

ENVIRONMENTAL CLEANLINESS

STANDARD

There is a system in place which ensures that all HSS Trusts meet the requirements of the Regional Strategy for Improving the Standard of Environmental Cleanliness in HSS Trusts that demonstrates improvement in reducing the risks associated with environmental cleanliness in all HSS Trust facilities.

OVERVIEW

A high quality environment is essential for the delivery of health and social care services and needs to be supported by high standards of environmental cleanliness.

There are public perceptions that the standards of cleanliness in HSS Trust facilities are not to an acceptable standard and have strongly associated this with concerns surrounding the control of Healthcare Associated Infections (HAI). Service users are entitled to expect everything in Trust facilities to be clean - not just floors, surfaces, furniture and toilets but also equipment used in their treatment and care such as drip stands, wheelchairs and beds. They have a right to expect a welcoming environment at all times with equipment which is safe and fit for purpose. The key is to ensure that the highest possible standards of cleanliness are achieved and to satisfy service users that Trust facilities are clean and kept clean – **Cleanliness Matters: It is everyone's responsibility, not just the cleaner's.**

The Department of Health, Social Services and Public Safety (DHSSPS) has identified HAI as one of the key areas requiring a strategic approach to prevention and control. The publication of "Cleanliness Matters": A Regional Strategy for Improvement in Standards of Environmental Cleanliness in HSS Trusts and

"Cleanliness Matters Toolkit": Practical Guidance for the Assessment of Standards of Environmental Cleanliness in HSS Trusts acknowledged the close association between cleanliness and infection prevention and control whilst acknowledging that there are important distinctions to be made. What is common is the service user perspective of the importance that cleaning has in the prevention and control of infection thereby creating and sustaining a caring environment that supports the delivery of high quality health and social care. By ensuring that this is the case, not only are service user and public perceptions of a quality service enhanced, but also the prevention and control of HAI can be improved.

The important contribution that cleaning services have as part of the care team in the prevention and control of infection is acknowledged. It is therefore important that cleaning services and environmental cleanliness standards are

given the priority they need in contributing to the delivery of infection prevention and control. This will require a change in culture at every level in Trusts by ensuring that this is a key clinical and social care governance issue. This Controls Assurance Standard underlines these necessary governance requirements.

It is recognized that environmental cleaning services may be provided in a number of ways and that Trusts require this operational flexibility, but uniform environmental cleanliness standards and ways of measuring them are needed to allow delivery of visible year-on-year evidence to satisfy service users that Trust facilities are clean and being kept clean.

KEY REFERENCES

Statutes

Health and Safety at Work (Northern Ireland) Order 1978

Health and Safety at Work Order (Application of Environmentally Hazardous Substances) Regulations (Northern Ireland) 2003

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Manual Handling Operations (Northern Ireland) 1992 No 535

Personal Protective Equipment at Work Regulations (Northern Ireland) 1993 SRI N0 20

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Reporting of Injuries, Diseases and Dangerous Occurrences Regulations (Northern Ireland) 1997 No 455

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Guidance and Codes

“Cleanliness Matters”: A Regional Strategy for Improvement in Standards of Environmental Cleanliness in HSS Trusts

“Cleanliness Matters Toolkit”: Practical Guidance for the Assessment of Standards of Environmental Cleanliness in HSS Trusts

Protecting Patients and Staff, A Strategy for the Prevention and Control of Healthcare Associated Infections in Northern Ireland, DHSSPS, 2005

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Circulars

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DAO (DFP) 5/2001 – Corporate Governance: Statement on Internal Control

HSS (PPM) 3/2002 – Corporate Governance: Statement on Internal Control

HSS (PPM) 8/2002 – Risk Management in the Health and Personal Social Services

HSS (PPM) 10/2002 – Governance in the HPSS: Clinical and Social Care Governance – Guidance on Implementation

