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"STUDY ON IMPACT OF HOUSEKEEPING SERVICES IN THE HEALTH SECTOR"

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ABSTRACT
The backbone of a hotel is the housekeeping department. Not only does it take care of the cleanliness of the whole hotel, but it also contributes significantly to many other hotel events. The major task of housekeeping deals with the necessities, facilities, provisions, comforts, etc., keeping in view the clientele' priorities, per se. This research studies the importance of housekeeping services and practices in the health care business.

INTRODUCTION
The role and function of healthcare management of estates and facilities cannot be underestimated. The significance to patients of non-clinical factors - and specifically programs called "facilities" - is now crucial. According to figures from the now-defunct NHS Estates (2003), the NHS has the largest property portfolio in Europe - 25 percent of NHS spending is on property and facility management. More up-to-date data from the Statistics of Hospital Estates and Facilities (2009) show that the NHS operates 15,782 separate properties. These range from large acute teaching hospitals in major cities to small community clinics and other buildings focused on non-care that can accommodate administrative and support staff. The value of these properties is valued at over £ 24 billion, and 160,000 patient beds are available for access (Hospital Estates and Facilities Statistics, 2009). With such a broad property portfolio and the number of patients seen each year by the NHS, it's obvious, in the larger sense, that there will also be major hospital cleaning and food services.
The cost of hospital cleaning was reported to be £ 897.2 million in 2008-2009. The total cost of feeding one patient was £ 8.06 a day in the area. Overall, it is estimated that the gross annual cost of delivering property and hotel facilities is £

6,643 million, which does not include capital or finance charges. Therefore, along with staff and medication expenses, the NHS Estate is one of the NHS's major costs (Hospital Estates and Facilities Statistics, 2009). In order to promote the management and use of property and equipment and the procurement of new buildings, the Department of Health (2010) sees estates and facilities in the NHS as entities or persons with interest in land, property, equipment, and facilities. It may be safe to say that in the past (and now the roles of facilities and estates could have been perceived as support services and a cost center or overhead rather than an agency that adds value to an enterprise, leaving aside for the moment the obvious criticism and paradigm clouded understanding of this concept. Facility managers have been looking for the 'Holy Grail' to quantify their contribution (or value) to the core business or strategic objectives since the discipline arose. Price (2004) argued that facilities managers need to generate data that indicates their contribution to business in order to shift the facilities management (FM) discipline forward to one that is seen as business-critical, rather than a low-risk support service.

LITERATURE REVIEW

He highlights a few published studies beginning to emerge that relate productivity to the office environment (Laframboise et al., 2003 and Bootle and Kaylan, 2002). Still, he says there are relatively few other examples, like NHS. The relationship between hospital design and health outcomes is increasingly proven, especially through Ulrich and Zimring's (2004) work, which is summarized in their study The Role of the Physical Environment in the 21st Century Hospital: An Once-in-a-Lifetime Opportunity.

Lawson and Phiri (2000) have also attempted to link patient findings with the ward setting. Their research compared two wards - one newly refurbished and the other a conventional 1960's style - on the same hospital site. Their results showed that the newer buildings' patients expressed more satisfaction with the appearance, layout, and overall design, unsurprisingly. But the evidence is inconclusive in terms of patient health effects, such as duration of stay. The relation between the environment and health, especially around sensory environments, is demonstrated by the evidence. What much of the study indicates, however, is that going beyond anecdotal evidence is very difficult. Looking directly at the NHS, there has been a change in facilities' attitude and their contribution to healthcare in recent years. For example, in the general election of 2005,' clean hospitals' were one of the primary battlegrounds.

OBJECTIVES OF THE STUDY

1. To study the impact of housekeeping services in the health sector.
2. To study the facilities Management in the National Health Service.

RESEARCH METHODOLOGY:

This research study is based on secondary data collected through books, journal articles, magazines, and websites.

FACILITIES MANAGEMENT IN THE NATIONAL HEALTH SERVICE

The bulk of the literature review chapter is devoted to discussing the function of the ward housekeeper and basic cleaning, catering, and maintenance elements. However, it is first appropriate to understand what is considered facility management in the NHS before doing this. Within the context of FM services in the NHS, a very brief rationale for healthcare cleaning, catering, and maintenance is thus provided. This section does not consider the origin and discussion of FM in general, such as whether it is a strategic or organizational discipline. Nor does it go into depth on how FM healthcare services should be delivered or the argument between facilities and estates' management.

