

ENVIRONMENTAL CLEANING POLICY

| Date | Version |
|------------|---------|
| April 2014 | V3 |

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 specifications 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 Planning and Site Services
- Facilities Operations Manager
- Service Lead: Hotel Services
- Matrons and Heads of Department
- Ward/Department Managers
- Hotel Services Contractor

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

Plymouth Hospitals 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) 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.

Accountabilities

| | |
|----------------------------|--|
| Production | Liz McGuffog |
| Review and approval | Infection Control Committee |
| Ratification | Director of Planning and Site Services |
| Dissemination | Trust-wide |
| Compliance | Health & Social Care Act |

Links to other policies and procedures

Infection Prevention & Control Manual – Staff NET/[Trust Documents](#)/Infection Control

| Version History | | |
|-----------------|------------|---|
| V1 | 01/02/10 | Circulated to PEAT group for consultation |
| V1.2 | 19/02/10 | Minor amendments made following PEAT consultation. |
| V1.2 | 16/03/10 | Approved by Health & Safety Committee |
| V2 | 25/03/11 | Updated and amended to incorporate changes to risk categories (contract variation), wider cleaning services and Liaison with Infection Prevention and Control |
| V3 | April 2014 | Reviewed to incorporate new processes |
| Last Approval | | Due for Review |
| March 2010 | | April 2019 |

The Trust is committed to creating a fully inclusive and accessible service. By making equality and diversity an integral part of the business, it 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 on the Trust Documents Network Share Folder (G:\TrustDocuments). 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.

There is now a higher profile on improving cleanliness in hospitals and this is now 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, including legal or regulatory background

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 and for implementing the Environmental Cleaning Services policy.

4.2 Director of Planning and Site Services

The Director of Planning and Site Services 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 Plymouth Hospitals NHS Trust are maintained in good condition in order to ensure effective cleaning.

The Director of Planning and Site Services shall have overall responsibility for the management of the Hotel Services contract that includes the Cleaning Service provision. They shall ensure that adequate arrangements and resources are in place to manage and monitor the performance of the contract.

4.3 Facilities Operations Manager

The Facilities Operations Manager is responsible for leading and managing the Facilities function for the Trust, over-seeing the strategic direction, delivery and performance of the contracted out 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 Facilities Operations Manager, the Service Lead for Hotel Services has leadership responsibility for the Hotel Services Service Line for the Trust which includes the day-to-day liaison and communication with the Hotel Services contractor to ensure all aspects of the cleaning and housekeeping service are delivered as per the trust's Cleaning Services and Housekeeping specifications. The Service Lead shall also ensure and facilitate the ongoing liaison between the cleaning service provider and Infection Prevention and Control regarding all aspects of the cleaning service.

4.5 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.

4.6 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 contractor

The Trust's hotel services contractor is responsible for ensuring that the provision of environmental cleaning services are delivered in accordance with Plymouth Hospitals NHS Trust's cleaning services specification and contractual arrangements. 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 contractor 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 contractor 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 contractor 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 (April 2007) and the trust's Cleaning Services specification and that results are reported to the trust as part of their monthly performance report.

4.7 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 contractor 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 Cleaning Services Specification

Plymouth Hospitals NHS Trust has an externally provided cleaning service. The Hotel Services contractor is responsible for providing services in accordance with the trust's Cleaning Services specification 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 Services specification covers the trusts requirements for scheduled, reactive, planned, enhanced inpatient cleaning and deep cleaning along with domestic duties including waste management.

Plymouth Hospitals NHS Trust Cleaning Services Specification gives detail to the various functional areas within the trust which require a cleaning service, the risk categories assigned to the functional areas, the cleaning frequencies required for each of the four risk categories, the elements to be cleaned, the standards required for each element and the requirements for audit.

The Cleaning Services Specification requires that the tasks associated with cleaning and food service are separated. Staff engaged in the cleaning of sanitary areas should play no role in food or beverage service. The Hotel Services contractor shall provide their staff with uniforms which enable the patients and visitors to identify the various members of the housekeeping and cleaning teams.

http://staffnet.plymouth.nhs.uk/Portals/1/Documents/Trust_Documents/Facilities_&_The_Estates/Cleaning_Service_Specification_Sch_1_Part_3.pdf

5.2 Identifying Risk Categories

All healthcare environments should pose minimal risk to patients, staff and visitors. The functional areas within Plymouth Hospitals 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 annual review of space.