HSS (PPM) 9/2002 – Revised Public Procurement Policy for the Public Sector

HSS (PPM) 13/2002 – Governance in the HPSS – Risk Management

HSS (PPM) 5/2003 – Governance in the HPSS: Risk Management and Controls Assurance

HSS (PPM) 8/2004 – Governance in the HPSS: Controls assurance standards – update

Other Publications

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<http://www.adom.demon.co.uk/standards.html>

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Towards Cleaner Hospitals and Lower Rates of Infection
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National Standards for Cleanliness for NHS Trusts in Wales, Welsh Assembly Government, 2003

A Clean Bill of Health, Audit Scotland, 2001
<http://www.audit-scotland.gov.uk/index/00h01ag.asp>

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<http://www.audit-scotland.gov.uk/index/03pf07ag.asp>

The Management and Delivery of Hospital Cleaning Services in Wales, 2003, National Audit Office for Wales, 2003,
http://www.wao.gov.uk/assets/englishdocuments/Management_and_Delivery_of_Hospital_Cleaning_Services_agw_2003.pdf

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The Association of Domestic Management,
<http://www.adom.demon.co.uk/index.html>

NHS Cleaning Manual, NHS Estates
http://patientexperience.nhsestates.gov.uk/clean_hospitals/ch_content/cleaning_manual/background.asp

Infection Control Nurses Association
<http://www.icna.co.uk/default.asp>

Standards Australia (1999) *Risk Management AS/NZS 4360:1999*.

NHS Executive (1995) HSG (95) 18 *Hospital laundry arrangements for used and infected linen*.

Department of Health (1991) HC (91) 33 *Decontamination of Equipment, Linen or other surfaces contaminated with Hepatitis B and/or other Human Immuno-Deficiency Viruses*. Department of Health, London.

InfectionControl in the Built Environment, NHS Estates, 2001 (PEL(05)10 refers)

INDEX OF CRITERIA

Controls Standard Framework Category: ACCOUNTABILITY; a statement of what the standard is to achieve

Criterion 1

Trusts are able to demonstrate strong and clear leadership at the highest level of management that encourages a culture of “**cleanliness matters**”. Clear accountability arrangements for environmental cleanliness, linked to infection prevention and control, risk management and to corporate and clinical and social care governance are in place

Controls Standard Framework Category: PROCESSES; the core processes required to produce the desired outcomes – compliance with guidance, regulations etc.

Criterion 2

A consistently high standard of environmental cleanliness is delivered in all Trust facilities.

Criterion 3

Service user’s views on environmental cleanliness standards are integrated into the planning, implementation and monitoring process.

Criterion 4

The most appropriate cleaning methods and frequencies are applied to specific functional areas within health and social care facilities proportionate to the relative risks.

Criterion 5

Trust facilities and fixtures are maintained to an acceptable condition to enable the effective and safe cleaning of the service user environment and new facilities are designed to provide easier “cleanability”.

Criterion 6

The risk management process contained within the risk management system standard is also applied to the management of improvement of Standards of Environmental Cleanliness.

Controls Standard Framework Category: CAPABILITY; organisations have the necessary capability – knowledge, skilled staff etc. to ensure the controls work effectively.

Criterion 7

Staff recruitment, retention, education and development programmes are developed so that staff are recruited and trained to undertake their duties in

ensuring that the necessary levels of environmental cleanliness standards are achieved

Controls Standard Framework Category: OUTCOMES; measures of achievement.

Criterion 8

Key indicators capable of showing improvements in the Standard of Environmental Cleanliness are used at all levels of the organisation, including the Board.

Criterion 9

The organisation participates in benchmarking its performance of Environmental Cleanliness

Controls Standard Framework Category: MONITORING AND REVIEW; organisations management (including the board) continuously monitors and reviews the system to ensure it is working and ensure proper communication and consultation at all levels.

Criterion 10

The system in place for Standards of Environmental Cleanliness, including risk management arrangements, is monitored and reviewed by management and the Board in order to make improvements to the system.

Criterion 11

The standard of environmental cleanliness is assessed by appropriate internal monitoring and audit and reported to the Trust Board.

