


## TRUST POLICY FOR CLEANING

<b>Reference Number</b> POL/CL/1706/19	<b>Version:</b> V2		<b>Status</b> Final	<b>Author: Jackie Marriott</b>  <b>Job Title</b>  <b>General Manager Facilities</b>
<b>Version / Amendment History</b>	<b>Version</b>	<b>Date</b>	<b>Author</b>	<b>Reason</b>
	2	January 2023	Jackie Marriott	New Policy due to National Standards of Cleanliness 2021
<b>Intended Recipients:</b> all staff groups and volunteers				
<b>Training and Dissemination:</b> The Cleaning Policy will be circulated to all key staff groups. This will ensure that staff are aware of their responsibility. The Policy will be approved and available on the Trust Intranet, along with the processes				
<b>To be read in conjunction with:</b> Infection Prevention and Control policy. Hand Hygiene policy. Personal Protective Equipment policy. Isolation policy.				
<b>In consultation with and Date:</b> Infection Control Operational group,(ICOG), Infection Prevention and Control committee (IPCC)				
<b>EIRA stage One</b>	Completed	No		
stage Two	Completed	No		
<b>Procedural Documentation Review Group Assurance and Date</b>			Infection Control Operational Group - 18 January 2023.  Infection Prevention and Control Committee - 23 February 2023.	
<b>Approving Body and Date Approved</b>			Trust Delivery Group - March 2023	
<b>Date of Issue</b>			March 2023	

<b>Review Date and Frequency</b>	January 2026 and then every three years
<b>Contact for Review</b>	Jackie Marriott - General Manager Facilities
<b>Executive Lead Signature</b>	 Simon Crowther - Executive Chief Financial Officer

## **Introduction**

All health care environments should pose minimal risk to patients, staff, and visitors. UHDB must be able to demonstrate that their buildings are clean, safe, and fit for purpose. The Commitment to Cleanliness Charter sets out an organisation's commitment to achieve a consistently high standard of cleanliness in all its healthcare facilities embedding the mandatory National Standards of Cleanliness 2021 which clearly identifies functional risk categories for, cleaning frequencies, cleaning audits and cleaning responsibilities for all staff.

The Mandatory National Standards of Cleanliness 2021 apply to all healthcare facilities in England. The standards seek to drive improvement while being flexible to meet the different and complex requirements.

The 2021 standards reflect modern methods of cleaning, infection prevention and control (IPC) and important considerations for cleaning services during a pandemic.

There must be transparency to assure patient public and staff that safe standards of cleanliness are being met.

The new standards focus on the need for a collaborative approach to environmental cleaning. Different staff groups, both clinical and non-clinical are responsible for cleaning different elements within an area. All staff must work together to meet the cleanliness standard for the whole area. Published ratings will reflect the cleanliness score for whole areas, not the performance of individual parties responsible for cleaning certain elements. Taking this approach makes it clearer to patients, staff, and visitors how clean an area is and encourages collective responsibility which inspires people to work together to achieve high standards.

The Standards introduce a Commitment to Cleanliness Charter to promote the ethos of the 2021 standards, particularly by highlighting the importance of a collaborative approach. Signing up to this charter publicises an organisation's commitment to achieving a consistently safe and high standard of cleanliness

Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 requires that healthcare premises are clean, secure, suitable, and used properly and that a provider maintains standards of hygiene appropriate to the purposes for which they are being used. Further, the code of practice for preventing and controlling infections, and related guidance, states NHS bodies and independent providers of healthcare and adult social care in England must resource local provision of cleaning services. They should also have a strategic cleaning plan and clear cleaning schedules and frequencies so that patients, staff, and the public know what they can expect. An effective healthcare cleaning service should:

- Be patient and customer-focused

- Provide clarity for all personnel responsible for ensuring the healthcare environment is clean and safe
- Enhance quality assurance systems
- Address governance and risk assessment
- Be consistent with IPC standards and requirements
- Meet the requirements of CQC outcome standard Regulation 15 key criteria (1 and 2) in the Health and Social Care Act Code of Practice 2015 in terms of legal responsibilities for a cleaning lead, personal responsibilities, the need for audit, governance, and reporting of legal responsibilities for a cleaning lead, personal responsibilities, the need for audit, governance, and reporting
- Set clear outcome statements that can be used as benchmarks and output indicators
- Have clear objectives that provide a foundation for service improvements
- Be flexible to meet the needs of UHDB specific environment circumstances, and priorities
- Have well documented cleanliness policies and procedures
- Provide for a culture of continuous improvement
- Be flexible, to meet the ongoing needs of operational service delivery
- Consider the health, safety, and wellbeing of patients, staff, and the public
- Efficiently delivered

## **1. Purpose and Outcomes**

### **1.1 Taking Cleanliness Seriously**

This policy applies to all staff and details the Trust's arrangements for the management of cleaning and compliance with the mandatory National Standards of Cleanliness 2021

Ensures high standards of cleanliness are maintained across the organisation to ensure patients receive treatment in an environment that is clean, safe, and welcoming.

Set clear local standards (reflecting NSC guidance) and associated policies and keeps cleanliness high on the organisational agenda.

Cleaning routines should be clear, agreed and well publicised. Cleaning activity should be part of the routine not an intrusion into it.

Cleaning routines must be flexible to respond to the changing needs of an area or ward.

Any change of use of an area must be reported to Facilities Management to ensure that the area is categorised into the correct functional risk number, and to review cleaning and auditing frequencies. Changes may incur additional or decreased costs.

Cleaning staff must be treated as fully integrated team members of the area they work in.

Ensures there is a service level agreement or Charter to Cleanliness in place for each ward and department.

## **1.2 Listening to Patients and Patient Involvement**

Cleaning services work in partnership with patients and/or their representatives to ensure that consistently high standards of cleanliness are achieved and maintained across every healthcare organisation premises. UHDB undertake annual Patient Led Assessments of the Care Environment (PLACE) which will provide motivation for improvement by providing a clear message, directly from patients, about how the environment or services might be enhanced

## **2 Key Responsibilities and Duties**

### **2.1 Chief Executive**

The Chief Executive is responsible within the organisation for maintaining and achieving the required standards of cleanliness and will ensure the following:

- A Director of Infection Prevention and Control has been appointed by the Trust to ensure that infection control in the Trust meet the required standards.
- Delegate responsibility for cleaning management to an Executive Director.
- Provide sufficient resources to deliver the service, improve and maintain standards in the form of the commitment of time and financial resources.
- Ensure that employees receive training appropriate to their position and responsibilities.
- Ensure all employees of the Trust are aware of their responsibilities for performance and assessment of cleaning tasks.
- Promote a positive culture in which the achievement of cleanliness is seen as everyone's responsibility.

- Promote an organisational culture which demands identification of areas for improvement regarding cleanliness, and rectification of these issues in an appropriate timeframe.

## **2.2 Executive Directors**

Directors have overall responsibility for ensuring that adequate resources are provided for Cleaning Services.

Directors will have delegated responsibility for the dissemination and operation of the Trust's Cleaning Policy within their directorate and will:

- Ensure all members of the organisation are aware of the Board's expectations for the management of cleaning.
- Ensure all members of the organisation are aware of their individual responsibilities regarding cleaning.
- Provide adequate resources to achieve the required cleanliness standards in the form of the commitment of time and financial resources.
- Ensure appropriate monitoring systems are in place to determine the effectiveness of cleaning.
- Share lessons learnt with colleagues and implement improvements.

## **2.3 Chief Nurse (DIPC)**

Has overall executive accountability for the strategic leadership for cleanliness across the Trust. The Chief Nurse will ensure that cleanliness meets the required standard to ensure public confidence, patient safety, patient experience and staff welfare.

