

Cleaning Policy

Department / Service:	Facilities/Cleaning Services
Originator:	Facilities Quality & Compliance Manager
Accountable Director:	Deputy Director of Estates & Facilities – Soft FM
Approved by:	TIPCC
Date of Approval:	1 st February 2024
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This is the most current document and must be used until a revised version is in place	
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust
Target Departments	All wards and departments
Target staff categories	All staff including agency and contractors

Policy Overview:

This policy sets out the Trust's arrangements for managing cleaning in line with The National Standards for Healthcare Cleanliness 2021 and Standards for Better Health.

This policy encompasses all cleaning activity within the Trust. This includes all cleaning activities undertaken by Cleaning Services as well as those undertaken by the Estates Department and nursing and departmental staff.

Latest Amendments to this policy:

Jan 2010	Update of cleaning schedules, signing off and exception report. (Addition of Appendix 4)	C Newton
June 2010	Revision and update to monitoring and compliance.	C Newton
Jan 2012	Policy extended for 12 months at request of Trust Infection Prevention & Control Committee. Awaiting new national guidance.	C Newton/ M Norton
Mar 2013	Introduction updated to include the Trust's intention to adopt the PAS 5748:2011	
July 2015	Document extended for 3 months whilst it is in the review process	Lindsey Webb
October 2015	Update of job titles, roles and responsibilities. Introduction of Trust Monitoring Team. Addition of updated guidance with regards to decontamination of linen. Update of cleaning elements in line with PAS 5748:2014	C Newton/ H Mills
May 2017	Reviewed with no amendments.	Caroline Newton.
February 2021	Document extended as per Trust agreement 11.02.2021.	

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March 2023	Update to policy to include the requirements from the National Standards of Healthcare Cleanliness 2021. Redefining clear roles & responsibilities. Development of SOP's for appendices.	Helen Mills
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1. Introduction

The provision of a clean and well-maintained environment is crucial to the successful and safe delivery of healthcare services in the Acute Trust. The Health and Social Care Act 2008 stipulates that all health care providers must 'provide and maintain a clean and appropriate environment. Criterion 2 of this act states that a registered provider (the Trust) will need to demonstrate the provision and maintenance of a clean and appropriate environment in managed premises that facilitates the prevention and control of infections.

All those involved in the provision of hospital cleaning services must be working towards the common and shared goal of high-quality cleaning services that meet the needs and expectations of patients, public and other hospital staff. Cleaning programmes enhance patient focused functions such as treatment and care. They must be seen as integral to the maintenance of a care environment and will maximise patient outcomes and experience.

The focus on improving hospital cleanliness and reducing healthcare associated infection must be high on the corporate agenda and it is important to recognise the important role that cleaning staff play in ensuring public confidence in the overall cleanliness of the hospital environment. This must be recognised and supported by management and clinical teams.

The Trust is adopting the latest guidance on cleanliness, by implementing the National Standards for Healthcare Cleanliness 2021.

2. Scope of this document

This policy applies to all Trust staff and PFI partners/external providers, and details the Trust's arrangements for the management of cleaning services and compliance with the National Standards for Healthcare Cleanliness 2021.

3. Definitions

- Cleaning Services
 - Defined as a department which provides services to the Trust whether by an in-house team or by an external contractor.
- Routine Cleaning
 - Daily scheduled cleaning. Cleaning all elements using an appropriate method to remove all visible dust, dirt, marks and contamination, leaving the item in accordance with the required performance parameters.
- Periodic Cleaning
 - Full clean of an item at a set interval as part of routine environmental maintenance where daily or weekly activity is not required. This becomes periodic i.e., fortnightly, monthly, quarterly, six-monthly or annually. Periodic cleaning of items less frequently than fortnightly or monthly (i.e., external window washing) is not considered routine and must form part of a planned and documented annual programme.
- Spot Cleaning
 - Cleaning specific elements using an appropriate method to remove all visible dust, dirt, marks and contamination, leaving the item in accordance with the required performance parameters.
- Check Cleaning
 - A check to assess if an element meets the performance parameters. If it doesn't, a full or spot clean must be undertaken to bring the element up to the performance parameter level.
- Touch Point Cleaning

- A full clean of items that are frequently touched (identified in Section 6 of the Cleaning Services SOP) using an appropriate method to remove contamination.
- **Enhanced Cleaning**
 - Cleaning at a higher level. This level of cleaning is usually carried out during an outbreak situation and will include the use of a high-level sporicidal disinfectant. This clean must be requested in line with the RAG poster (please see appendix 5)
- **Deep Cleaning**
 - A process of reducing environmental contamination by appropriate cleaning methods. Methods used can include the use of steam and/or a high-level sporicidal disinfectant.
 - It will also include cleaning elements which are the responsibility of the estates department and ward/departmental staff.
 - This clean must be requested in line with the RAG poster (please see appendix 5)
- **Reactive cleaning**
 - Response to unplanned work. An immediate response may be required where patient, public or staff safety and comfort may be compromised. E.g., floods
- **Terminal Clean**
 - Clean following the discharge of an infected patient. A high level clean using dedicated equipment and a high-level sporicidal disinfectant/steam. This clean must be requested in line with the RAG poster (please see appendix 5)
- **Barrier Clean**
 - Clean of a room where a patient is in isolation. A high level clean using dedicated equipment and a high-level sporicidal disinfectant. This clean must be requested in line with the RAG poster (please see appendix 5)

4. Responsibility and Duties

4.1. The Trust Board

The Trust Board has overall responsibility for ensuring that adequate resources are provided for Cleaning Services.

4.2. Chief Executive

The Chief Executive is responsible for ensuring that there are robust and effective arrangements for Cleaning Services

4.3. Chief Nursing Officer

The Chief Nursing Officer is responsible for:

- Providing oversight and assessing assurance on cleanliness and the built environment to the Trust Board.
- Setting and challenging standards of cleanliness
- Supporting Estates and Facilities to ensure robust systems, processes, monitoring and resources are in place that will facilitate high standards of cleanliness.

4.4. Deputy Director of Estates & Facilities – Soft and Hard FM

The Director of Estates & Facilities is responsible for ensuring compliance with national standards or legislation. Also, to ensure that the fabric of the building is maintained to facilitate high levels of cleanliness.

4.5. PFI Management Teams

The PFI Management Team is responsible for:

- Monitor the performance of the Contractor.

- Ensure that the level of service received is in line with the contract.
- Holding regular Service Provider meetings with the contractor to identify and discuss any areas of non-conformance.

4.6. Facilities Management Team

Facilities Management are responsible for:

- ensuring that staffing resources are used effectively and efficiently, and that staff are appropriately trained, including domestic staff.
- Providing cleaning services to agreed standards and frequencies required.
- Consult with Infection Prevention & Control with regards to new cleaning products.
- Report monitoring results to the Patient Environment Operational Group and the Trust Infection Prevention and Control Committee.

4.7. Estates Management Team

Estates Management Team are responsible for:

- Ensuring that all parts of the premises are maintained in good physical repair and condition.
- Actioning works to remedy identified faults.
- Ensuring that flushing of infrequently used outlets is undertaken and reported on as per the Trust's Water Safety Policy.
- Liaising with the Facilities Department to enable cleaning of restricted items (i.e. radiators)

4.8. Worcestershire Hospitals Special Purpose Company (WHSPC)

WHSPC are responsible for ensuring that the service providers:

- ensure that staffing resources are used effectively and efficiently, and that staff are appropriately trained, including domestic staff.
- provide cleaning services to agreed standards and frequencies required.
- consult with Infection Prevention & Control with regards to new cleaning products.
- report monitoring results to the Patient Environment Operational Group and the Trust Infection Prevention and Control Committee.
- ensure that all parts of the premises are maintained in good physical repair and condition.
- action works to remedy identified faults.
- ensure that flushing of infrequently used outlets is undertaken and reported on as per the Trust's Water Safety Policy.
- liaise with each other to enable cleaning of restricted items (i.e. radiators)

4.9. Facilities Monitoring Team

The Facilities Monitoring Team are responsible for:

- Monitoring standards achieved against the National Standards of Cleanliness
- Providing data to support assurance, challenge etc as the basis of reporting to Star Rating Review Meetings, PEOG and TIPCC.