Controls Standard Framework Category: AUDIT; organisations management and the Board continuously monitors and reviews the system through audit.

Criterion 12

The organisation's board should seek independent assurance that an appropriate and effective system of managing Standards of Environmental Cleanliness is in place, that the necessary level of controls and monitoring are being implemented and that there is visible evidence that Standards have improved.

CRITERION 1

Trusts are able to demonstrate strong and clear leadership at the highest level of management that encourages a culture of “cleanliness matters”. Clear accountability arrangements for environmental cleanliness, linked to infection prevention and control, risk management and to corporate and clinical and social care governance are in place

Source

- “Cleanliness Matters”: A Regional Strategy for Improvement in Standards of Environmental Cleanliness in HSS Trusts
- “Cleanliness Matters Toolkit”: Practical Guidance for the Assessment of Standards of Environmental Cleanliness in HSS Trusts
- Standards Australia (1999) *Risk Management AS/NZS 4360:1999*. Standards Association of Australia. Strathfield NSW.
- HSS (PPM) 10/2002 – governance in the HPSS: Clinical and Social Care Governance – Guidance on Implementation
- HSS (PPM) 3/2002 – Corporate Governance: Statement on Internal Control

Guidance

Overall accountability for environmental cleanliness standards rest with the Chief Executive and the Board with an Executive Director designated with the responsibility for environmental cleanliness standards.

The lines of accountability for all managers and supervisors with a responsibility for environmental cleanliness are clearly set out.

The role of all staff with responsibility for environmental cleanliness is clearly set out in their job descriptions.

The Facilities/Domestic/Hotel Services Manager have a clearly defined role in monitoring environmental cleaning standards and work closely with their nursing, estates and other colleagues to ensure that standards are met.

The roles and responsibilities of Estates Department staff and Nursing staff are clearly defined for appropriate aspects of environmental cleaning that is not included in the role and responsibility of the cleaning staff.

An Environmental Cleanliness Standards Group, or similar multi-disciplinary group, is formed to take responsibility for implementing the Trust’s environmental cleanliness strategy. This body reports to the Executive Director on progress made against set objectives and produce an annual report on environmental cleanliness standards to the Executive Board. The Environmental Cleanliness Standards Group should be responsible for the following:

- Local ownership of the Trust’s Environmental Cleanliness Strategy;

- Development of an Environmental Cleanliness Action Plan;
- Implementation of the Trust's Quality Principles;
- Developing and maintaining appropriate links with the Trust's infection prevention and control action plan;
- Advising the Trust's Management Board on performance against the Environmental Cleanliness Standards;
- Development of a communications plan for taking forward environmental cleanliness standards and for developing a "Cleanliness Culture";
- Continuous review and feedback of progress made; and
- Receiving 'exception' reports that directly impact the capability within the organisation to clean to the Environmental Cleanliness Standards and when necessary advise the Management Board on any remedial action.

Members of the group should be drawn from the following areas:

- Cleaning Contractor (where relevant);
- Facilities/Domestic or Hotel Services Management;
- Finance Department;
- Estates Department;
- Infection Control Team;
- Service User Representative;
- Staff Representative and /or Union Representative; and
- Ward/Departmental Representative
- Human Resources .

Targets for the quality of environmental cleanliness standards are set out in Corporate Plans.

Where the Trust purchases some or all of its cleaning service from an external provider, the roles and responsibilities between the purchaser and the provider are defined at the start of the commercial relationship and written into the contract. While a contractor may be responsible for service provision, the accountability relating to that service remains with the Chief Executive and the Management Board.

The Trust is able to demonstrate evidence of links between the quality of environmental cleanliness standards, infection prevention and control and clinical and corporate governance.