It is difficult and contentious to state a generally accepted description for equipment management (Thompson, 1990; Tay & Ooi, 2001). However, environmental cleaning of the built environment is widely regarded as a crucial organizational practice for facility managers and the discipline of facility management (Bernard Williams Associates, 1994; Binder, 1992; Park, 1994). For facility managers working in healthcare settings, cleaning is also a primary operating feature. Hospital facility managers put together properties and hotel facilities in a single integrated strategy 20 (Alexander, 1993). Cleaning on a routine basis is commonly considered a key component of services' operation, rested with the hotel and the hospital maintenance portfolio.

Operationally, catering is often considered important for FM departments and their core healthcare settings (Payne and Rees, 1999; Rees, 1998; Rees, 1997). Catering, cleaning, protection, and laundry services are grouped among others under the umbrella of either hotel services, soft FM services, or supply services. The facilities would have to calculate the optimal balance of services and the best use of in-house and outsourced supply (Shohet and Lavy, 2004).

Healthcare management is a further area of organizational responsibility for departments of hospitals. Shohet and Lavy (2004, page 216) provide a valuable summary of healthcare facilities' management and consider "maintenance management as one of the main domains of knowledge with which FM is faced." A maintenance concept is included within the core domain of maintenance management as "ensuring the continuous, cost-effective fitness for the use of buildings at a specified building performance level" (page 211).

In response to maintaining healthcare property and buildings efficiently to support patient needs, FM in the NHS arose. Its roots can be traced back to the "Underused and Surplus Property in the NHS." paper of the House of Commons Select Committee. This defined space as a key facility that needed to be handled more efficiently (Alexander, 1993). Of course, the importance of cleaning in healthcare can be traced back to Florence Nightingale. One may say (Cohen, 1984). The management of facilities in the NHS is directly related to the condition of the hospital's built environment and thus to capital investment. Many of the pre-NHS features are preserved by most of the infrastructure, and a large proportion of the stock predates the First World War. This results in an improvement in the management of the backlog. Most new big capital projects have been funded by PFI schemes since 1992 (Gaffney et al., 1999).

NHS PLAN

The Department of Health released the NHS Plan in 2000 (Department of Health,

2000). In retrospect, it is now possible to see the NHS Proposal as a crucial catalyst that moved FM services in the NHS to a more prominent healthcare role. The NHS Plan lays out a 10-year transformation agenda for health and social care to increase the quality of patient services. The consultation exercise that took place prior to the publication of The NHS Plan revealed that among their priorities, the public rated the cleaning standards and quality of hospital food as high.

In 2000, the NHS Proposal was by no means the first reform of the NHS, and definitely will not be the last reform. It was important, however, for FM services in the NHS. There were a number of changes that had consequences for FM and property services in the NHS prior to the NHS Programme.

The NHS was established in 1948, offering free care through a central tax at a point of usage funded by the government. Enoch Powell approved the "Hospital Plan" in 1962. The NHS was thus divided into three components: hospitals, general practice, and local health authorities. Additionally, a 10-year hospital development plan was initiated by the Hospital Plan. The cost and timeline for the construction of the new hospitals, however, has been grossly underestimated. Five years later, the Salmon Study was published in 1967 and made guidelines for improving the organization of nursing staff and hospital management status (O'Dowd, 2008). A large-scale structural reorganization of the NHS in England in 1974 culminated in the placement of all health services into state and regional health authorities (Guardian, 2010). The new local authorities have placed hospitals, nursing care, community centers, and GPs under their jurisdiction.

A reform of the NHS was commissioned by Margaret Thatcher (the Prime Minister, then) in 1987, and this led to the creation of the "internal market" in 1991 (Guardian, 2010). Under the then Health Secretary, Ken Clarke, through the NHS Community Care Act, health authorities were removed from hospital trusts and GPs. The health authorities (who were responsible for commissioning services for their local population), hospital trusts (who were competing to provide care), and GPs were part of the new sector (who had some budget to buy care on behalf of their patients). Tony Blair (the Current Labor Prime Minister) vowed to scrap the internal market and competition with New Labor's election in 1997 and replace it with partnership (NHS, 2008; Guardian, 2010; National Archives, 2011). The NHS Programme and the extension of the private finance program contributed to this (PFI)