4.10. Infection Prevention and Control Team

The Infection Prevention and Control Team:

- work in conjunction with the Estates & Facilities Departments to ensure compliance with national standards and legislation.

- provide on-going support and training for all staff groups.
- endorse the cleaning methods and chemicals used and monitor standards through active participation in the audit process.

4.11. Matrons & Divisional Directors of Nursing

Matrons and DDN's are responsible for:

- Having accountability for ensuring a clean and safe environment on the areas for which they hold responsibility.
- Leading and driving a culture of cleanliness
- Having awareness of all cleaning specifications for their areas.
- Being a point of escalation when standards are not achieved.
- With regards to the Star Rating review meetings, If there are 3 consecutive meetings where the same area is discussed, then the Matron for that area will need to attend. If there are 6 consecutive meetings where the same area is discussed, then the Divisional Director of Nursing for that area will need to attend.

4.12. Ward/department managers

Ward and department managers are responsible for:

- Being directly responsible for ensuring that cleanliness standards are consistently maintained within their ward/department.
- Assisting the Estates and Facilities teams to ensure that access to areas is facilitated to enable cleaning and maintenance to be undertaken.
- Escalate areas of non-compliance
- Devise and manage action plans
- Being responsible for requesting the correct level of cleaning and ensuring that their staff do the same.
- With regards to the star rating review meetings, Ward/department managers will be expected to attend if 60% of the previous 3 months audits of their area have failed to achieve more than a 3 star rating.

4.13. Individual Members of Staff

All members of staff are required to:

- Follow and adhere to the cleaning policy and SOP's.
- Recognise that all staff have a responsibility for caring for the environment.
- Report any issues promptly.

5. Policy detail

5.1. Cleaning Methods and Standards

The cleaning process will be carried out using the following methods:

- Routine/full cleaning
- Periodic cleaning
- Spot cleaning
- Check cleaning
- Touchpoint cleaning
- Reactive cleaning

- Enhanced cleaning
- Deep Cleaning
- Disinfection

A definition of these cleans can be found in section 3 of this policy

- All areas within the Acute Trust must meet the minimum cleaning standard as specified in the National Standards for Healthcare Cleanliness. The hospital must always maintain a clean and hygienic environment.
- The responsibility for requesting the appropriate level of clean lies with the ward/department manager, in line with the RAG poster.(Appendix 5)

5.2. Risk Categories

- All areas within Worcestershire Acute Trust will be categorised by risk. The risk category will form the criteria for the level of cleaning and resource allocated. Infection Prevention and Control Team are involved and endorse the risk category selected for each area. (See Section 4 of the Cleaning Services SOP).
- When assigning risk categories to functional areas, or when re-assessing the risk category for a functional area, the process at section 4 of the Cleaning Services SOP will be followed.

5.3. Cleaning Frequencies & Schedules

- Cleaning frequencies for each area must be based on the minimum frequencies in the National Standards of Healthcare Cleanliness 2021 for each respective risk category. Cleaning frequencies can be agreed locally to reflect the needs of each individual area to ensure a high standard of cleanliness. (See Section 3 of the Cleaning Services SOP)
- Cleaning routines must be flexible and able to respond to the changing needs of a ward or department.
- Clinical areas must have dedicated staff that become an integral part of the team.
- Ward and Departmental Managers will ensure the guidelines in this policy form the basis of good practice in their work areas. They will develop specific ward/departmental procedures as appropriate and with reference to the General Decontamination Protocol (WAHT-INF-009) and the Cleaning Responsibility Framework. Cleaning of patient and departmental equipment must be evidenced and will be monitored.
- Ward and departmental staff must recognise that untidy and cluttered areas compromise effective cleaning. All areas must be kept tidy and clutter free.
- Cleaning routines must form part of the ward routine and not an intrusion into it.
- Cleaning schedules must be agreed, clear and publicised. For cleaning tasks that are not completed an Exception Report must be completed and the cleaning task rescheduled. (See section 5 of the Cleaning Services SOP)

- Nurse cleaning schedules must be agreed, clear and publicised. Schedules must be signed by a member of the nursing staff.

5.4. Audit scores, star ratings and Commitment to Cleanliness Charter

- Cleaning audit scores must be available to all staff. Audit percentage scores must be utilised for internal performance monitoring.
- Star ratings must be displayed in all patient facing areas. Star ratings are to be used for public assurance of the cleanliness levels in a particular ward/department. Please see appendix 4 for a sample star rating poster.
- Functional areas rated at 3 stars or fewer must be subject to an improvement plan with agreed timescales appropriate to the functional area and the score achieved. A sample template can be found at Appendix 6.
- The star rating for each area must be drawn from the audit score at the point of audit. It cannot be changed following any re-audit as part of the rectification process. It can only be changed following the next full audit.
- If an area fails to achieve its target score on 2 consecutive occasions, the star rating that is displayed will be reviewed.
- If there are two consecutive improved audits, then the star rating will be reviewed.
- The Deputy Director of Infection Prevention & Control will chair Star Rating Review Meetings, to celebrate areas that maintain a 4 or 5 star rating, and to formulate action plans for those areas with a 3 star rating or below. The Terms of Reference for these meetings can be found at Appendix 3.
- The Trust's Commitment to Cleanliness Charter (Appendix 2) must be displayed adjacent to the cleaning schedule for each patient facing area.

5.5. Visitor & patient information

- All patient and public toilets must display notices detailing cleaning frequency and the procedure to report any problems relating to the cleaning standards.
- Each of the Wards and Departments must display a notice informing patients and visitors of the procedure to report any problems relating to the cleaning standards.

5.6. Cleaning methodology and equipment

- Cleaning methods will reduce the risk of cross contamination and must be approved by Infection Control.
- Cleaning regimes will be underpinned by SOP's and any other national guidance, as well as the current cleaning manual.

- Cleaning must be undertaken in line with the Trust's Cleaning Responsibility Framework (Section 3 of the Cleaning Services SOP)
- Launderable cloths and mops must be laundered in accordance with Choice Framework for local Policy and Procedures – 01-04 – Decontamination of linen for health and social care – management and provision. Mops and cloths must be laundered daily and there must be always adequate supplies available.
- All cleaning equipment must be well maintained, clean and fit for purpose. Equipment purchased must be easy to use and able to demonstrate infection prevention and control benefits.
- Cleaning equipment must be segregated and stored according to the National Patient Safety Agency - Colour coding for hospital cleaning materials and equipment - to prevent cross contamination.
- Cleaning chemicals must be approved for use by Infection Prevention and Control. Chemicals must be stored in locked cupboards or in the lockable cabinet on the cleaning trolley when in use. Any unused diluted chemical must be disposed of at the end of each shift. The dispensing bottles must be cleaned thoroughly and inverted to dry. COSHH data sheets must be available to all staff who undertake cleaning.
- All staff must adhere to the National Safety Agency Colour Coding Scheme. All materials and equipment (reusable and disposable) must be colour coded. The method used to colour code items must be clear and permanent. (see section 1 of the Cleaning Services SOP)
- A risk assessment will be carried out for each cleaning task and will be reviewed annually.
- A programme of deep cleaning must be planned and carried out. This is in addition to scheduled and routine cleaning. A deep clean programme must include the elements cleaned by the Estates Department and ward/departmental staff.