Examples of Verification

- Accountability arrangements chart
- Risk Management Strategy
- Risk Management organisational chart
- Board minutes
- Trust Environmental Cleanliness Strategy
- Environmental Cleanliness Action Plan
- Statement of the Trust Quality Principles
- Communications Plan

- Progress report to Trust Board
- Environmental Cleanliness Standards Group terms of reference
- Corporate Plan
- Exception Reports to the Trust Board
- Cleaning Contract
- Job descriptions
- Infection Control committee minutes
- Clinical Governance committee minutes

Links with other standards

Risk Management

Governance

Records Management

Infection Control

Human Resources

Buildings, Land, Plant and Non-Medical Equipment

CRITERION 2

A consistently high standard of environmental cleanliness is delivered in all Trust facilities.

Source

- “Cleanliness Matters”: A Regional Strategy for Improvement in Standards of Environmental Cleanliness in HSS Trusts
- “Cleanliness Matters Toolkit”: Practical Guidance for the Assessment of Standards of Environmental Cleanliness in HSS Trusts
- Public Attitudes to Health and Personal Social Services in Northern Ireland, 2004 - Final Report, DHSSPS, 2004
- Protecting Patients and Staff, A Strategy for the Prevention and Control of Healthcare Associated Infections in Northern Ireland, DHSSPS, 2005

Guidance

Each Trust produces an environmental cleanliness strategy that sets out the internal structure and processes of how they address the introduction and development of quality improvement in environmental cleaning standards based on the Risk Based Analysis outlined in the Regional Strategy, “**Cleanliness Matters**”. The agreed environmental cleanliness strategy is presented to the Trust Management Board, and clearly set out the current situation, the desired future position and the actions necessary to move from the current to future positions. The content of the document must be concise and cover the following with respect to environmental cleaning standards:

- Where you are;
- Where you need to be;
- What needs to be done to get there;
- Who will be doing it; and
- When it will be done by.

The Trust’s environmental cleanliness strategy includes an Action Plan giving short term (1yr) and medium term (3yr) objectives.

Implementation plans are developed that set out the range and scope of the work to be undertaken and identify the process by which they are continuously monitored and updated.

The Trust’s Implementation Plan includes the following as a minimum:

- The Trust appropriately adapted Environmental Cleanliness Standards;
- An audit of compliance with the Trust Environmental Cleanliness Standard covering all existing work schedules, all existing service level agreements and all existing service specifications.
- A detailed plan for any changes required in the “5 Ws” above; and
- A briefing paper for feedback into the strategy document.

The Trust's estates strategy must be considered when forming an Implementation Plan to ensure that the condition of the estate is factored into environmental cleanliness standards.

The Trust's environmental cleanliness strategy embraces the need for consultation with all managers, including infection control teams, regarding the content of cleaning service specifications and ensuring that they have a key role that environmental cleanliness quality standards are met.

Trusts develop operational policies and procedures for environmental cleanliness standards. Operational policies and procedures should set out the range and scope of the work to be undertaken, including:

- the level of quality to be achieved;
- clear and measurable outcomes, including response time to clean spills or body fluids;
- systems that routinely measure these outcomes and report the results;
- working methods, including equipment, materials and frequencies that are to be applied;
- operational/training policies and procedures;
- risk assessment protocols;
- service level agreements (SLAs) for each functional area;
- how cleaning services operations and controls dovetail with infection prevention and control policies and procedures.
- Contingencies in the event of major incidents, potential and actual outbreaks of infection, and decontamination e.g. chemicals.

Examples of Verification

- Trust Environmental Cleanliness Strategy
- Trust Environmental Cleanliness Action Plans
- Trust Environmental Cleanliness Implementation Plan
- Board briefing paper
- Estates Strategy
- Operational Policies and Procedures
- Cleaning Contract

Links with other standards

Risk Management

Governance

Records Management

Infection Control

Human Resources

Buildings, Land, Plant and Non-Medical Equipment

CRITERION 3

Service user's views on environmental cleanliness standards are integrated into the planning, implementation and monitoring process.