WARD HOUSEKEEPERS

The use of multi-skilled non-clinical staff and ward housekeepers is typically an under-researched field. The NHS Guidance onward housekeepers (NHS Estates, 2001) released in compliance with the NHS Plan (Department of Health, 2000) must be regarded as the primary document for any Trust or hospital wishing to perform the function. The advice is discussed below in greater detail. Studies have been carried out that have explored hospitals' existence and performance that have introduced a multi-skilled or generic staff since the mid-1990s (Akhlaghi & Mahony, 1997; Mahony et al., 1997; Anderson, 1997). A handful of visionary NHS Trusts, who realized the importance of making a cleaner/domestic platform, perform simple household maintenance duties such as changing light bulbs on the

ward, introduced the multi-skilled worker's idea.

In 2000, the UK Government embraced the idea of shaping the healthcare domain around the patient's needs to make their stay in the hospital as convenient as possible (NHS Plan, 2000). The ward's standard ambiance and patient services were considered primary factors on the duration of their stay. The government advocated the implementation of ward housekeepers in at least 50 percent of hospitals by 2004 to recognize this. To ensure that the care environment's basics are right for the patient, this was a ward-based non-clinical position focusing on cleaning, food service, and maintenance.

ROLE OF HOUSEKEEPING IN HOSPITALITY INDUSTRY

Housekeeping is a hotel organizational department responsible for cleanliness, sanitation, aesthetic maintenance of the hospital rooms, public area, back area, and surrounding area. A hotel survives on the disposal of rooms, food, drinks, and other minor facilities such as laundry, health club spa, etc. The business deals involving rooms or suites account for at least 50% of such transactions. Therefore, the bulk of the hotel's profit margin comes from room sales, so it is possible to sell a room once it has been made repeatedly. The effort a housekeeping department makes to have a desirable room for a guest harnessing a direct effect on the guest's comfort and convenience in a hotel. The nucleus of the hotel is usually the guest-rooms. In addition to preparing clean guestrooms on a timely basis for incoming guests, the housekeeping department also cleans and preserves everything in the hotel. The property is a new and appealing as the day it opened for business. Therefore, housekeeping is an auxiliary department that contributes to a property's overall reputation in a wide way, paving the way for lucrative means.

It is rightly said that housekeeping is a 24 x 7 x 365 process. Imagine the linen stacks needed to make up all the beds in a hotel, the cleanup and maintenance of the carpeting, floor, walls, ceiling, and cleaning compounds, along with the special tools and equipment needed to clean them.

Professional housekeeping services are very much in demand in hospitals, on cruise liners, offices, and many more sectors, apart from hotels. Since most of these companies tend to outsource these positions, contract housekeeping is gaining prime importance as a significant domain in the hospitality sector, acquiring a popular status these days.

ROLE OF THE HOUSEKEEPING DEPARTMENT

In the hospitality business, housekeeping plays a very significant role, such as:

- To achieve the highest possible productivity in ensuring visitors' care and comfort and in the department's smooth running.
- To build a friendly environment and to guarantee courteous, efficient service from all department employees.
- To maintain a high degree of cleanliness and general maintenance in all areas for which the department is accountable.
- They are retaining the basic inventory, thereby providing linen in rooms, restaurants, banquet halls, meeting venues, health clubs, so on and so forth.
- To provide all the workers with uniforms and hold appropriate inventories for the same.

- To meet the laundering criteria and maintain the hotel closet's proper tab and the staff-garment section with the inclusive guest- requirement locker.
- They provide and preserve the floral vegetation along with the reception desk furnishing arrangements and religiously nurturing the scenic pastoral landscaped areas to hold the clientele inflow.

CONCLUSION

There has been a change in power and roles between the FM discipline and clinical-based teams relevant to the research subject - the housekeeper since this analysis has been carried out. This change in authority is mirrored through ward environments at both the national and trust levels. The modern matron's influence can also be seen in the change in ownership, from FM departments to ward teams, for catering and cleaning services. But is this a positive change for FM departments in the long run? The increased emphasis on facilities and the relative popularity of the ward housekeeper's position seemed to raise the profile of FM departments across NHS Trusts. FM divisions were also funded nationally by NHS Estates. The evaluative case studied at the ward level showed a move towards ward teams taking ownership of the housekeeper's role. This theory solely serves as an advisory role for FM departments.

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