

**STRATEGIC CLEANING PLAN POLICY**  
**(In conjunction with Operational Cleaning Manual)**

Version:	7
Ratified by:	Senior Managers Operational Group
Date ratified:	August 2015
Title of originator/author:	Facilities Manager
Title of responsible committee/group:	Estates & Facilities Governance Group
Date issued:	<b>August 2015</b>
Review date:	<b>July 2018</b>
Relevant Staff Group/s:	All Clinical and Non-Clinical staff working in inpatient wards and clinical settings

**This document is available in other formats, including easy read summary versions and other languages upon request. Should you require this please contact the Equality and Diversity Lead on 01278 432000**

## DOCUMENT CONTROL

<b>Reference Number</b> ND/DD/Aug/12/SCP	<b>Version</b> 7	<b>Status</b> Final	<b>Author</b> Facilities Manager
<b>Amendments:</b> Integration of Mental Health and Community Health policies following acquisition and further amended to ensure compliance with the revised Policy Guidance. Update following organisational management change			
<b>Document objectives:</b> To ensure all managers and staff have clear instructions and procedures in order to ensure the Trust maintains a high standard of cleaning			
<b>Intended recipients:</b> All Clinical and Non-Clinical staff working in inpatient units and clinical settings			
<b>Committee/Group Consulted:</b> Infection Control Best Practice Group, Estates and Facilities Governance Group			
<b>Monitoring arrangements and indicators:</b> Cleaning audit results reported to through Infection to the Performance team for the Balanced score card review monthly by Senior Manager Operational Group			
<b>Training/resource implications:</b> Assistant Housekeepers and Service Assistants receive training in cleaning skills and techniques from their immediate supervisor and NVQ Level 2 from Yeovil college.			
<b>Approving body and date</b>	Clinical Governance Group	Date: July 2015	
<b>Formal Impact Assessment</b>	Impact Part 1	Date: August 2015	
<b>Ratification Body and date</b>	Senior Managers Operational Group	Date: August 2015	
<b>Date of issue</b>	<b>August 2015</b>		
<b>Review date</b>	<b>July 2018</b>		
<b>Contact for review</b>	Facilities Manager		
<b>Lead Director</b>	Director of Finance and Business Development		

### CONTRIBUTION LIST Key individuals involved in developing the document

Name	Designation or Group
David Dodd	Facilities Manager
Anna Warman	Facilities Lead West
Ian Forbes	Facilities Lead East
All Group Members	Infection Prevention and Control Assurance Group
All Group Members	Hotel Services Implementation Group
Andrew Sinclair	EIA / Head of Corporate Business
All Group Members	Estates and Facilities Governance Group

## **CONTENTS**

<b>Section</b>	<b>Summary of Section</b>	<b>Page</b>
Doc	Document Control	<b>2</b>
Cont	Contents	<b>3</b>
1	Introduction	<b>4</b>
2	Purpose and Scope	<b>4</b>
3	Duties and Responsibilities	<b>4</b>
4	Explanations of Terms used	<b>6</b>
5	Background and General Principles	<b>6</b>
6	Training Requirements	<b>7</b>
7	Equality Impact Assessment	<b>7</b>
8	Monitoring Compliance and Effectiveness	<b>7</b>
9	Counter Fraud	<b>8</b>
10	Relevant Care Quality Commission Registration Standards	<b>8</b>
11	References, Acknowledgements and Associated documents	<b>9</b>
12	Appendices	<b>9</b>
Appendix A	Cleaning Audits Frequency	<b>10</b>

## 1. INTRODUCTION

- 1.1 The Health Act 2006 requires all Trusts “To provide and maintain a clean and appropriate environment for healthcare”. Trusts must have clear and concise documented arrangements in place in order to ensure this requirement is maintained at all times.
- 1.2 The National Specifications for Cleanliness in the NHS 2007 set out the required standards of cleaning and the appropriate methodology for auditing standards.
- 1.3 High standards of cleaning have an important role to play in maintaining public confidence in the Trust and in the general perception the public has of the Trust and the work it undertakes.

## 2. PURPOSE & SCOPE

- 2.1 This document sets out the approach of the Somerset Partnership NHS Foundation Trust to deliver a clean and safe environment for everyone using its facilities by:
  - contributing to and supporting Trust Health Care Associated Infection Control mechanisms
  - implementing a whole system approach that includes all managers and staff working within the Trust, thus embedding a philosophy of high cleaning standards “from Board to Ward”
  - ensuring that all managers and staff working within the Trust are aware of their responsibilities and roles relating to cleanliness standards and cleaning. Managers and staff are inclusive of volunteers, trainees, students, agency staff and contractors.

## 3. DUTIES AND RESPONSIBILITIES

The following groups and individuals are responsible for ensuring that the Trust at all times provides a clean and safe environment.