5.7. Uniform and PPE

- Adequate supplies of PPE must always be available to cleaning staff.
- All staff must be trained in the donning and doffing of PPE, and training records of this must be kept.
- Disposable plastic aprons must be worn for all cleaning tasks where clothing is likely to be splashed.
- Protective domestic gloves must be worn for all cleaning tasks.
- All cleaning staff must adhere to the Trust Standards of Dress Policy. This includes bare below the elbow requirements.
- During procedures where fluid may splash in their face, staff must wear safety protection such as goggles, masks or visors to protect their eyes, nose and mouth. Goggles must be worn when diluting cleaning chemicals.

5.8. Fabric and condition of the patient environment

- Maintenance of the fabric of the building is essential in ensuring that the environment is acceptable to patients. It must be recognised that ageing buildings and equipment will become difficult to clean and present a potential reservoir for infection.
- All staff have a responsibility to report estates issues to the relevant Estates Department.
- Fabrics and furnishing must be selected with consideration to the cleaning requirements and infection prevention properties. Cleaning Services and Infection Prevention and Control must be involved in the selection process.

5.9. Auditing and Monitoring of the Patient Environment

- Auditing and monitoring arrangements must be in line with the National Standards for Healthcare Cleanliness 2021 and must form part of the cleaning services quality assurance programme.
- The audit process is essential in providing assurance that the Trust is delivering safe standards of cleanliness.
- The focus of monitoring will be to encourage quality improvements and must not be punitive.
- Three levels of monitoring are employed: -
- Technical – checks and scores cleanliness outcomes against the standards
- Managerial – checks and scores cleanliness outcomes against the standards and acts as an independent level of assurance
- Efficacy audits – checks the efficacy of the cleaning process at the point of service delivery.

5.9.1. Technical audits

- 5.9.1.1. Technical audits must be carried out jointly between the Cleaning Services Department and a nominated person with responsibility for cleaning standards. Auditing frequency will be in accordance with the relevant risk category.
- 5.9.1.2. This system must support continuous improvement in cleaning standards. This will ensure that high standards of cleanliness are maintained, and that any slippage is recognised and corrected through working to national targets that measure performance over a range of factors.
- 5.9.1.3. Technical audits at the Alexandra Hospital & Kidderminster Treatment Centre will be conducted by the Trust Housekeeping Department
- 5.9.1.4. Technical audits at Worcestershire Royal Hospital will be conducted by the Soft FM service provider, ISS.
- 5.9.1.5. All areas across the Trust are audited in line with the frequencies stated in the National Standards of Healthcare Cleanliness 2021, as per their risk category.

5.9..2. Managerial audits

- 5.9..2.1. Further independent managerial audits are carried out by the Trust Monitoring Team. These serve as an independent level of assurance.
- 5.9..2.2. The Trust Monitoring Team audit close off process can be found in the at section 9 of the Cleaning Services SOP.
- 5.9..2.3. The escalation process can be found at section 10 of the Cleaning Services SOP.

5.10. Rectification of failures

- Where slippage occurs, action to rectify the problem will be taken as outlined in the table below. The remedial action must be appropriate to the risk category of the area.

Priority	Timeframe for rectifying problems
A.- Constant Cleaning critical (FR1 and FR2 functional area).	Immediately or as soon as is practically possible. Cleaning must be recognized as a team responsibility. If cleaning staff are not on duty, cleaning must be the responsibility of other ward or department personnel. These responsibilities must be clearly set out and understood.
B - Frequent Cleaning important and requires maintaining (FR3 and FR4 functional areas)	0-3 hours for patient areas (to be rectified by daily scheduled cleaning service for non-patient areas).
C - Regular On a less frequent scheduled basis and as required in-between cleans (FR5 and FR6 functional areas).	0-48 hours

5.11. Efficacy Audits

- These audits check the efficacy of the cleaning process.
- It checks whether the correct methodology, equipment and colour coding is being used to undertake the cleaning process, and whether it is underpinned by supporting policies and procedures.
- An SOP detailing the efficacy audit process and protocol can be found at section 7 of the Cleaning Services SOP.

5.12. Infection Prevention & Control Audits

- The Infection Prevention and Control Team monitor environmental and equipment cleanliness using a specific IPC tool. The IPCT provide feedback following an audit to enable the ward sister to action any issues raised. Clinical teams are notified via email of results and a timeline for corrective actions is outlined.
- On request the Infection Prevention and Control Team will audit cleaning standards prior to total room decontamination.

- 5.13.** Ad-hoc inspections are also carried out by the Deputy Director of Estates & Facilities – Soft FM and Deputy Director of Nursing.

5.14. Patient and public involvement

- Patient views will be sought through patient satisfaction surveys and patient exit surveys (PET system). These are fed back to the divisions and then on to the Facilities Department.
- Patient and public involvement will be part of all Patient Led Assessments of the Care Environment (PLACE) inspections. PLACE assessments are an annual national self-assessment inspection process.
- Formal complaints regarding cleaning standards will be processed through the Patient Advice & Liaison (PALS) Department. Informal complaints will be dealt with at the time of the complaint. All complaints will be investigated promptly, and remedial action taken immediately or as soon as practicably possible, in line with the Trusts concerns & complaints policy and procedure WAHT-PS-005.

5.15. Management of Contracted Cleaning Services

- Where cleaning services are provided under Service Level Agreements and/or a contract, the organisation providing cleaning has responsibility to provide the service as stipulated in the contract specification. The PFI Management Team will develop contract specifications, detailing the standards to be achieved, and will set up monitoring within the contract to ensure the measurement of standards on an ongoing basis.
- The Contractor will ensure that cleaning services are provided in line with the specifications in the contract, and as per the National Standards for Healthcare Cleanliness 2021.
- The Contractor will undertake their own monitoring of standards achieved and provide to the Trust the results of this monitoring in the monthly Service Provider report, which are then triangulated with the Trust Monitoring Team audits.

5.16. Terminal and Reactive Cleaning

- Response to terminal and reactive cleaning is provided by three different systems of work: -
 - 5.16..1. The service at the Alexandra Hospital is provided by a Fast Response Team. Each clean is evidenced by a signed work schedule. Requests for this service are raised through the Service Desk.
 - 5.16..2. The service at Kidderminster Treatment Centre is provided from within the ward/department-based cleaning team. Requests for this service are made directly with Housekeeping.
 - 5.16..3. The service on the Worcestershire Royal Hospital Site is provided from within the ward/department-based cleaning team, and also by relief staff. Requests for this service are raised through the Helpdesk.
- Response to requests must be prompt.

- Cleans must be carried out as a priority.
- Terminal cleans must be carried out using the agreed method and using a high-level sporicidal disinfectant approved by Infection Prevention and Control.
- Wards/departments must request the appropriate level of clean in line with the RAG poster (appendix 5)
- All requests must be recorded on the Record of Terminal Clean (see Section 11 of the Cleaning Service SOP).
- All requests must be logged:
 - At the Alexandra Hospital – through the Servicedesk
 - At Kidderminster Treatment Centre – via Housekeeping
 - At Worcestershire Royal Hospital - through the helpdesk

5.17. Isolation Room cleaning

- Isolation room cleaning is provided from within the ward/department-based cleaning team.
- Isolation room cleans must be carried out using the agreed method and using a high-level sporicidal disinfectant approved by Infection Prevention and Control Team.
- The level of clean required will be in line with the Trust's Isolation and Bed Management Policy – appendix 4 - A to Z of Infectious Pathogens/Diseases & the RAG poster (appendix 5)

5.18. Pandemics and endemics – changes to cleaning operations

- National guidance will be provided from national governing bodies. This will include Public Health England and NHS England.
- Guidance will be specific according to the organism.
- The Director of Infection Prevention & Control will have responsibility for risk-based assessments of the patient environment. They will lead in the interpretation of the national guidance, and how it will be implemented at a local level.
- **Cleaning**
 - 5.18..1. All staff with responsibility for cleaning must follow the nationally issued guidance with regards to Standard Operating Procedures and methodology.
 - 5.18..2. All staff with responsibility for cleaning must be trained on any new procedures and guidance that has been issued.
 - 5.18..3. Staff must be dedicated to those areas of the site that are affected by the pandemic.
 - 5.18..4. Frequent reviews must be carried out by Housekeeping Managers and the IPC Nursing Team to make sure that the frequency of cleaning, and touchpoint cleaning in particular, is appropriate for the organism causing the pandemic, in line with the functional risk category for that area.

