

Environmental Cleaning Policy

Issue Date	Review Date	Version
November 2019	November 2024	4

Purpose

The purpose of this policy is to lay out the key responsibilities and accountabilities of those staff required to deliver cleanliness standards throughout the Trust.

Specifically, the policy aims to ensure:

- Clear lines of accountability for cleanliness of the environment and patient equipment.
- Clear cleaning instructions are in place and understood by all staff who have responsibility for the cleanliness of the environment and patient equipment
- Staff who are involved with cleanliness of the environment and patient equipment are clear about their individual roles and responsibilities
- Staff are correctly trained in the required cleaning methods, tasks to be performed, infection prevention and control policies and escalation routes to be followed in order to resolve cleanliness issues
- Service users and patient representatives are involved in the inspection process
- There is a robust monitoring system in place whereby action is taken to ensure the required standards are maintained and these outcomes are reported to the Board via the trust's Performance and Assurance framework

Who should read this document?

All staff with responsibility for the delivery of cleanliness standards. Key roles:

- Chief Executive
- Director of Estates & Facilities
- Head of Facilities
- Service Lead: Hotel Services
- Matrons and Heads of Department
- Ward/Department Managers
- Hotel Services Management, Supervisory teams and Staff

It will be the responsibility of these staff, to ensure that the contents of this policy are brought to the attention of all Trust staff

Key Messages

University Hospitals Plymouth NHS Trust acknowledges its responsibility to provide a clean and safe hospital environment for patients, visitors and staff. The trust recognises that standards of cleanliness are linked to infection prevention and control and play a role in reducing the risk of hospital-acquired infection.

Our approach to cleanliness will be based on the recommendations laid down in the National Specifications for Cleanliness in the NHS (April 2007), its subsequent revisions and the requirements of the Health & Social Care Act 2008.

All trust staff and trust contractors are encouraged to adopt a positive and responsible attitude to cleanliness and to recognise that keeping the hospital sites clean is everyone's responsibility.

Core accountabilities	
Owner	Liz McGuffog
Review	Infection Control Committee
Ratification	Nick Thomas – Deputy Chief Executive
Dissemination (Raising Awareness)	Trust-wide
Compliance	Health & Social Care Act National Standards of Cleanliness for the NHS

Links to other policies and procedures

G:\DocumentLibrary\UHPT Trust Documents\Infection Control

Version History

1	February 2010	Circulated to PEAT group for consultation
1.2	February 2010	Minor amendments made following PEAT consultation.
1.2	March 2010	Approved by Health & Safety Committee
2	March 2011	Updated and amended to incorporate changes to risk categories (contract variation), wider cleaning services and Liaison with Infection Prevention and Control
3	April 2014	Reviewed to incorporate new processes
4	November 2019	Reviewed for transition of hotel services

The Trust is committed to creating a fully inclusive and accessible service. Making equality and diversity an integral part of the business will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

An electronic version of this document is available in the Document Library. Larger text, Braille and Audio versions can be made available upon request.

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1 Introduction

Providing high quality cleaning services in healthcare facilities is a key component of delivering modern, effective healthcare. Cleanliness is of paramount importance to patients and the public and has a role to play in the prevention and control of healthcare associated infections.

It is recognised in the standards that the cleanliness of any hospital environment is important for infection prevention and control and patient well-being and that cleaning staff play an important role in quality improvement, in the confidence the public has in its hospitals and in reducing hospital acquired infections.

Environmental cleanliness in hospitals and the cleanliness of clinical equipment is a key element of how each hospital's performance is judged. Cleanliness is assessed in a number of ways and features in the Commission for Social Care Inspection performance assessments.

2 Purpose

The purpose of this document is to ensure a clean and safe environment for the patients, visitors and staff and in so doing, ensure compliance with the Health & Social Care Act, Code of Practice for the Prevention & Control of Infections.

Compliance is intended to:-

- Reduce the risk of hospital acquired infection due to unsatisfactory standards of cleanliness
- Meet patient expectations with regard to standards of cleanliness in the patient environment
- Ensure patient safety and enhanced outcomes

This document applies to all areas of the trust and should be read by all staff.