- 3.1 **Trust Board and Chief Executive** will
  - ensure there are effective and adequately resourced arrangements for cleaning
  - identify a board level lead for cleaning
- 3.2 **The Chief Operating Officer** is the named board level lead for cleaning and is accountable for reporting to the board and ensuring, in liaison with the Director of Nursing and Patient Safety and the Facilities Manager/Leads that appropriate systems and processes are in place to achieve high standards of cleanliness.

3.3 **The Director Nursing and Patient Safety** is responsible, in liaison with the Facilities Manager/Leads, for implementing systems to ensure high standards of cleanliness are maintained and for monitoring standards of cleanliness.

3.4 **The Facilities Manager/Leads** provide the professional leadership for cleaning services. They are responsible for providing the operational cleaning framework within which ward managers/matrons and their teams may operate. The Operation Cleaning Manual contains the relevant operational information.

Responsibilities include:

- setting cleaning standards and frequencies
- selecting equipment, products, methods of cleaning
- compiling work schedules and outcomes
- setting staffing levels
- strategic and operational cleaning plans
- ensuring cleaning audits are reported to Infection Prevention and Control Assurance Group and onward to the Performance team
- receiving monthly cleaning audits from Hotel Services Supervisors.

3.5 **Heads of Division and Deputy Division Managers** are responsible for overseeing cleaning standards.

3.6 **Ward Managers and Matrons** together with their teams manage the ward cleaning services on a day-to-day basis.

Responsibilities include:

- staff rosters to ensure sufficient cover at all times
- management of cleaning standards
- monthly cleaning audit returns to the Facilities Manager and Facilities Leads
- regular meetings with housekeeping teams
- overseeing the monitoring of cleaning standards. Monthly ward cleaning audits demonstrate the standards on each ward. Where inadequacies or low standards are identified instigating a remedial processes by the use of action plans
- identifying and managing all cleaning related risks on a consistent long-term basis and if necessary entering such risks onto the risk register
- ensuring that Patient Led Assessment of the Care Environment recommendations and action plans are completed in a timely and cost effective manner

3.7 **Healthcare Personnel** have a duty to maintain a clean environment. Cleaning is everyone's responsibility (Matron's Charter 2004) and staff should ensure their work does not have a negative impact on the work of the housekeeping teams.

- rooms should be kept tidy
- rubbish, clinical waste and recyclables should be disposed of through the correct route.
- rooms should be kept free of clutter; items not in day-to-day use should be stored or disposed of.

#### 4. **EXPLANATIONS OF TERMS USED**

- **PLACE** - Patient Led Assessment of the Care Environment comprising, A Lead Patient representative, a second Patient representative, Facilities Manager/Facilities Leads and Clinical representation. This team is responsible for the annual PLACE assessments and reports.
- **NVQ** National Vocational Qualifications in housekeeping/cleaning.

#### 5. **BACKGROUND AND GENERAL PRINCIPLES**

5.1 This Strategic Cleaning Plan supported by the Operational Cleaning Manual will enable the Trust to comply with all relevant legislation and guidance, in particular the Health Act (2006) and the National Specifications for Cleanliness in the NHS (2007) and supports the Trust's organisational governance and risk management framework.

##### **Cleaning Teams**

5.2 Hospital based cleaning teams will be Trust employed staff and managed on a day-to-day basis by the Ward Manager/Matron. They will form part of the ward team.

5.3 Non-inpatient areas of the Trust will normally be cleaned by contractors who will work to a contract specification against which performance is regularly monitored.

5.4 Cleaning teams will work to a planned schedule of cleaning ensuring that all areas of the hospital are cleaned to provide a clean safe place for care.

##### **Audits**

5.5 Through a process of technical and managerial audit the Trust will demonstrate that high standards of cleaning are in place. Where inadequacies or low standards are identified the Facilities Manager/Facilities Leads will instigate remedial processes.

5.6 All cleaning related risks will be identified by the Infection Prevention Control Assurance Team and managed on a consistent long-term basis, irrespective of where the responsibility for providing cleaning services lies, and if necessary entered onto the risk register.

## **6. TRAINING REQUIREMENTS**

6.1 The Trust will provide statutory and mandatory training as detailed in the organisation's Staff Training Matrix (training needs analysis). All training documents referred to in this policy are accessible to staff within the Learning and Development Section of the Trust Intranet.

- Staff Induction
- Hand Hygiene training

6.2 Assistant Housekeepers and Service Assistants receive training in cleaning skills and techniques from their immediate supervisor and NVQ Level 2 from Yeovil college

## **7. EQUALITY IMPACT ASSESSMENT**

7.1 All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined by the Equality Act 2010. In addition, the Trust has identified Learning Disabilities as an additional tenth protected characteristic. If you, or any other groups, believe you are disadvantaged by anything contained in this document please contact the Equality and Diversity Lead who will then actively respond to the enquiry.