- **Auditing**

5.18..1. An auditing frequency review must be undertaken. This review must include an assessment of whether there is a requirement to minimise footfall/activity within affected areas.

5.18..2. A protocol detailing how to propose changes to monitoring during a pandemic can be found at section 8 of the Cleaning Service SOP.

5.19. Training and development of Staff with Responsibility for Cleaning and Staff Responsible for Monitoring

- All staff must receive a Trust Induction and a departmental induction on commencement of employment.
- All staff with responsibility for cleaning must receive detailed and appropriate training on commencement of employment, commensurate with their role. This must be recorded, and competency monitored on an ongoing basis.
- All training must be evidenced and endorsed by an appointed trainer.
- All staff with responsibility for cleaning must receive training on Infection Prevention and Control.
- Staff that are responsible for undertaking audits must:
 - 5.19..1. Receive regular training to ensure that they are proficient by a competent and appropriately qualified external training provider.
 - 5.19..2. Have a detailed knowledge of the three hospital sites.
 - 5.19..3. Be able to make discriminating judgements on risk relating to the areas being cleaned.
 - 5.19..4. Be able to make informed judgements on the extent to which existing cleaning frequencies may be insufficient.
- All staff will receive an annual appraisal.
- All staff will receive refresher training and on-going support.
- All staff will be encouraged to enhance their knowledge using the e- learning training resource.
- Staff will be encouraged to achieve a formal qualification e.g. NVQ.
- Staff identified as not achieving the correct standard will receive additional training until the accepted standards are achieved.

6 Implementation

6.1 Plan for implementation

- The Cleaning Policy will be circulated to all key staff. This will ensure staff are aware of their responsibilities.
- Additional training appropriate to the staff discipline will be provided by either the relevant supervisor/line manager and/or infection control.

6.2 Dissemination

Dissemination of documents will be as per the Trust Policy for Policies. The policy will be available to view on the Trust Intranet and in hard copy as per this policy.

6.3 Training and awareness

It is the responsibility of the line managers to ensure that the Cleaning Policy is communicated to all staff. A copy of the Cleaning Policy will be held within all areas of the Trust. Trust staff will be made aware of this policy through local induction training, supported by their manager. Staff employed by the Trust's soft services provider will be made aware of this policy and its relevance to their role at induction.

7 Monitoring, compliance and governance

7.1 Star rating review meetings

- 7.1.1 The cleaning policy is monitored through the Star Rating Review Meeting.
- 7.1.2 The aim of the committee is to gain assurance that affirmative action is being taken to demonstrate improvement, and that issues that are escalated are actioned.

7.2 Patient Environment Operational Group (PEOG)

- 7.2.1 The Cleaning Policy is monitored through the Patient Environment Operational Group. The Patient Environment Operational Group monitors cleaning standards and monitoring outcomes to ensure compliance with the National Standards of Healthcare Cleanliness 2021.
- 7.2.2 The Facilities Quality and Compliance Manager will provide a report on a monthly basis, detailing all sites performance against the standards. This report will also show detail at a division and responsibility group level and will provide information on themes and trends.
- 7.2.3 Any shortfall in standards is reported and rectification of shortfalls agreed and actioned. Environmental issues which impact on cleanliness are reported.
- 7.2.4 Meetings are held bi-monthly; they are attended by Matrons, Estates and Facilities, Infection Prevention & Control, and PFI service managers.

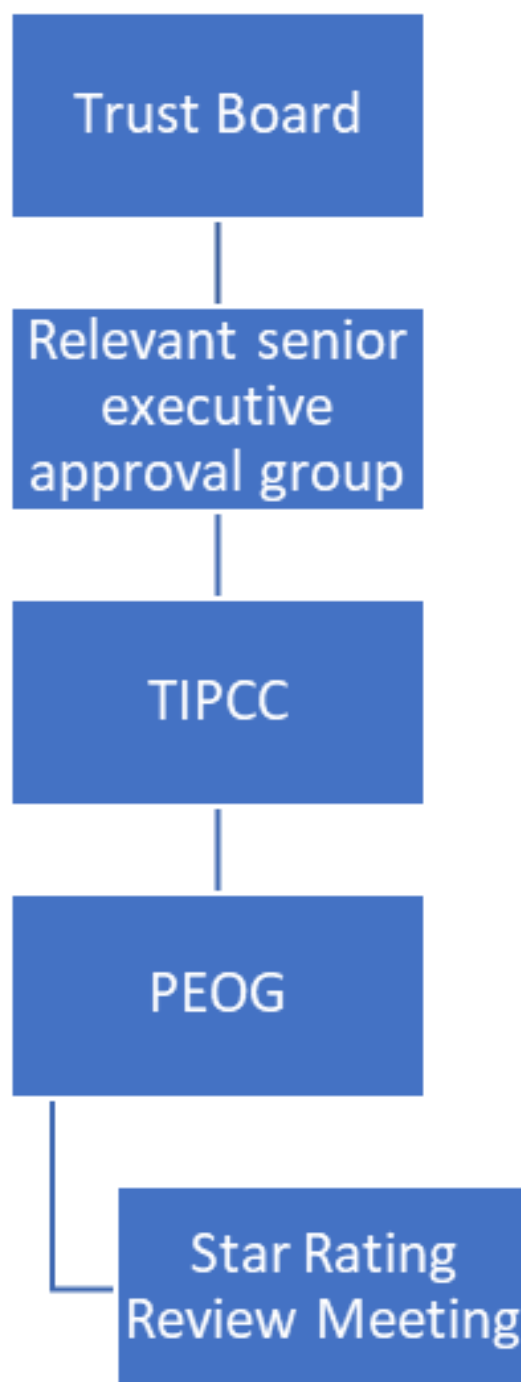
7.3 Trust Infection Prevention and Control Committee (TIPCC)

- 7.3.1 A bi-monthly report on cleanliness is presented to the Trust Infection Prevention & Control Committee.
- 7.3.2 Ongoing issues regarding performance which require Trust level intervention will be raised as part of the Facilities report to this committee.

7.4 Trust Board

7.4.1 An annual cleanliness report is submitted to the Trust Board.

7.5 Governance flowchart



Trust Policy

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non-compliance)</i>	Frequency of reporting:
	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
	These are the 'key' parts of the process that we are relying on to manage risk. We may not be able to monitor every part of the process, but we MUST monitor the key elements, otherwise we won't know whether we are keeping patients, visitors and/or staff safe.	What are we going to do to make sure the key parts of the process we have identified are being followed? (Some techniques to consider are; audits, spot-checks, analysis of incident trends, monitoring of attendance at training.)	Be realistic. Set achievable frequencies. Use terms such as '10 times a year' instead of 'monthly'.	Who is responsible for the check? Is it listed in the 'duties' section of the Policy? Is it in the job description?	Who will receive the monitoring results? Where this is a committee the committee's specific responsibility for monitoring the process must be described within its terms of reference.	Use terms such as '10 times a year' instead of 'monthly'.
7	Compliance with National Specifications from Cleanliness	Technical audits	Each area is monitored at least once a month	Domestic supervisors	Matron and Cleaning Manager PEOG report	After each audit 12 times a year
7	Compliance with PLACE assessment guidelines	Patient Environment audits Mini-PLACE assessments	4 audits per day 1 per month	Trust Monitoring Team	Matrons, Ward/Department Managers/Cleaning Managers/Estates Managers	After each audit After each assessment
7	Environmental & Equipment Cleanliness	Infection Prevention & Control audits	All inpatient areas – once a month	Infection Prevention & Control Nurses	Ward managers and matrons	After each audit

Cleaning Policy

8 Policy Review

This policy will be reviewed on a biennial basis by the Trust Facilities Department.