3 Definitions

CAG – Cleanliness Assurance Group

PLACE – Patient Led Assessment of the Care Environment

4 Duties

4.1 Chief Executive

The Chief Executive is responsible for ensuring that there are effective arrangements for infection control throughout the trust. This shall include accountability for all aspects of cleanliness and the Chief Executive shall have overall responsibility for ensuring sufficient resources are provided and arrangements are in place to keep the hospital clean.

4.2 Director of Estates & Facilities

The Director of Estates & Facilities shall have overall responsibility for the management of Estates & Facilities and shall ensure a high standard of service delivery for the engineering and maintenance of the trust's real estate and cleaning of the patients environment through in-house provision and services that are delivered through external contractors. Responsibilities will include ensuring that all premises within University Hospitals Plymouth NHS Trust are maintained in good condition in order to ensure effective cleaning.

The Director of Estates & Facilities shall have overall responsibility for Hotel Services which includes the environmental cleaning and housekeeping. They shall ensure that adequate arrangements and resources are in place to provide, manage and monitor the performance of the service.

4.3 Head of Facilities

The Head of Facilities is responsible for leading and managing the Facilities function for the Trust, over-seeing the strategic direction, delivery and performance of hotel and environmental services to deliver excellent key performance outcomes and ensuring that services and the patient environment are safe, fit for purpose, cost efficient and enhance patient care.

4.4 Service Lead - Hotel Services

Reporting to the Head of Facilities, the Service Lead for Hotel Services has leadership responsibility for the Hotel Services Service Line and to ensure all aspects of the cleaning and housekeeping service deliver the required standards across the trust. The Service Lead shall also ensure and facilitate the ongoing liaison with Infection Prevention and Control regarding all aspects of the cleaning service.

4.5 Hotel Services Manager

Reporting to the Service Lead, the Hotel Services Manager has overall operational management for the Hotel Services Service Line. Responsibility will include the delivery and performance of the cleaning and housekeeping service ensuring that all aspects of the service deliver the standards required. The Hotel Services Manager has line management responsibility for the hotel services management team.

4.6 Matrons and Heads of Departments

Matrons and Heads of Departments will have overall responsibility for all maintenance and cleaning related issues within their service area and are required to lead the development and implementation of standards of cleanliness across their areas of responsibility. This shall include encouraging a team approach to maintaining standards of cleanliness and hygiene.

4.7 Ward/Department Managers

Ward and Department Managers are required to ensure the areas under their direct control are maintained in good, sound condition and the environment and equipment in areas under their control are kept clean. They are responsible for ensuring that standards of comfort and cleanliness in their area remain high and that any reduction in the quality of service is recognised and corrected.

This shall include ensuring that problems pertaining to the fabric, maintenance and décor of the areas under their responsibility which may impact on the ability to keep their areas clean are reported to and followed up with the Estates & Facilities helpdesk.

Ward/department managers are responsible for ensuring there is a team approach to cleanliness in the areas under their control and that the cleaning staff are included as part of the ward/department team.

4.8 Hotel Services management team

The Trust's hotel services management team is responsible for ensuring that the provision of environmental cleaning services are delivered in compliance with the Health & Social Care Act and National Standards of Cleanliness for the NHS. They are responsible for maintaining a safe environment and safe working practices based on a recognised risk assessment and management system to ensure standards of comfort and cleanliness remain high and that any reduction in the quality of service is recognised and corrected.

The management team shall ensure that only suitable applicants of the right calibre are selected to join the cleaning teams, each post having a clear and comprehensive job description and person specification based on the skills and competencies required to carry out the cleaning tasks.

The management team shall ensure that all members of the cleaning staff are fully trained which will include attendance at induction training on commencement and following this, task based training prior to being rostered in a work area. The required training shall include the principles of infection prevention and control and the use of personal protective equipment.

The hotel services management team shall ensure that a programme of joint technical audits is in place and carried out in accordance with the requirements of the National Specifications for Cleanliness in the NHS and that results are reported to the Infection Prevention & Control Sub-Committee and Site Services Senior Management Team as part of their monthly performance report.

4.8 All Trust Staff and contractors

Keeping the hospital sites clean is everyone's responsibility. All trust staff and contractors are required to work cleanly and to work in partnership with the hotel services team to ensure the premises are maintained in a clean and tidy condition. This shall include treating their working environment with respect, keeping it tidy and easy for cleaning staff to access, refraining from littering or other careless activity likely to degrade the environment, disposing of waste correctly in line with trust policy and reporting any concerns regarding cleanliness or tidiness standards in trust premises.

