenditure from a reduction in laundry costs. The new mop heads cost a similar amount to the old ones.
Any costs required to achieve the savings	Change requires additional one-off resources that are less than 1 year's savings. A capital investment of £85,000 was required at the start of this project.
Programme budget	Infectious diseases.
Details supporting Gate 1	<p>The capital investment of £85,000 covered the costs of new mop heads and mops, and the cleaning equipment for the microfibre mops.</p> <p>The laundering of the conventional mop heads had cost the Trust £180,000 per year. The new system requires cleaning and</p>

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maintenance costs of £44,000 and a further £18k to replace mop heads as they wear out. Therefore, the ongoing expense benefit is around £120,000 per year, which repays the capital outlay within a year.

Gate 2: Quality outcomes

Impact on clinical quality	Theoretically there might be an impact on clinical quality if it can be shown that there is improvement in infection control and that this relates to the use of the new mops.
Impact on patient safety	Improved patient safety, such as reducing the risk of adverse events, is anticipated because slip hazards are reduced and infection risk might be reduced. The conventional mops leave the floors wet which has caused slips and trips in the past. The risk of slipping on a wet floor is reduced with microfibre mops.
Impact on patient and carer experience	None anticipated however patients will benefit from cleaner, drier floors. Carers benefit from an easier cleaning method.
Supporting evidence	No further information provided.

Gate 3: Evidence of effectiveness

Evidence base for initiative	Informed by local experience or opinion. The initiative is based on the example piloted at Basingstoke and North Hampshire NHS Foundation Trust.
Evidence of deliverable from implementation	This example is from one organisation: Basingstoke and North Hampshire NHS Foundation Trust.
Where implemented	NHS England. Basingstoke and North Hampshire NHS Foundation Trust.
Degree to which the actual benefits matched assumptions	More than expected.
If initiative has been replicated how frequently / widely has it been replicated	Not replicated elsewhere.
Supporting evidence for Gate 3	No information available.

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Gate 4: Details of implementation

Implementation details	The business case has been approved and the microfibre system has now been implemented across the whole of Basingstoke and North Hampshire NHS Foundation Trust.
Time taken to implement	Can be achieved in the medium term: 3 months to 1 year. The pilot took 6 months. The business case describes a 34-week programme for implementation.
Ease of implementation	Affects a whole organisation across a number of teams or departments (mainly the infection control team and cleaning department).
Level of support and commitment	Likely to get a mixed reception, mainly due to the costs involved to set up and lack of proven results to date.
Barriers to implementation	Need to ensure that the infection control team support the initiative because any changes to cleaning systems need to be properly reviewed.
Risks	Change to the cleaning system could have an impact on cleaning standards. Proper review and training is required.
Supporting evidence for Gate 4	No further information provided.

Further evidence

Dependencies	No significant dependencies were identified.
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Contacts and resources

Contacts and resources	If you require any further information please email: contactus@evidence.nhs.uk and we will forward your enquiry and contact details to the provider of this case study. Please quote QIPP reference 10/0016 in your email.
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