9 References

The Health Act 2006, Code of Practice for the Prevention and Control of Health Care Associated Infections. Department of Health (2006)
The Health and Social Care Act 2008
NHS Estates, (December 2004), Revised Guidance on Contracting for Cleaning, Department of Health
Standards for Better Health, Department of Health (2004)
National Patient Safety Agency, (January 2007), Safer Practice notice 15. Colour coding hospital cleaning materials and equipment.
The National Specifications for Cleanliness in the NHS (April 2007)
The Management and Control of Hospital Infection. Health Service Circular (2000) HSC 2000/002
A Matron's Charter. Department of Health (2004)
Deep clean Keep it clean. Department of Health (October 2008)
Food Hygiene (England) Regulations 2006
General Decontamination Protocol 2007 WHAT-INF-009
Hospital Laundry Arrangements for Used and Infected Linen HSG(95) 18
PAS 5748:2011 Specification for the planning, application and measurement of cleanliness services in hospitals.
Department of Health Choice Framework for Local Policy & Procedures – 01-04 – Decontamination of linen for health & social care – management and provision

10 Background

10.1 Equality requirements

The equality risk assessment for this policy has been undertaken and meets all the required standards. [Supporting Document 1]

10.2 Financial risk assessment

Reactive cleaning and additional cleaning in response to outbreak situations may have a revenue consequence for the Trust. Where resources are required to support Cleaning Services, the financial implications will be identified through the Trust's business planning procedures. [Supporting Document 2]

10.3 Consultation

All policies will conform to the Trusts standard structure and format and other requirements, as per Trust Policy for Policies (the development, approval and management of key documents –WHAT-CG-001)

Contribution List

This key document has been circulated to the following individuals for consultation;

Designation
Facilities Manager – Alexandra Hospital and Kidderminster Treatment Centre
Deputy Director of Estates & Facilities – Soft FM

This key document has been circulated to the chair(s) of the following committees / groups for comments;

Committee
PEOG (Patient Environment Operational Group)
TIPCC(Trust Infection Prevention and Control Committee)

10.4 Approval Process

The final draft will be checked to ensure it complies with the correct format, and all supporting documentation has been completed appropriately.

The Cleaning Policy will be submitted to the Trust Infection and Prevention Control Committee for approval before document code and version number will be confirmed and the policies released for placement on the Trust intranet and hard copy production.

10.5 Version Control

This section must contain a list of key amendments made to this document each time it is reviewed.

Date	Amendment	By:
Jan 2010	Update of cleaning schedules, signing off and exception report. (Addition of Appendix 4)	C Newton
June 2010	Revision and update to monitoring and compliance.	C Newton
Jan 2012	Policy extended for 12 months at request of Trust Infection Prevention & Control Committee. Awaiting new national guidance.	C Newton/ M Norton
Mar 2013	Introduction updated to include the Trust's intention to adopt the PAS 5748:2011	
July 2015	Document extended for 3 months whilst it is in the review process	Lindsey Webb
October 2015	Update of job titles, roles and responsibilities. Introduction of Trust Monitoring Team. Addition of updated guidance with regards to decontamination of linen. Update of cleaning elements in line with PAS 5748:2014	C Newton/ H Mills
March	Update to policy to include the requirements from the	Helen Mills

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Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.

Please complete assessment form on next page;

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Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form

Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	✓	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	Emma King, Deputy Director of Estates and Facilities (Soft FM)
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Details of individuals completing this assessment	Name	Job title	e-mail contact
	Helen Mills	Facilities Quality & Compliance Manager	Helen.mills12@nhs.net
Date assessment completed	06.02.2024		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Title: Cleaning Policy
What is the aim, purpose and/or intended outcomes of this Activity?	This policy sets out the Trust's arrangements for managing cleaning in line with The National Standards for Healthcare Cleanliness 2021 and Standards for Better Health. This policy encompasses all cleaning activity within the Trust. This

Trust Policy

	includes all cleaning activities undertaken by Cleaning Services as well as those undertaken by the Estates Department and nursing and departmental staff.			
Who will be affected by the development & implementation of this activity?	✓ ✓ ✓ ✓	Service User Patient Carers Visitors	✓ ✓ <input type="checkbox"/> <input type="checkbox"/>	Staff Communities Other _____
Is this:	<input checked="" type="checkbox"/> Review of an existing activity <input type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?			
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.)	This policy has been written in line with the National Standards for Healthcare Cleanliness			
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	This policy has been peer reviewed at the Patient Environment Operational Group, and was ratified at TIPCC			
Summary of relevant findings	The policy has been deemed fit for purpose			

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.** Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age	✓			Having a policy to ensure that the management and delivery of cleaning services at WAHT is compliant and safe is of benefit to all
Disability	✓			Having a policy to ensure that the management and delivery of cleaning services at WAHT is compliant and safe is of benefit to all
Gender Reassignment	✓			Having a policy to ensure that the management and delivery of cleaning services at WAHT is compliant and safe is of benefit to all
Marriage & Civil Partnerships	✓			Having a policy to ensure that the management and delivery of cleaning services at WAHT is compliant and safe is of benefit to all

Equality Group	Potential <u>positive</u> impact	Potential <u>neutral</u> impact	Potential <u>negative</u> impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Pregnancy & Maternity	✓			Having a policy to ensure that the management and delivery of cleaning services at WAHT is compliant and safe is of benefit to all
Race including Traveling Communities	✓			Having a policy to ensure that the management and delivery of cleaning services at WAHT is compliant and safe is of benefit to all
Religion & Belief	✓			Having a policy to ensure that the management and delivery of cleaning services at WAHT is compliant and safe is of benefit to all
Sex	✓			Having a policy to ensure that the management and delivery of cleaning services at WAHT is compliant and safe is of benefit to all
Sexual Orientation	✓			Having a policy to ensure that the management and delivery of cleaning services at WAHT is compliant and safe is of benefit to all
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)	✓			Having a policy to ensure that the management and delivery of cleaning services at WAHT is compliant and safe is of benefit to all
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)	✓			Having a policy to ensure that the management and delivery of cleaning services at WAHT is compliant and safe is of benefit to all

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
	None	.		
How will you monitor these actions?	n/a			

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When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)	At the policy review date
--	----------------------------------



Section 5 - Please read and agree to the following Equality Statement

1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	
Date signed	06.02.2024
Comments:	
Signature of person the Leader Person for this activity	
Date signed	06.02.2024
Comments:	

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue?	Yes
3.	Does the implementation of this document require additional manpower?	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff?	No
	Other comments: Additional revenue has been sought through Stage III of the Cleaning Strategy. If this funding is given, no additional revenue will be required.	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval

Appendix 1

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An element shall be identified as clean if all parts of the element have the visual appearance of being free of dirt and stains.