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 Plymouth 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. <http://staffnet.plymouth.nhs.uk/Portals/1/Documents/Trust%20Documents/Facilities%20&%20The%20Estates/Cleaning%20Clinical%20Equipment%20-%20Ward%20Staff%20Responsibilities.pdf?timestamp=1398174184718>

5.4 Cleaning Methods

See Decontamination Guidelines and Procedures.

http://staffnet.plymouth.nhs.uk/LinkClick.aspx?fileticket=2CnB_iXelqc%3d&portalid=1×tamp=1396888209344

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 Facilities and Estates Management including weekly Operational meetings, the Infection Prevention and Control Sub-Committee, PLACE Working Group and the monthly Hotel Services contract meeting for the Operational Review of Patient Service Delivery.

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 Plymouth Hospitals NHS Trust premises are detailed in the trust's Cleaning Services Specification and 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 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 that have been jointly agreed between the cleaning service provider and the Matron or Head of Department. The cleaning schedule will confirm the risk category and corresponding cleaning schedules and 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 detergent and bleach (or combined product) and 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

http://staffnet.plymouth.nhs.uk/LinkClick.aspx?fileticket=2CnB_iXelqc%3d&portalid=1×tamp=1396888209344

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 detergent and bleach (or combined product) 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 trust's Hotel Services contractor.

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

- Swabbing of isolation rooms
- Swabbing of whole ward environments during outbreak periods
- Swabbing of clinical equipment

5.11 Planned Deep Cleaning

The trust aims to deep clean all clinical areas on an annual basis. The Facilities department will draft an annual programme in liaison with Heads of Nursing and 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 programme will largely depend on the availability of a decant ward and the operational pressures of the hospital. Where in-situ deep cleans are required, liaison with key nursing personnel will be required in order to release and manage the required bed spaces.

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 Director of Planning and Site Services.

Non-significant amendments to this document may be made, under delegated authority from the Director of Planning and Site Services, by the nominated author. These must be

ratified by the Director of Planning and Site Services and should be reported, retrospectively, to the approving body.

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 Planning and Site Services 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 contractor is 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 contractor shall submit a weekly programme of technical audits to the Facilities department. 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 the completion times laid down in the Cleaning Services Specification. 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 form part of the hotel services contractor's monthly performance management report 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)
- Health & Social Care Act 2008
- Cleaning Services Specification

http://staffnet.plymouth.nhs.uk/Portals/1/Documents/Trust_Documents/Facilities_&The_Estates/Cleaning_Service_Specification_Sch_1_Part_3.pdf

- Clinical Equipment Cleaning responsibilities

<http://staffnet.plymouth.nhs.uk/Portals/1/Documents/Trust%20Documents/Facilities%20&%20The%20Estates/Cleaning%20Clinical%20Equipment%20-%20Ward%20Staff%20Responsibilities.pdf?timestamp=1398174184718>

- Decontamination Guidelines and Procedures

http://staffnet.plymouth.nhs.uk/LinkClick.aspx?fileticket=2CnB_iXelqc%3d&portalid=1×tamp=1398174348938

| Core Information | | | | |
|---------------------------------------|-------------------------------|------------|-----------------------|------------------------|
| Document Title | Environmental Cleaning Policy | | | |
| Date Finalised | April 2014 | | | |
| Dissemination Lead | Jo Woolley | | | |
| Previous Documents | | | | |
| Previous document in use? | Yes | | | |
| Action to retrieve old copies. | | | | |
| Dissemination Plan | | | | |
| Recipient(s) | When | How | Responsibility | Progress update |
| All staff | | Email | Document Control | |
| | | | | |
| | | | | |

| Review | | |
|--|--|---|
| 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 | |
|---|---|
| Manager | Liz McGuffog |
| Directorate | Site Services |
| Date | April 2014 |
| 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. |
| Scope of the assessment | |
| Environmental Cleaning Policy for trustwide coverage | |
| There is no evidence to suggest a disproportionate impact | |
| 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 |
| 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 |
| | | | | |