5 Key elements (determined from guidance, templates, exemplars etc.)

5.1 The Environmental Cleaning Service

University Hospitals Plymouth NHS Trust has internally managed hotel services. The Hotel Services department is responsible for providing a cleaning service which is based on the National Specifications of Cleanliness for the NHS (April 2007) and which was agreed with Matrons, Infection Prevention & Control and patient representatives.

The Cleaning Service provides scheduled, reactive, planned, enhanced inpatient cleaning and deep cleaning along with domestic duties including waste management.

The Cleaning Service extends to all the various functional areas within the trust which require a cleaning service and assigns a risk category. The risk category of each functional area determines a baseline for the frequency of cleaning required.

5.2 Identifying Risk Categories

All healthcare environments should pose minimal risk to patients, staff and visitors. The functional areas within University Hospitals Plymouth NHS Trust represent different degrees of risk and therefore require different cleaning frequencies and different levels of

monitoring and auditing. All areas within the trust have been assigned one of four risk categories:-

- very high,
- high,
- significant
- low

All areas of the trust which require cleaning are reviewed and where necessary, reassessed in terms of risk category as part of the periodic review of space or any changes to the configuration of the hospital.

5.3 Cleaning Frequencies

The cleaning frequencies of the functional areas within the hospital sites will depend on the risk category assigned. The cleaning frequencies for the functional areas within University Hospitals NHS Trust have been set using those given as a baseline in the National Specification of Cleanliness in the NHS (April 2007) and following a risk based approach.

Guidance on the frequencies for cleaning clinical equipment should be available in all clinical functional areas. Link to Equipment Cleaning Poster. <G:\DocumentLibrary\UHPT Trust Documents\Facilities & The Estates\Cleaning Clinical Equipment - Ward Staff Responsibilities.pdf>

5.4 Cleaning Methods

See Decontamination Guidelines and Procedures.

<G:\DocumentLibrary\UHPT Trust Documents\Infection Control\Decontamination Guidelines.pdf>

Any proposed changes to cleaning methods, equipment and substances must be agreed with Infection, Prevention and Control. A variety of communication channels are in place in order to facilitate effective communication and liaison between the Infection Control team and those responsible for Hotel Services including regular operational meetings, the Infection Prevention and Control Sub-Committee and the PLACE Working Group.

5.5 Cleaning Standards

Everyone who enters the hospital, whether as a patient, visitor or member of staff, is a customer of the cleaning service. The standards of cleanliness have to focus clearly on their expectations.

The standards of cleaning required within the University Hospitals Plymouth NHS Trust premises are in accordance with the element standards as described in the National Specifications of Cleanliness in the NHS (April 2007).

A programme of formal auditing is in place to monitor cleaning standards in all clinical and non-clinical areas and provide assurance that the required standards are being met. See paragraph 9.2

5.6 Cleaning Schedules

All clinical areas will be subject to cleaning schedules which confirm the risk category and corresponding cleaning frequencies.

A copy of the cleaning schedule should be available for public information in every clinical area.

5.7 Enhanced Cleaning

Enhanced cleaning is required where infection is present and maybe requested by Infection Prevention & Control or by a member of staff from the area concerned.

Enhanced cleaning is the twice daily cleaning using bleach diluted according to the instructions laid down in the Decontamination Guidelines. Enhanced cleaning maybe required for a single room, bay or whole ward depending on the recommendations from Infection Prevention & Control.

Ref. Decontamination Guidelines & Procedures, Appendix 5 Bed Space Cleaning Recommendation <G:\DocumentLibrary\UHPT Trust Documents\Infection Control\Decontamination Guidelines.pdf>

All areas requiring enhanced cleaning will be subject to a sign-off procedure to ensure cleans are carried out to a satisfactory standard

5.8 Enhanced Discharge Cleaning

Enhanced discharge cleaning is carried out to the single room or bed space which an infectious patient has occupied.

Enhanced discharge cleaning is carried out using bleach, diluted according to the instructions laid down in the Decontamination Guidelines and includes a curtain change.

Ref. Decontamination Guidelines & Procedures, Appendix 5 Bed Space Cleaning Recommendation – see link at 5.7

All areas requiring enhanced discharge cleaning will be subject to a sign-off procedure to ensure cleans are carried out to a satisfactory standard.