Dirt

Matter adhering to or resting on an element, which is not part of that element

Stain

Discolouration appearing on an element which is not caused by the natural aging of the element

No.	Element name
1	Bed pan and bed pan holder
2	Bed pan washer, macerator, isolation trolleys, patients own wheelchair, portable privacy screens
3	Other sluice equipment including sluice sink and equipment holders, bedpans/holders, slipper pans, urine bottles, urine jugs
4	Commodes
5	Patient hoists
6	Weighing scales, manual handling equipment (including neonatal, seated and standing scales)
7	Medical equipment e.g. intravenous infusion pumps, drip stands and pulse oximeters, medical gas bottles and stands, walking aids. Refer to local protocol for medical equipment connected to and not connected to a patient.
8	Wheelchairs (organisation owned)
9	Patient fans - with accessible blade
10	Patient TV and bedside entertainment systems including head pieces.
11	Notes and drugs trolleys and patient clipboards.
12	Chairs (not examination/treatment chairs) and couches
13	Beds, new-born cots, paediatric cots and incubators (occupied)
14	Beds, new-born cots, paediatric cots and incubators (between use)
15	Examination/treatment chairs, bed space trollies and couches
16	Children's toys in clinical areas
17	Switches, sockets and data points, trunking, handrails and wall fixtures
18	Walls (including skirting boards) - accessible up to 2 metres
19	Ceilings and walls - not accessible above 2 metres and ceiling lights
20	Floors - polished and non-slip
21	Soft floor
22	Doors (including handles and ventilation grilles)
23	All windows including frames where possible

24	Internal glazing including partitions (excluding mirrors and windows)
25	Mirrors
26	Dispensers
27	All elements of showers
28	Toilets, bidets, urinals
29	Sinks/basins
30	Routine cleaning of assisted baths
31	Radiators
32	Low surfaces
33	Middle surfaces
34	High level surfaces
35	Bedside lockers
36	Over bed tables and dining tables
37	Waste receptacles
38	Linen trollies
39	Replenishment of consumables
40	Wall and ceiling vents
41	Lighting
42	Electrical items in multiuse areas
43	Changing of window and bed curtains
44	Dishwasher
45	Fridges and freezers
46	Clinical fridges and freezers
47	Hot water boilers, ice machines and water dispensers
48	Kitchen cupboards
49	Microwaves
50	Cleaning equipment
51	Beverage trolley
52	Pest control devices

Appendix 2 – Commitment to Cleanliness Charter

Our Commitment To Cleanliness



Cleaning Summary

Keeping our hospital clean and preventing infection is everybody's responsibility from the Chief Executive to the healthcare cleaner. It is important for patients, visitors, the public and staff.

This Charter sets out our commitment to ensure a consistently high standard of cleanliness is delivered in all of our healthcare facilities. It also sets out how we would like you to help us maintain high standards.

These are underpinned by strong, clear leadership that encourages a culture where cleanliness matters.

WE WILL:

- Treat patients in a clean and safe environment and minimise exposure to healthcare associated infections
- Provide a well maintained, clean and safe environment, using the most appropriate and up to date cleaning methods and frequencies
- Maintain fixtures and fittings to enable effective and safe cleaning to take place regularly
- Have clinical leads who will establish and promote a cleanliness culture across their areas
- Constantly review cleanliness
- Take account of your views about the standards of cleanliness by involving patients and visitors in reporting and monitoring how well we are doing
- Provide the public with clear information on any measures which they can take, to assist in the prevention and control of healthcare associated infections
- Provide structured and pro-active education and training to ensure all our staff are competent in delivering infection prevention and control practices within the remit of their role
- Design any new facilities with ease of cleaning in mind

WE ASK PATIENTS, VISITORS AND THE PUBLIC TO:

- Follow good hygiene practices which are displayed in and around the organisation
- Tell us if you require any further information about cleanliness or prevention of infection
- Work with us to monitor and improve standards of cleanliness and prevention of infection

The cleaning schedule for this department can be found adjacent, as part of our overall commitment to cleanliness charter.

Anita Day
Chair

Matthew Hopkins
Chief Executive

ISOLATION AREAS

All areas identified as Isolation Areas are cleaned using yellow colour coded equipment in accordance with the Trust's Infection Prevention & Control Policy requirements

PROTECTED MEALTIMES

During Protected Meal Time periods, cleaning will be undertaken in areas which do not interrupt the patient's enjoyment or distract nurses from assisting patients with eating.



National Cleaning Colour Coding Scheme – National Patient Safety Agency

All cleaning items including cloths, mops, buckets, aprons and gloves should be colour coded as follows:



Appendix 3 – Star Rating Review Meetings - Terms of Reference

Terms of Reference

Cleanliness Scrutiny Meetings – Star Ratings Reviews

Version: 2

Terms of Reference approved by: Deputy Director of Infection Prevention and Control & Deputy Director of Estates & Facilities (Soft FM)

Date approved:

Author: Facilities Quality & Compliance Manager

Responsible directorate: Corporate

Review date:

WORCESTERSHIRE ACUTE HOSPITALS NHS TRUST

Terms of Reference

1. Introduction

This committee will act as a subcommittee of the Trust Infection Prevention and Control Steering Group and is set up to ensure that any functional areas scoring 3 stars and below are reviewed and actions agreed and recognise those areas that attain and maintain 4- or 5-star ratings.

The aim of the committee is to gain assurance that affirmative action is being taken to demonstrate improvement, and that issues that are escalated are actioned.

2. Membership

- Deputy DIPC (Chair) - Trust
- Infection Prevention Nurse Manager (Deputy Chair) - Trust
- Deputy Director of Estates & Facilities (Soft FM) – Trust
- Facilities Manager (WRH) – Trust
- Facilities Manager (ALEX & KTC) – Trust
- Facilities Quality & Compliance Manager – Trust
- Equans
- Performance Manager – ISS
- Operations Manager – ISS
- Head of Estates – Trust
- Deputy Director of Estates & Facilities

- By invitation (please see section 3.4);
 - Representatives from wards & departments as required
 - Matrons as required
 - DDN's as required

In attendance:

- PA to Deputy DIPC (Minute taker)

3 Arrangements for the conduct of business

3.1 Chairing the meetings

The Deputy DIPC will chair the meetings. In the absence of the Deputy DIPC, the Chair will be the Infection Prevention Nurse Manager.

3.2 Quorum

The group will be quorate when half the membership are present.

3.3 Frequency of meetings

The group will meet bi-monthly.

Ad hoc meetings to be called at the discretion of the chair and when the agenda dictates.

3.4 Frequency of attendance by members

Members are expected to attend each meeting, unless there are exceptional circumstances. Deputies are acceptable but must have full delegated authority and be approved by the chair before the meeting unless there are exceptional circumstances in which case they may be approved at the meeting.

Ward/department managers will be expected to attend if 60% of the previous 3 months audits of their area have failed to achieve more than a 3 star rating. Invites will be circulated by Facilities, and the list of attendees determined by the Facilities Quality & Compliance Manager.

If there are 3 consecutive meetings where the same area is discussed, then the Matron for that area will need to attend.

If there are 6 consecutive meetings where the same area is discussed, then the Divisional Director of Nursing for that area will need to attend.

3.5 Declaration of interests

If any member has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and shall not participate in the discussions. The chair will have the power to request that member to withdraw until the subject consideration has been completed. All declarations of interest will be minuted.

3.6 Urgent matters arising between meetings

If there is a need for an emergency meeting, the Chair will call one in liaison with the Committee.

3.7 Responsibility of group members

- Actively contribute to all meetings.
- Actively contribute to annual plan and its implementation.
- Participate in training sessions and disseminate information to staff.

3.8 Secretariat support

Will be provided by the PA to Deputy DIPC

4 Authority

The committee is authorised by the Trust Infection Prevention & Control Committee (TIPCC)

5 Purpose and Functions

5.1 Purpose

- To identify issues affecting standards and to take remedial action where necessary.
- Ensure the Trust complies with legislative requirements.
- To constantly seek ways of improving the patient environment across the Trust.
- To ensure control of infection requirements are achieved.
- To develop action plans and initiatives.
- Inform and advise the Trusts assurance framework of performance and activities.