## **8. MONITORING COMPLIANCE AND EFFECTIVENESS**

### **8.1 Monitoring arrangements for compliance and effectiveness**

8.2 Monitoring will be conducted as detailed in Appendix 1

### **Responsibilities for conducting the monitoring**

8.3 The person responsible for conducting the audits are detailed in the table below :

<b>Mental Health</b>	<b>Community Health</b>
Ward Managers	Hotel Services Supervisor
As availability dictates assistance from a Clinical member of staff	

## **Methodology to be used for monitoring**

- 8.4 The methodology for monitoring cleaning standards will be in accordance with the National Patient Safety Agency Revised Cleaning Manual June 2009.

## **Process for reviewing results and ensuring improvements in performance occur.**

- 8.5 Facilities Manager/ Facilities Leads will produce an action plan to identify the corrective action necessary to achieve improvement and undertake a follow up additional cleanliness audit.
- 8.6 Audit results will be available to the Infection Prevention and Control Assurance Group, Hotel Service Implementation Group and Community Hospital Best Practice Group to identifying any shortfalls. These groups will be responsible for providing additional advice for improvements.

## **9. COUNTER FRAUD**

- 9.1 The Trust is committed to the NHS Protect Counter Fraud Policy – to reduce fraud in the NHS to a minimum, keep it at that level and put funds stolen by fraud back into patient care. Therefore, consideration has been given to the inclusion of guidance with regard to the potential for fraud and corruption to occur and what action should be taken in such circumstances during the development of this procedural document.

## **10. RELEVANT CARE QUALITY COMMISSION (CQC) REGISTRATION STANDARDS**

- 10.1 Under the **Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3)**, the **fundamental standards** which inform this procedural document, are set out in the following regulations:

Regulation 15:	Premises and equipment
Regulation 16:	Receiving and acting on complaints
Regulation 17:	Good governance
Regulation 18:	Staffing
Regulation 19:	Fit and proper persons employed
Regulation 20:	Duty of candour
Regulation 20A:	Requirement as to display of performance assessments.

- 10.2 Under the **CQC (Registration) Regulations 2009 (Part 4)** the requirements which inform this procedural document are set out in the following regulations:

Regulation 18:	Notification of other incidents
----------------	---------------------------------

- 10.3 Detailed guidance on meeting the requirements can be found at <http://www.cqc.org.uk/sites/default/files/20150311%20Guidance%20for%20providers%20on%20meeting%20the%20regulations%20FINAL%20FOR%20PUBLISHING.pdf>



## **Relevant National Requirements**

Health Act Duty 4 “Maintain a clean and appropriate environment for healthcare”.

Matrons Charter 2004

National Specification for Cleanliness in the NHS 2007

## **11. REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS**

### **11.1 References**

Department of Health: Towards Cleaner hospitals and lower rates of infection: A summary of action. 2004

Department of Health: National Specifications for Cleanliness in the NHS. 2007

Department of Health: Matrons Charter. 2004

Department of Health: The Health Act. 2006

National Patient Safety Agency Revised Cleaning Manual June 2009

### **11.2 Cross reference to other procedural documents**

Development & Management of Organisation-wide Procedural Documents  
Health and Safety Policy  
Infection Prevention and Control Policy  
Learning Development and Mandatory Training Policy  
Mandatory Training Matrix (Training Needs Analysis)  
Outbreak of Infection: Policy for Management and Control  
Post Outbreak Focused Clean Protocol  
Risk Management Policy and Procedure  
Untoward Event Reporting Policy and procedure

All current policies and procedures are accessible in the policy section of the public website (on the home page, click on ‘Policies and Procedures’). Trust Guidance is accessible to staff on the Trust Intranet.

## **12. APPENDICES**

12.1 For the avoidance of any doubt the appendices in this policy are to constitute part of the body of this policy and shall be treated as such. This should include any relevant Clinical Audit Standards.

Appendix A                      Cleaning Audits Frequency

**Cleaning Audits Frequency**

The table below shows the Cleaning audit frequencies for Community Hospitals and Mental Health within Somerset Partnerships.

<b>Functional Risk rating</b>	<b>National Audit Frequency</b>	<b>Community Hospital Audit Frequency</b>	<b>Mental Health Audit Frequency</b>	<b>Variance</b>
<b>Very High</b>	<b>Weekly</b>	<b>Monthly</b>	<b>Not applicable</b>	<b>None</b>
<b>High</b>	<b>Monthly</b>	<b>Monthly all rooms</b>	<b>Selection of rooms monthly</b>	<b>None</b>
<b>Significant</b>	<b>Three monthly</b>	<b>Three monthly all rooms</b>	<b>Selection of rooms monthly</b>	<b>None</b>
<b>Low</b>	<b>Six monthly</b>	<b>Six monthly all rooms</b>	<b>Selection of rooms monthly</b>	<b>None</b>