5.9 Hydrogen Peroxide decontamination

Hydrogen Peroxide vapour is an oxidising agent. When it comes in to contact with micro-organisms it oxidises the cells or spores, thus deactivating them. The Hydrogen Peroxide is delivered as a vapour at high speed, ensuring distribution to all parts of a room. HPV is hazardous to human health, so it can only be used in areas that can be emptied of patients and staff and sealed during the disinfection process.

Hydrogen Peroxide vapour treatment shall be used to decontaminate clinical areas on the instruction of Infection Prevention & Control. Such decontamination shall be carried out on discharge of the infected patient and follows the Enhanced Discharge Clean.

Ref. Decontamination Guidelines & Procedures, Appendix 5 Bed Space Cleaning Recommendation – see link at 5.7

Hydrogen Peroxide decontamination treatment may also be carried out as part of a deep cleaning programme as deemed necessary by Infection Prevention & Control.

The Hydrogen Peroxide decontamination service is delivered by the specialist cleaning team.

Where Hydrogen Peroxide decontamination is required, the room shall not be used until such times as the decontamination has been completed. In the event that the room is

required before the decontamination has been carried out, authorisation must be sought from the on-call Executive Director.

5.10 ATP Swabbing

Adenosine Triphosphate swabbing technology provides a marker or indicator of contamination from a biological source. ATP is present in all living or once living material and therefore can be used to measure, monitor and control the cleaning processes. ATP swabbing gives reliable, quantifiable and actionable results within 1 minute.

ATP swabbing results are shown as a number:-

1-1500	PASS	
>1500-3000	CAUTION	
>3000	FAIL	

The trust uses the ATP technology in a number of ways to provide assurance that cleaning standards are being met. These include but are not limited to:-

- Weekly swabbing of isolation rooms
- Swabbing of whole ward environments during outbreak periods
- Swabbing of clinical equipment
- Swabbing following theatre shutdowns/deep cleans

5.11 Planned Deep Cleaning

The trust aims to deep clean all clinical areas on an annual basis. The Heads of Nursing will compile an annual programme in liaison with Hotel Services and the Site Operational team. The programme will be agreed through the Infection Prevention & Control Sub-Committee. Progress with deep cleaning will be reported through CAG and the Infection Prevention & Control Sub-Committee.

The successful completion of the in-situ, bay by bay approach to deep cleaning will largely depend on the operational pressures of the hospital and will require cooperation of ward nursing teams to ensure the programme progresses according to plan.

Ref: Standard Operating Procedure for Ward Deep Cleaning Programme currently in draft form and expected to be ratified in November 2019.

6 Overall Responsibility for the Document

Cleaning Assurance Group (CAG)

7 Consultation and Ratification

The design and process of review and revision of this policy will comply with The Development and Management of Trust Wide Documents.

The review period for this document is set as default of five years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be approved by the Infection Prevention & Control Committee and ratified by the Deputy Chief Executive..

Non-significant amendments to this document may be made, under delegated authority from the Deputy Chief Executive by the nominated author.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes

8 Dissemination and Implementation

Following approval and ratification, this policy will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.

Document control arrangements will be in accordance with The Development and Management of Trust Wide Documents.

The document author(s) will be responsible for agreeing the training requirements associated with the newly ratified document with the Director of Estates & Facilities and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

9 Monitoring Compliance and Effectiveness

9.1 Informal monitoring

Informal monitoring of cleanliness standards is a continuous process and can be undertaken by any member of the functional area team at any time in order to highlight problems or areas for improvement. At ward level, the Ward Housekeeper is required to carry out informal monitoring checks with the Matron or Ward Manager and to rectify any deficiencies. Any problems identified where no Housekeeper or cleaning staff are present should be reported through the Hotel Services Helpdesk.

9.2 Formal Auditing

In order to ensure that high standards of environmental cleanliness are maintained and to encourage quality improvements, it is pivotal that robust monitoring systems are in place. Technical audits take the form of regular audits which form a continuous and inseparable part of the day to day management and supervision of the cleaning service. The Hotel Services supervisory team are required to carry out a programme of technical audits in accordance with the relevant risk category and in accordance with the guidance laid down in the National Specifications of Cleanliness in the NHS (April 2007) i.e.