5.2 Duties & Responsibilities

Duties of ward/department managers

- To attend the meetings prepared with:
 - Copies of 3 months audits
 - Information regarding the close off status of these failures with clear actions and timelines set out that demonstrate improvement.
 - Take action if department staff's training is non-compliant
 - Take action if there is a staff competency issue
 - Work to resolve any access issues
 -

Duties of the group

- To gain an understanding as to how star ratings below 3 stars will affect patient, staff, and public perception.
- Undertake an analysis of the failed elements and which staff group is responsible for cleaning each one
- Discuss whether audits have been at the right frequency and whether they indicated an issue
- Undertake a review of the cleaning input hours to determine if the resources are adequate or if there have been staff shortages
- Undertake a review of cleaning times to determine if the service is being delivered at the right time
- Undertake a review of the cleaning frequencies to determine if they are appropriate
- Undertake a review of the area to understand if there has been a significant change in its use

- Discuss whether the cleaning equipment, materials and consumables are suitable, and their supply adequate
- Investigate whether staff have been appropriately trained
- Investigate whether there is a staff competency issue
- Investigate whether there is an access issue
- Investigate whether an efficacy audit has been done in the last 12 months
- Investigate whether the area's risk rating has been reviewed and checked
- Investigate whether a temporary increase in monitoring has been considered until standards are consistently met and maintained.
- Escalation of concerns to TIPCC

5.3 Key Drivers

- Environment and waste
- Infection control
- Patient and staff safety
- Improvement in cleanliness standards
- Health and safety
- Care Quality Commission

6. Governance and Assurance

6.1 The group will ensure it is meeting its objectives by:

- Setting on-going objectives, targets and priorities for all wards and departments areas.
- Annual review of key objectives for all ward and department areas, in relation to providing a clean and well-maintained environment in line with the National Standards for Healthcare Cleanliness.
- Annual review of successes of these objectives, which will report into TIPCC.
- Minutes will identify decisions and actions and record monitoring and will name responsible person along with timescale of all actions agreed.

7. Management and Responsibility of Chair

- Provide leadership and direction for meeting objectives.
- Set agenda for business meetings.
- Approval of minutes.
- Ensure decisions are acted upon.
- Submit reports for the Trust Infection Prevention & Control Steering Group
- Ensure appropriate membership of group to address the agenda items.
- Ensure minutes are circulated.

8. Relationships and reporting

8.1 This group to report through the Trust Infection Prevention & Control Committee.

8.2 The Group is accountable to the Trust Board.

9 Review of the Terms of Reference

These Terms of reference will be reviewed 12 months from the date of approval.

Appendix 4 Example star rating poster

NHS
Worcestershire
Acute Hospitals
NHS Trust

NHS

Cleanliness Rating



5 star rating

Area

Expiry Date


Deputy Director of Estates & Facilities – Soft FM


Deputy Director of Infection Prevention & Control

Appendix 5 RAG poster

Which clean do you require on discharge and transfer?

Refer to Appendix 5 Isolation Policy (WAHT-INF-015) for further guidance on type of clean required

RED CLEAN	VIOLET CLEAN	AMBER CLEAN	GREEN CLEAN
PreXcide™ (HPV) Following discharge or internal transfer of patients with the following criteria: • Clostridioides difficile - All single rooms must be HPV processed • Norovirus - All single rooms must be HPV processed (Bays also if capacity allows) • Vancomycin Resistant Enterococcus • Multi drug resistant TB • Carbapenemase Producing Enterobacterales • Group A Strep - As directed by IPCT • Multidrug Resistant Staphylococcus aureus Any other infections requested by IPCT Suitable for use in EMPTY side rooms routinely and other areas as directed by IPCT AMBER clean must be completed by facilities before carrying out RED clean.	Ultra-V™ (UV-C) For use when an HPV clean is required but cannot be performed due to environmental limitations AMBER clean must be completed by facilities before carrying out VIOLET clean.	Chlorine based agent or chlorine dioxide (ClO₂) Required for any infection not listed within the Red clean pathway. For example, see below: • Respiratory syncytial virus (RSV) • COVID-19 • Diarrhoea (except C. diff/Norovirus and potential infectious cause pathway C on diarrhoea risk assessment) • Extended Spectrum Beta Lactamase • Influenza Any other infections requested by IPCT, e.g. exfoliating skin infections, respiratory and childhood viral infections.	Detergent/standard solution /disinfectant wipe Required following discharge or internal transfer of patients with no known infections
NURSING STAFF RESPONSIBILITIES (REFER TO FULL SCHEDULE IN HOUSEKEEPING FILE ON WARD)			
<ul style="list-style-type: none"> Remove dirty linen (Do not remake bed prior to clean) Check patient locker is empty and dispose of any remaining items, make safe personal possessions Nurse to clean air mattress, if in situ, deflate and bag for removal Dispose of any unused patient consumables Clean the nurse call bell and replace suction unit if used Clean nursing equipment Dispose of sharps box, if present Discard Hospeda earphones Post-Process Re-make bed with fresh linen (leave bed unmade if bay/ward closed) Replace earphones AMBER clean must be completed by facilities before carrying out RED clean.	<ul style="list-style-type: none"> Remove dirty linen (Do not remake bed prior to clean) Check patient locker is empty and dispose of any remaining items, make safe personal possessions Nurse to clean air mattress, if in situ, deflate and bag for removal Dispose of any unused patient consumables Clean the nurse call bell and replace suction unit if used Clean nursing equipment Dispose of sharps box, if present Discard Hospeda earphones Post-Process Re-make bed with fresh linen (leave bed unmade if bay/ward closed) Replace earphones AMBER clean must be completed by facilities before carrying out VIOLET clean.	<ul style="list-style-type: none"> Remove dirty linen (Do not remake bed prior to clean) Check patient locker is empty and dispose of any remaining items, make safe personal possessions Nurse to clean air mattress, if in situ, deflate and bag for removal Dispose of any unused patient consumables Clean the nurse call bell and replace suction unit if used Clean nursing equipment Dispose of sharps box, if present Discard Hospeda earphones Post-Process Re-make bed with fresh linen (leave bed unmade if bay/ward closed) Replace earphones 	<ul style="list-style-type: none"> Remove dirty linen (Do not remake bed prior to clean) Check patient locker is empty and dispose of any remaining items, make safe personal possessions Nurse to clean air mattress, if in situ, deflate and bag for removal Dispose of any unused patient consumables Clean the nurse call bell and replace suction unit if used Dispose of sharps box, if present Discard Hospeda earphones Post-Process Re-make bed with fresh linen
CLEANING RESPONSIBILITIES (REFER TO FULL SCHEDULE IN HOUSEKEEPING FILE ON WARD)			
<ul style="list-style-type: none"> Mop floor Remove curtains Clean surfaces in room (inc. en-suite bathrooms where applicable) Empty and clean waste bins Clean soap, alcohol hand rub, and paper towel dispensers and remove paper towels Remove dust from high surfaces Discard toilet brush Clean patient equipment including: bedside table, locker, chair and foot stool etc. Clean soap, alcohol hand rub, and paper towel dispensers and remove paper towels Remove dust from high surfaces Discard toilet brush Position the Ultra-V system and dose all windows Re-position the UV-C machine as indicated during the process Include any additional pre-cleaned nurse equipment Post-process Re-hang curtains and re-stock paper towels 	<ul style="list-style-type: none"> Mop floor Clean surfaces in room (inc. en-suite bathrooms where applicable) Remove curtains Empty and clean waste bins Clean patient equipment including: bedside table, locker, chair and foot stool etc. Clean soap, alcohol hand rub, and paper towel dispensers and remove paper towels Remove dust from high surfaces Discard toilet brush Position the Ultra-V system and dose all windows Re-position the UV-C machine as indicated during the process Include any additional pre-cleaned nurse equipment Post-process Re-hang curtains and re-stock paper towels 	<ul style="list-style-type: none"> Mop floor Remove curtains Remove dust on high surfaces Empty and clean waste bins Clean soap, alcohol hand rub, and paper towel dispensers Discard toilet brush Prepare chlorine solution for cleaning Clean and rest clean waste as required Clean hard surfaces, fixtures and fittings including: window sills, door handles etc. Clean patient equipment including: bedside table, locker, chair and foot stool etc. Clean soft furnishings including: the mattress, pillows and bed frame Clean en-suite bathroom (where applicable) Post-process Re-hang curtains 	<ul style="list-style-type: none"> Mop floor Clean all surfaces in room Clean equipment in room
CARRIED OUT BY - SEE BELOW FOR CONTACT DETAILS			
<ul style="list-style-type: none"> Fast response (Alex site only) Ext: 44444 ISS (WRH site only) Ext: 33333 opt 3 Facilities (KTC site only) Ext: 53163 or 532163 	<ul style="list-style-type: none"> ISS (WRH site only) Ext: 33333 opt 3 	<ul style="list-style-type: none"> Fast response (Alex site only) Ext: 44444 ISS (WRH site only) Ext: 33333 opt 3 Facilities (KTC site only) Ext: 53163 or 532163 	<ul style="list-style-type: none"> Ward/Departmental staff as part of routine clean
CLEANING TIME SCALES			
Single Rooms: 3 hours Bays: to be advised	Single Rooms: 1 hour - 1 hour 10 minutes Bays: to be advised	Single Rooms: 30 - 40 minutes Bays: to be advised	Single Rooms: 20 - 30 minutes Bays: 3 hours
IMPORTANT: ANY DE-ESCALATION OF A RED CLEAN MUST BE AUTHORISED BY THE IPCT OR ON-CALL MICROBIOLOGIST. DATX TO BE SUBMITTED IF RED CLEAN OVERRIDDEN BY CAPACITY MANAGERS			