- Ensure provision of adequate resources to ensure that compliance with Best Practice is achieved and maintained.
- Ensure cleaning requirements and additional resources are factored into business cases for new builds or refurbishments of the Estate.
- Inform the Chief Executive of significant risks in relation to cleaning standards.
- Provide information to the Chief Executive and the Trust Board on cleaning standards and issues and recommend improvements.

## **2.4 Divisional Directors**

- Ensure responsibility for the implementation of this policy and any associated procedures within their own Divisions and Business Units.
- Shall access cleaning reports via the Infection Control Committee
- Action matters arising from reports and ensure that they are satisfactorily resolved. Where there is a level of funding required to resolve matters raised in reports that cannot be contained within local budgets, they will refer these issues to the Chief Nurse and the Director to ensure that resources are available and any variations agreed are funded
- Champion cleaning at board and ward level and work collaboratively with the Director of Estates and Facilities ensuring a seamless level of cleanliness across the whole Trust's environment.

## **2.5 Lead Nurse for Infection Prevention and Control**

The Lead Nurse for Infection Prevention and Control will:

- Lead the Infection Prevention and Control Team.
- Advise the General Manager Facilities of any need to vary delivery of cleaning services in response to outbreaks of infection.
- Determine, in liaison with the General Manager Facilities, the methods to be used for barrier and discharge cleaning of rooms.
- Authorise in liaison with the General Manager Facilities, the disinfectant/cleaning products to be used in the organisation.
- Act as a key member of the Cleanliness meetings, and to play a key role in that Group's determination of cleaning responsibilities, specification of cleaning services and evaluation of tenders.

## **2.6 Director of Estates and Facilities**

The Director of Estates and Facilities will

- Ensure that there is regular monitoring of standards of cleanliness, reported at ward, departmental and board level with actions to improve in areas of developing risk.
- Ensure that instructions for cleaning items in new builds, including flooring, are included in Building Operational and Maintenance Manuals, and are used to inform and/or modify cleaning method statements.
- Ensure provision of adequate resources to ensure that legislative compliance is achieved and maintained.

- Ensure provision of adequate resources to ensure that compliance with NHS National Standards of Cleanliness is achieved and maintained.
- Ensure cleaning requirements including clean/dirty storage, machine charging, laundry provision and additional labour resources are factored into business cases for new builds or refurbishments of the Estate.
- Inform the Chief Nurse/Executive of Finance of risks in relation to cleaning standards.
- Ensure the Trust has adequate resources to meet required levels of cleanliness.
- Delegate responsibility for the management of the performance of cleaning standards to the General Manager Facilities

## **2.7 General Manager Facilities Management**

Is responsible for the effectiveness and efficiency of the cleaning services, internal and external inspections, reporting of non-compliance, service innovation and improvement. Supporting the Managers and contractors that fall within their area of responsibility to ensure appropriate delivery of services at all the Organisation's sites.

- Providing and facilitating core and statutory training for trust facilities staff and any agency staff.
- Ensure that the service providers provide core and statutory training for Retained staff, contract staff and agency staff.
- Ensuring that sufficient trained staff, consumables, and equipment are available to deliver the cleaning service and that any electrical devices used are safe to use and in good working order.
- Facilities Manager/Facilities Supervisors will also perform competency assessments and observations of practice. Co-ordinate efficacy checks to ensure the process of cleaning is being met and identifying any issues.
- Escalate to the Director of Estates and Facilities any service failures that put patients and Trust reputation at risk.
- Own the cleaning responsibilities framework, ensuring that actions, including remedy of unsatisfactory cleanliness outcomes, arising from audits, are completed on time.