- Very High Risk - Weekly
- High Risk - Monthly
- Significant Risk - Quarterly
- Low Risk - 6 monthly

All technical audits should be carried out jointly with the Matron, Ward or Department Manager or their nominated deputies.

Once the cleaning standards are consistently being achieved in all areas, the frequency of audits may be reviewed but only after agreement through CAG.

The Hotel Services department shall circulate a weekly programme of technical audits. Audits should be scheduled across the working day to ensure the standards reflect what patients may experience at any time during the day.

Formal audits shall be carried out using an audit tool adapted from the National Specifications of Cleanliness.

Each functional area will be required to achieve the following percentage in cleaning audits :-

- | | | |
|--------------------|---|-----|
| ○ Very High Risk | - | 98% |
| ○ High Risk | - | 95% |
| ○ Significant Risk | - | 93% |
| ○ Low Risk | - | 90% |

Where functional areas fail to reach the minimum required percentage in cleaning audits, the deficiencies must be rectified within 24 hours. Areas failing to meet the required minimum pass mark will be subject to rechecking to ensure that issues have been resolved.

The results of the technical audits are required to be reported to the relevant Matron, Ward Manager or Head of Department immediately following the audit process along with actions deemed necessary to rectify any deficiencies. Results from all audits will be submitted through CAG with exceptional results to the Infection Prevention & Control Sub-Committee and Contract Review process.

10 References and Associated Documentation

- National Specifications of Cleanliness for the NHS (April 2007) reviewed 2012
- Health & Social Care Act 2008
- Clinical Equipment Cleaning responsibilities
- Decontamination Guidelines and Procedures

Dissemination Plan			
Document Title	Environmental Cleaning Policy		
Date Finalised	November 2019		
Previous Documents			
Action to retrieve old copies			
Dissemination Plan			
Recipient(s)	When	How	Responsibility
All Trust staff		Vital Signs	Information Governance Team

Review Checklist		
Title	Is the title clear and unambiguous?	√
	Is it clear whether the document is a policy, procedure, protocol, framework, APN or SOP?	√
	Does the style & format comply?	√
Rationale	Are reasons for development of the document stated?	√
Development Process	Is the method described in brief?	√
	Are people involved in the development identified?	√
	Has a reasonable attempt has been made to ensure relevant expertise has been used?	√
	Is there evidence of consultation with stakeholders and users?	√
Content	Is the objective of the document clear?	√
	Is the target population clear and unambiguous?	√
	Are the intended outcomes described?	√
	Are the statements clear and unambiguous?	√
Evidence Base	Is the type of evidence to support the document identified explicitly?	√
	Are key references cited and in full?	√
	Are supporting documents referenced?	√
Approval	Does the document identify which committee/group will review it?	√
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	√
	Does the document identify which Executive Director will ratify it?	√
Dissemination & Implementation	Is there an outline/plan to identify how this will be done?	√
	Does the plan include the necessary training/support to ensure compliance?	√
Document Control	Does the document identify where it will be held?	√
	Have archiving arrangements for superseded documents been addressed?	√
Monitoring Compliance & Effectiveness	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	√
	Is there a plan to review or audit compliance with the document?	√
Review Date	Is the review date identified?	√
	Is the frequency of review identified? If so is it acceptable?	√
Overall Responsibility	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	√

Core Information				
Date	November 2019			
Title	Environmental Cleaning Policy			
What are the aims, objectives & projected outcomes?	The overall aim of this policy is to provide clarity and direction in respect of the cleanliness of the trust sites and to provide a basis from which the Trust can provide patients, visitors and staff with a clean and safe environment.			
Involving and consulting stakeholders				
Internal involvement and consultation	N/A			
External involvement and consultation	N/A			
Impact Assessment				
Overall assessment and analysis of the evidence	N/A			
Action Plan				
Action	Owner	Risks	Completion Date	Progress update
Scope of the assessment				
The overall aim of this policy is to provide clarity and direction in respect of the cleanliness of the Trust sites and to provide a basis from which the Trust can provide patients, visitors and staff with a clean and safe environment.				
Collecting data				
Race	No			
Religion	No			
Disability	No			
Sex	No			
Gender Identity	No			
Sexual Orientation	No			
Age	No			
Socio-Economic	No			
Human Rights	No			
What are the overall trends/patterns in the above data?	N/A			
Specific issues and data gaps that may need to be addressed through consultation or further research	N/A			