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24 HOUR RAPID RESPONSE
0800 652 2689

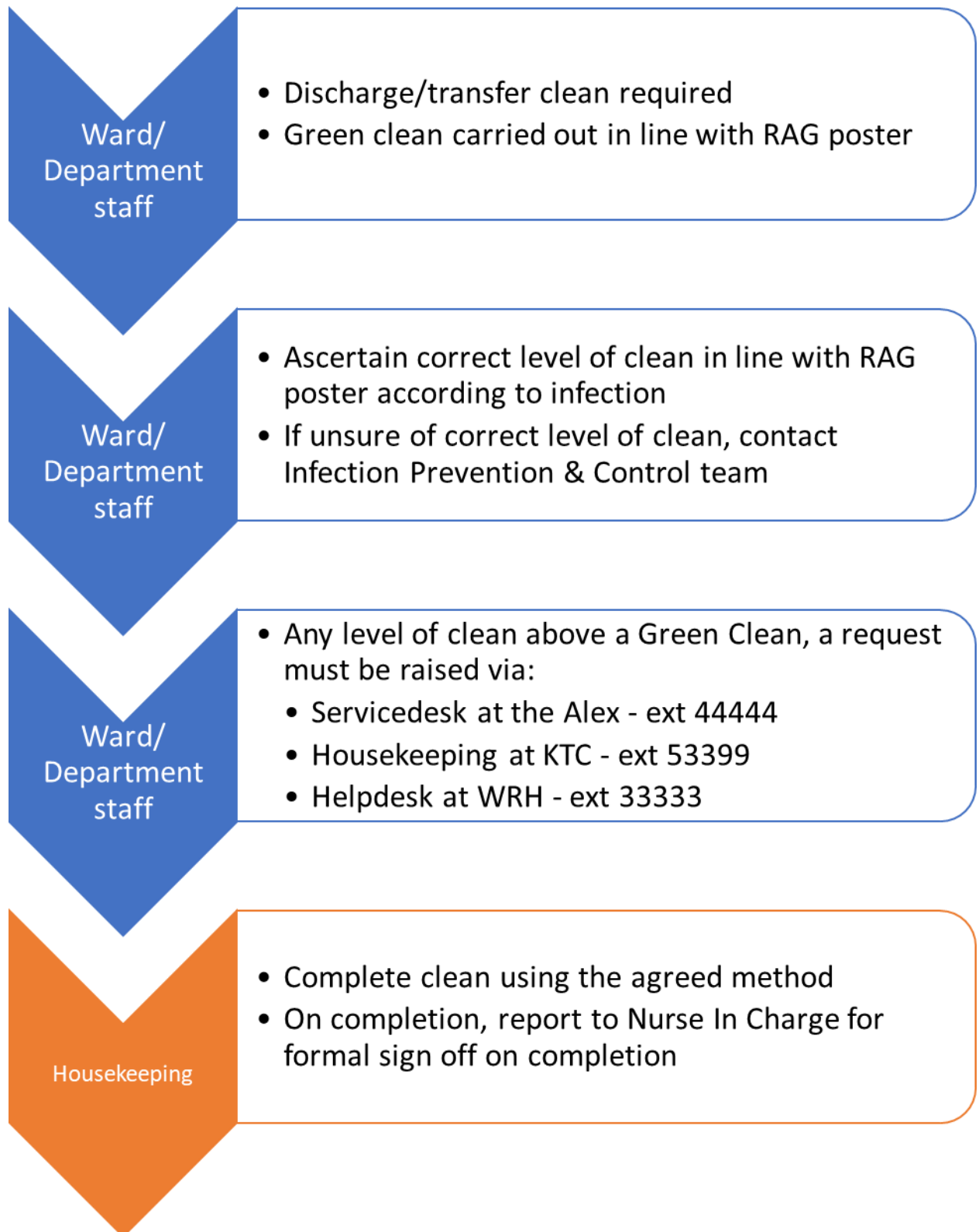


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Worcestershire Acute Hospitals
NHS Trust

Discharge/transfer clean request process



Trust Policy

Appendix 6 Template 3 star or below action plan
Please note that this is a suggested template

Ward/department		Overall percentage score	
Date of audit		Star Rating	
Action plan completed by			
	Information source	Details/data	Actions taken
Number of failures attributed to each responsibility group	Micad Audit Score Sheet	Cleaning failures	
		Nursing failures	
		Estates failures	
Most frequent failure for each responsibility group	Micad Audit Failure Sheet	Cleaning	
		Nursing	
		Estates	

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Date and score of most recent efficacy audit	Micad Audit Efficacy Audit Report		
Is the audit frequency in line with the Functional Risk rating?	Email Facilities Monitoring Team and relevant Housekeeping Department		
Has there been a review of the cleaning input hours to determine if the resources are adequate or if there have been staff shortages?	For Housekeeping: Facilities Manager (ALEX & KTC) ISS Healthcare Cleaning Manager (WRH) For Nursing: Ward/department Manager		
Has a review of cleaning times been undertaken to determine if the service is being delivered at the right time?	For Housekeeping: Facilities Manager (ALEX & KTC) ISS Healthcare Cleaning Manager (WRH) For Nursing: Ward/department Manager		

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Has a review of the cleaning frequencies been undertaken to determine if they are appropriate?	For Housekeeping: Facilities Manager (ALEX & KTC) ISS Healthcare Cleaning Manager (WRH) For Nursing: Ward/department Manager		
Has there been a significant change in the use of the area? If yes, please complete a risk rating review form	See section 4 of the Cleaning SOP		
Is all cleaning equipment being used as per instructions and Standard Operating Procedures?	For Housekeeping: Facilities Manager (ALEX & KTC) ISS Healthcare Cleaning Manager (WRH) For Nursing: Ward/department		

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	Manager		
Is all staff training up to date?	For Housekeeping: Facilities Manager (ALEX & KTC) ISS Healthcare Cleaning Manager (WRH) For Nursing: Ward/department Manager		
Have there been any access issues raised by the Housekeeping Department?	Facilities Manager (ALEX & KTC) ISS Healthcare Cleaning Manager (WRH)		
Please summarise the actions taken to prevent any further failure of standards/repeating themes?			