Source

- "Cleanliness Matters": A Regional Strategy for Improvement in Standards of Environmental Cleanliness in HSS Trusts
- "Cleanliness Matters Toolkit": Practical Guidance for the Assessment of Standards of Environmental Cleanliness in HSS Trusts
- Public Attitudes to Health and Personal Social Services in Northern Ireland, 2004 - Final Report, DHSSPS, 2004
- Protecting Patients and Staff, A Strategy for the Prevention and Control of Healthcare Associated Infections in Northern Ireland, DHSSPS, 2005

Guidance

The nominated Trust Executive Director ensures that service user participation in the development of the Trust's environmental cleanliness strategy and environmental cleaning plan. The service user or their representatives' voice is of key importance in the drive for service quality improvement. The involvement of service users and their representatives will underpin the process of continuous service improvement. This will allow service users to have a direct impact on their health and social care environment.

Trends in service user compliments and complaints are made available to the Trust Management Board and used to evaluate, and where necessary amend, the environmental cleanliness strategy and environmental cleaning plans. It is an important part of the nominated Executive Director's role to ensure that service user views are central to the monitoring process and that service user views are made available to the Trust Management Board for action.

The nominated Executive Director regularly meets with the service user representatives and ensure that the views of service user are reported to the Management Board.

Examples of Verification

- Trust Environmental Cleanliness Strategy
- Board meeting minutes
- Environmental Cleanliness Standards Group minutes

Links with other standards

Governance
Risk Management
Infection Control

CRITERION 4

The most appropriate cleaning methods and frequencies are applied to specific functional areas within health and social care facilities proportionate to the relative risks.

Source

- “Cleanliness Matters”: A Regional Strategy for Improvement in Standards of Environmental Cleanliness in HSS Trusts
- “Cleanliness Matters Toolkit”: Practical Guidance for the Assessment of Standards of Environmental Cleanliness in HSS Trusts
- Protecting Patients and Staff, A Strategy for the Prevention and Control of Healthcare Associated Infections in Northern Ireland, DHSSPS, 2005

Guidance

Areas to be cleaned in a Trust facility should be broken down into functional areas and the relative risks posed by the functional areas are assessed and taken into account when determining cleaning frequencies for the functional area as outlined in:

- “Cleanliness Matters”: A Regional Strategy for Improvement in Standards of Environmental Cleanliness in HSS Trusts, Annex A, Risk Based Analysis
- “Cleanliness Matters Toolkit”: Practical Guidance for the Assessment of Standards of Environmental Cleanliness in HSS Trusts, Section 2

Items to be cleaned in a Trust facility are accounted for in terms of the recommended 49 generic elements as outlined in:

- “Cleanliness Matters”: A Regional Strategy for Improvement in Standards of Environmental Cleanliness in HSS Trusts, Annex B, Environmental Cleanliness Standards for Elements
- “Cleanliness Matters Toolkit”: Practical Guidance for the Assessment of Standards of Environmental Cleanliness in HSS Trusts, Section 3

The required cleaning outcome for an element of a functional area is achieved in accordance with the Trusts Environmental Cleanliness Standards developed in accordance with the outlined risk based approach and the Environmental Cleanliness Standards for Elements.

Examples of Verification

- Implementation Plan
- Cleaning service specifications
- Environmental Cleanliness Standard Monitoring and Audits

Links with other standards

Governance
Risk Management
Infection Control
Human Resources
Buildings, Land, Plant and Non-Medical Equipment

CRITERION 5

Trust facilities and fixtures are maintained to an acceptable condition to enable the effective and safe cleaning of the service user environment and new facilities are designed to provide easier “cleanability”.

Source

- “Cleanliness Matters”: A Regional Strategy for Improvement in Standards of Environmental Cleanliness in HSS Trusts
- “Cleanliness Matters Toolkit”: Practical Guidance for the Assessment of Standards of Environmental Cleanliness in HSS Trusts
- Protecting Patients and Staff, A Strategy for the Prevention and Control of Healthcare Associated Infections in Northern Ireland, DHSSPS, 2005

Guidance

Environmental cleaning service specifications define responsibility (both financial and managerial) for facilities-related issues associated with the cleaning function e.g. utility charges, consumables, waste disposal etc.