- Determine the method of cleaning required in vacated rooms depending upon type of discharged patient, using an agreed process to differentiate between the type of cleans required using an organism led process.
- Ensure that cleaning work schedules are adhered to.
- Ensure that cleaning staff will be recognised for the important work they do and are made to feel part of the ward/department team.
- Ensure that all cleaning tasks that should be performed by Nursing Staff and other trust staff in accordance with the Cleaning Responsibilities Matrix are carried out consistently and effectively.
- Ensure other teams cleaning responsibilities are met with rectifications managed within the agreed timescales.
- Participate in planned cleaning audits conducted where possible or nominate a deputy, and in all cases to sign-off such audits or give written explanation of the grounds for not so signing off.
- Ensure that cleaning score star ratings publicised with an expiry date
- Ensure failures from audits are followed up within required timescales and defects are reported to Estates; As part of the local induction program, ensure that new employees receive instruction on their roles and responsibilities regarding cleaning.
- Request confirmation from Estates contractors that they have received authorisation from the relevant Estates Office to work in the area and are carrying out works appropriately and not comprising cleaning or infection control standards.
- Ensure PPE is available to all Facilities, Contractor, and Estate Teams to meet infection prevention and control standards.
- Where possible accommodate annual deep clean of wards using approved methods and Hydrogen peroxide.

## **2.8 Estates Managers/Capital Projects Manager**

- Liaise with the General Manager Facilities and Service providers in maintaining a safe, clean, and well-maintained environment.
- Ensure that site Estates staff and contracted out service teams complete repairs and actions arising from environmental cleaning audits and other inspections.

- Ensures that all Estates jobs including sub-contractors complete a clean after any works to restore to cleanliness standard such as handprints, excess material and remove debris.
- Ensures that cleaning tasks falling within the responsibility of Estates in accordance with the Cleaning Responsibility Matrix are performed consistently and effectively to achieve the required cleanliness outcomes.
- Ensure planned works are carried out without comprising cleaning and infection control standards and completion records recorded.

## **2.9 Matrons, Lead Nurse, Managers**

- Matrons, Lead Nurses, and Managers are responsible for leading and driving a culture of cleanliness and tidiness, and for setting and monitoring standards in conjunction with other key stakeholders. Perform day-to-day informal monitoring of cleanliness and where necessary issue instructions for variations to usual cleaning practice to maintain high standards of environmental cleanliness in their ward or department.
- Actively promote the importance of maintaining a clean and safe environment for patients, visitors, and staff.
- Ensure that appropriate resources are provided in terms of time and financial resources within their area of responsibility.
- Ensure that cleaning tasks falling within the responsibility of Nursing staff and other Trust staff are performed consistently and in such a way as to produce the required cleanliness outcome.
- Own the cleaning responsibilities framework, ensuring that actions, including remedy of unsatisfactory cleanliness outcomes, arising from audits, are completed on time.
- Ensure that cleaning work schedules are adhered to.
- Ensure that cleaning staff will be recognised for the important work they do and are made to feel part of the ward/department team.
- Ensure that all cleaning tasks that should be performed by Nursing Staff and other trust staff in accordance with the Cleaning Responsibilities Matrix are carried out consistently and effectively.

- Ensure cleaning responsibilities are met with rectifications managed within the agreed timescales in their areas
- Participate in planned cleaning audits conducted where possible or nominate a deputy, and in all cases to sign-off such audits or give written explanation of the grounds for not so signing off.
- Where possible accommodate annual deep clean of wards using approved methods and Hydrogen peroxide.

#### **2.10 Trust Monitoring Officer**

- Undertakes Annual Place Inspections with Multi-disciplinary teams.
- Undertakes monthly 'PLACE Light' inspections
- Identifies and reports cleaning and estates service failures in the environment
- Completes reports to the Trust General Manager for non-compliance

#### **2.11 Derby Healthcare PLC PFI provider**

Responsible for the outsourced cleaning services contract at the RDH and must

- Ensure that the cleaning service is compliant with the Project Agreement
- Ensure that contracted cleaning services are compliant with National Standards of Cleanliness as specified within the Project Management and any associated variations to contract.
- Self-Report cleanliness non-compliance in line with Schedule 14 of the project agreement.
- Work in partnership with UHDB on all matters cleaning.
- Provide expert advice on cleaning, consumables, equipment, and methodology of cleaning, working closely with Infection Prevention and Control and Health and Safety.
- Support in the development of cleaning schedules for all areas of the Trust.

#### **2.12 Capital Projects Department**

The Capital team will ensure, specifically relating to refurbishments and new builds, cleanliness and infection control considerations are detailed and accounted for and that Cleaning Managers are informed and consulted, and their recommendations given consideration.

#### **2.13 Estates**

Must maintain the environment to ensure that effective cleaning can be undertaken. Ensure that the Estates responsibility for cleaning are followed

## **2.14 Individual Members of Staff**

All UHDB staff are required to follow the cleaning policy. All staff have a responsibility to ensure that the environment is safe clean, and tidy.

## **3 Definitions Used**

**3.1** Health Care Cleaning defined as the department which provides services to the Trust whether by an in-house team or by an external contractor.

**3.2** Scheduled cleaning. Routine cleaning of an area according to the Functional Risk category.

**3.3** Deep clean an area that requires more than a routine clean.

**3.4** Terminal clean a clean that takes place after a patient has been discharged from an area of isolation

**3.5** HPV clean decontamination of a room/bay using 6% or 12% hydrogen Peroxide vapour in unoccupied bays or rooms

**3.6** Adhoc clean and additional clean required due to a spillage

**3.7** Seasonal clean, deep cleaning and fogging of a ward which is on an agreed Program

**3.8** NSC: 21 National Standards of Healthcare Cleanliness 2021

**3.9** DHC: Derby Healthcare plc

**3.10** PLACE: Patient led assessments of the care environment

**3.11** DoH Department of Health

**3.12** PPE Personal Protective Equipment (PPE) is the last control in the hierarchy of risk assessment and when specified should be worn as instructed and detailed in the Infection Prevention and Control Policy and task risk assessment

## **4 Monitoring, compliance, and effectiveness**

**4.1** The audit principles for the national standards provide a national approach to auditing healthcare cleanliness in all types of healthcare settings. The overarching aim is to encourage safe standards of cleanliness in all healthcare environments. The audit process is designed to be easy to use and adaptable to local requirements. Cleaning and infection prevention are intrinsically linked. It is therefore essential to demonstrate cleaning efficacy by auditing both the outcome of cleaning and the process by which the cleaning standards are achieved. To meet safe standards, the efficacy of the cleaning process is as important as the technical outcomes of cleaning, which is why it is now an area of focus. Providing assurance that cleanliness has been delivered is critical;

therefore, displaying the overall cleanliness result is now an important part of the audit process.

**4.2** Cleaning should always be conducted with the correct equipment, correct colour code and in accordance with correct methodology for each element cleaned as well as the specific organisation's discharge cleaning process using adhering to the organisation's Infection prevention policies. The organisation will maintain a set of method statements and risk assessments relating to every cleaning task performed in providing Cleaning Services.

Reference will be made to the methodologies, videos and posters contained in the cleaning methodology provided by NHSE/I

All staff including clinical, estates and facilities and other staff groups will have auditable training records verifying that they are competent in the effective and safe performance of these tasks.

**4.3** The audit scores for each functional area are represented in two ways: a percentage score and a star rating score. The percentage score is for internal verification and scrutiny that a safe standard has been achieved, whereas the star rating score is for external verification of this. Percentage scores are split by responsible staff group, i.e. cleaning, nursing, estates, etc, to understand if there are any gaps in performance. However, the star rating score is determined from the average percentage for all responsible staff groups. Star ratings are widely used in many other industries such as hotels, restaurants, and the media, as well as professional organisations such as the food safety ratings provided by local authority Environmental Health Departments for food premises; such a system for healthcare cleanliness will be instantly recognisable and easy-to understand for patients, the public and staff. Technical audits are undertaken by appropriately experienced staff, are a continuous and integral part of the day-to-day management and supervision of cleaning services.