A baseline audit of facilities is undertaken to document any problems associated with the condition of the estate environment that may make it difficult, or impossible, to meet the Trust’s Environmental Cleanliness Standards. As buildings and fixtures become old they become more difficult to clean and maintain in an acceptable condition. The audit should note, for example, any floor surfaces that need repair and walls or ceilings that require painting. Other areas might include significant staining of the carpets, curtains etc., and the condition of the air ducting. The findings of the audit should be included within cleaning specifications to ensure that everyone knows exactly where cleaning ends and maintenance or engineering work begins.

The Trust takes action to rectify any problems identified in the audit that make it impossible to achieve the Trusts Environmental Cleanliness Standards, within a timeframe commensurate with risk.

Infection control teams and managers of cleaning services are consulted prior to the procurement of new equipment and the design/refurbishment of facilities to ensure that the “cleanability” of the equipment and/or facility is considered.

Examples of Verification

- Implementation Plans
- Cleaning service specifications
- Exception Reports
- Action Plans
- Medical Device and Equipment Management Group minutes
- Infection Control committee minutes

- Trusts estates strategies
- Policies and Procedures
- Environmental Cleanliness Standard Monitoring and Audits

Links with other standards

Risk Management

Governance

Infection Control

Buildings, Land, Plant and Non-Medical Equipment

CRITERION 6

The risk management process contained within the risk management system standard is also applied to the management of improvement of Standards of Environmental Cleanliness.

Source

- “Cleanliness Matters”: A Regional Strategy for Improvement in Standards of Environmental Cleanliness in HSS Trusts
- “Cleanliness Matters Toolkit”: Practical Guidance for the Assessment of Standards of Environmental Cleanliness in HSS Trusts
- Protecting Patients and Staff, A Strategy for the Prevention and Control of Healthcare Associated Infections in Northern Ireland, DHSSPS, 2005
- DAO (DFP) 5/2001 – Corporate Governance: Statement on Internal Control
- HSS (PPM) 3/2002 – Corporate Governance: Statement on Internal Control
- HSS (PPM) 5/2003 – Governance in the HPSS: Risk Management and Controls Assurance

Guidance

In addition to the most appropriate cleaning methods and frequencies being applied to specific functional areas within health and social care facilities proportionate to the relative risks, risks associated with Environmental Cleanliness Standards is also considered part of the organisational risk management system.

The following risk management elements should be in place:

- All identified risks should be documented as part of a ‘risk register’ and systematically assessed and prioritised.
- Risk treatment plans should be developed and implemented (in order of priority and alongside other risk treatments which are necessary to deal with wider risks faced by the organisation, where appropriate) in order to minimise risk.
- Risks and the effectiveness of implemented risk treatments should be monitored and reviewed on a continuous basis.
- Risk Management/Governance committee(s), senior management and the Board should be informed of any significant risks and associated risk treatment plans.
- All relevant staff, including those on fixed term contracts, and other relevant stakeholders should receive information on systems in place to minimise Environmental Cleanliness risks.
- Where appropriate, staff training should be undertaken.

Good records need to be maintained at all times.

Examples of Verification – Risks

- Risk Register
- Risk treatment plans
- Staff training/information log
- Correspondence with stakeholders
- Risk Management/Governance committee(s) minutes
- Audit Reports

Links with other standards

Risk Management System

Governance

Records Management

Infection Control

Buildings, Land, Plant and Non-Medical Equipment

CRITERION 7

Staff recruitment, retention, education and development programmes are developed so that staff are recruited and trained to undertake their duties in ensuring that the necessary levels of environmental cleanliness standards are achieved.

Source

- “Cleanliness Matters”: A Regional Strategy for Improvement in Standards of Environmental Cleanliness in HSS Trusts
- “Cleanliness Matters Toolkit”: Practical Guidance for the Assessment of Standards of Environmental Cleanliness in HSS Trusts
- Protecting Patients and Staff, A Strategy for the Prevention and Control of Healthcare Associated Infections in Northern Ireland, DHSSPS, 2005

Guidance

Trusts ensure that the cleaning service provider (in-house or contracted service) has sufficient numbers of staff with the appropriate skills to deliver a clean health and social care environment that supports quality service user care.

The recruitment and retention of the right staff is essential to the delivery of quality environmental cleanliness. Trusts should monitor vacancy and turnover levels and ensure that the cleaning service provider has in place an appropriate recruitment and retention policy for staff involved in the management and delivery of environmental cleanliness.

Trusts ensure that the cleaning service provider is responsible for training staff adequately to deliver the environmental cleaning standards. All cleaning staff should have access to accredited training where possible.

Trusts ensure that the cleaning service provider has a planned and documented training programme in place for operational staff, supervisors and managers which includes evaluation of competency as a key element.

All staff involved in environmental cleaning duties are trained to an appropriate level in the following:

- basic cleaning techniques;
- customer service;
- health and safety issues;
- control of substances hazardous to health;
- relevant infection prevention and control principles and procedures; and
- manual handling;

All staff involved in monitoring and auditing standards of environmental cleanliness receive appropriate training to enable them to undertake this task competently.

Examples of Verification

- Recruitment and Retention Policy
- Cleaning service specification
- Training Needs Analysis
- Training Reports/Logs
- Training Programme
- Infection Control Training programme

Links with other standards

Human Resources

Infection Control

Buildings, Land, Plant and Non-Medical Equipment

CRITERION 8

Key indicators capable of showing improvements in the Standard of Environmental Cleanliness are used at all levels of the organisation, including the Board.

Source

- “Cleanliness Matters”: A Regional Strategy for Improvement in Standards of Environmental Cleanliness in HSS Trusts
- “Cleanliness Matters Toolkit”: Practical Guidance for the Assessment of Standards of Environmental Cleanliness in HSS Trusts
- Protecting Patients and Staff, A Strategy for the Prevention and Control of Healthcare Associated Infections in Northern Ireland, DHSSPS, 2005
- DAO (DFP) 5/2001 – Corporate Governance: Statement on Internal Control
- HSS (PPM) 3/2002 – Corporate Governance: Statement on Internal Control
- HSS (PPM) 5/2003 – Governance in the HPSS: Risk Management and Controls Assurance

Guidance

Trusts develop indicators which demonstrate improvement in performance in Environmental Cleanliness Standards. One indicator is the level of compliance with this standard.

Ideally, the indicators should be designed to demonstrate improvement in Environmental Cleanliness Standards over time although Trusts will be set expected compliance levels by the DHSSPS. The number of indicators devised should be sufficient to monitor key concerns. It is not necessarily the case that the Board will use all the indicators. The Board should select those which are useful for ensuring that the internal controls are working satisfactorily and objectives for improving Environmental Cleanliness Standards are being achieved.

Examples of Verification – Indicators

- Level of compliance with this standard
- Number of complaints about Standards of Environmental Cleanliness
- Patient Satisfaction Survey Results

Links with other standards

Risk Management System
Governance
Records Management
Infection Control

CRITERION 9

The organisation participates in benchmarking its performance of Environmental Cleanliness

Source

- “Cleanliness Matters”: A Regional Strategy for Improvement in Standards of Environmental Cleanliness in HSS Trusts
- “Cleanliness Matters Toolkit”: Practical Guidance for the Assessment of Standards of Environmental Cleanliness in HSS Trusts
- Protecting Patients and Staff, A Strategy for the Prevention and Control of Healthcare Associated Infections in Northern Ireland, DHSSPS, 2005
- DAO (DFP) 5/2001 – Corporate Governance: Statement on Internal Control
- HSS (PPM) 3/2002 – Corporate Governance: Statement on Internal Control
- HSS (PPM) 5/2003 – Governance in the HPSS: Risk Management and Controls Assurance

Guidance

Trusts establish formal systems to accurately reflect cost and activity, and benchmark these against other Trusts to demonstrate best value. Key indicators capable of showing improvements in environmental cleanliness standards and the management of associated risk should be used at all levels of the organisation, including the Management Board. The number of indicators devised should be sufficient to monitor the risk management process and the efficacy and usefulness of the Trust’s own indicators should be reviewed regularly.