**4.4** Good practice is to adopt a multidisciplinary approach to technical auditing. These teams should include both those responsible for delivering the service and those receiving the services, e.g., IPC teams and nursing staff, as well as non-clinical staff and service users. The designated member of the clinical/non-clinical team should be agreed locally and will vary according to the needs of each organisation. This sign-off provides an opportunity to discuss the cleanliness of the functional area and validates the audit score.

## **5 Audit frequency and Risk categories**

<b>Functional risk category</b>	<b>Audit target score</b>	<b>Audit frequency*</b>
FR1	98% and above	Weekly*

FR2	95% and above	Monthly*
FR3	90% and above	Every 2 months*
FR4	85% and above	Every 3 months*
FR5	80% and above	Every 6 months*
FR6	75% and above	Every 12 months*

**Blended functional area:**

UHDB have identified rooms where there are higher risk activities in lower risk areas. These rooms will adopt the higher-risk cleaning frequency and audit frequency but will not adopt the publicised calculation for the overall scoring. The focus being on the additional cleaning input and audit frequency. Where a constant failure of a high risk rooms is identified in the lower risk areas. There will be the option to revert to the NSC21 calculation of blended functional risk areas, until such time the expected levels of cleanliness are sustained.

**6 Star Ratings**

Facilities Management will send the star ratings poster to the Matron, Lead Nurse, Sister, or Manager of their area. This must be printed and displayed in a prominent position where the public can see it. Facilities, or the incumbent service provider, will be responsible for displaying the star rating posters in public areas. They should contain an expiry date included on the star ratings and the rating will be changed as and when the star rating changes.

**6.1 Audit Rectification**

Any cleaning Issues identified that are a cause for concern or non-compliant with the UHDB agreed Service level agreement must be rectified in the agreed timeframes.

**Maximum timeframe for rectifying cleaning failures**

Priority of rectification Maximum timeframe for rectifying cleaning problems	
Rapid response items – this includes all areas regardless of functional risk rating where there is a health and safety, patient safety or IPC issue	Assessment of task should be within 20 minutes with task completed in no longer than 1 hour Cleaning these items should be recognised as a team responsibility. Where necessary and cleaning staff are unavailable, e.g., at night, the task should be the responsibility of other ward or department staff. It is important that all tasks are clearly outlined and that all staff understand their responsibilities and methods of cleaning, including what the

	appropriate equipment and materials to use are
<b>FR1</b>	Assessment within 20 minutes and task completed at the next scheduled clean or within 2 hours (if the area is accessible), whichever is soonest
<b>FR2</b>	Assessment within 20 minutes and task completed at the next scheduled clean or within 4 hours (if the area is accessible), whichever is soonest
<b>FR3</b>	Assessment within 1 hour and task completed at the next scheduled clean or within 12 hours (if the area is accessible), whichever is soonest
<b>FR4</b>	Assessment within 1 hour and task completed at the next scheduled clean or within 72 hours (if the area is accessible), whichever is soonest
<b>FR5</b>	Assessment within 24 hours and task completed at the next scheduled clean or within 96 hours, whichever is soonest
<b>FR6</b>	Assessment within 24 hours and task completed at the next scheduled clean or within 120 hours, whichever is soonest
<b>FRB (blended functional area)</b>	The above rectification times should be used depending on the FR for the room concerned

Data collection is required for self-reporting on rectification times.

## **7 Governance and inspection and record keeping and archive**

Keeping records is mandatory and must be available for inspection and to answer any requests for information, at all times. Reporting on standards achieved will also be required for budget setting and financial strategy of the trust. Specific reports will be generated on a regular basis.

Every month, the cleaning audit scores will be reported at the following groups: (this group is not exhaustive, change as necessary):

- Cleaning Operational Meeting
- Infection Control Operational group
- Infection Control Committee by exception

- Performance service review meeting (PFI)

## 8. References

- NHS National Standards of Cleanliness 2021.  
[NHS England » National Standards of Healthcare Cleanliness 2021](#)
- Health and Social Care Act 2008  
[Health and Social Care Act 2008: code of practice on the prevention and control of infections - GOV.UK \(www.gov.uk\)](#)