Examples of Verification

- Evidence of participation in suitable benchmarking scheme.
- Action Plan from benchmarking activity
- Benefits Analysis

Links with other standards

Risk Management

Governance

Buildings, Land, Plant and Non-Medical Equipment

CRITERION 10

The system in place for Standards of Environmental Cleanliness, including risk management arrangements, is monitored and reviewed by management and the Board in order to make improvements to the system.

Source

- Standards Australia (1999) *Risk Management AS / NZS 4360:1999*. Standards Association of Australia. Strathfield NSW.
- Best Practice – Best Care
- DAO (DFP) 5/2001- Corporate Governance: Statement on Internal Control
- HSS (PPM) 10/2002 – Governance in the HPSS: Clinical and Social Care Governance – Guidance on Implementation
- HSS (PPM) 3/2002 – Corporate Governance: Statement on Internal Control
- HSS (PPM) 5/2003 – Governance in the HPSS: Risk Management and Controls Assurance

Guidance

It is the responsibility of the Chief Executive and the Board to monitor and review all aspects of the management of Environmental Cleanliness, including:

- accountability arrangements
- processes, including risk management arrangements
- capability
- outcomes
- internal audit findings

An annual report on the efficacy of the management of the Environmental Cleanliness process should be submitted to the Risk Management Committee or other appropriate Committee of the Board for review. The Risk Management Committee or other appropriate committee of the Board will play a significant role in monitoring and reviewing all aspects of the system as a basis for establishing significant information that should be presented to, and dealt with by the Board.

Examples of Verification

- Risk Management Committee(s) minutes
- Audit Committee minutes
- Accountability arrangements chart
- Risk Management Strategy
- Risk Management organisational chart
- Board minutes
- Internal audit report(s)

- Annual Reports

Links with other standards

All standards (generic criterion)

CRITERION 11

The Standard of Environmental Cleanliness is assessed by appropriate internal monitoring and audit and reported to the Trust Board.

Source

- “Cleanliness Matters”: A Regional Strategy for Improvement in Standards of Environmental Cleanliness in HSS Trusts
- “Cleanliness Matters Toolkit”: Practical Guidance for the Assessment of Standards of Environmental Cleanliness in HSS Trusts
- Protecting Patients and Staff, A Strategy for the Prevention and Control of Healthcare Associated Infections in Northern Ireland, DHSSPS, 2005

Guidance

Internal Self - Monitoring

Cleaning service providers undertake quality control self-monitoring on a day to day basis. This process will highlight areas that fall short of the expected level of environmental cleanliness.

Internal Audit

Trusts undertake regular comprehensive “**Departmental**” audits of functional areas. The regularity of the audit should be based on the frequency recommended for the particular risk category of the functional area as follows:

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<i>Risk Category</i>	<i>Frequency of “Departmental” Audit Recommended</i>
<i>Very high risk</i>	All rooms within a very high risk functional area should be audited at least weekly
<i>High risk</i>	All rooms within a high-risk functional area should be audited at least monthly.
<i>Moderate risk</i>	All rooms within a moderate risk functional area should be audited at least once every three months.
<i>Low risk</i>	All rooms within a low risk functional area should be audited at least once every six months.

Responsibility for ensuring that this “Departmental” level of audit is undertaken rests with the Head of the Department being audited (e.g. the ward manager for inpatient wards or the sister in charge or the manager of a day care facility) who should preferably (as far as possible) lead the audit or delegate the responsibility to a member of the ward or facility nursing staff. The cleaning services supervisor and an estates representative must also be part of the audit team. By leading the audit process, the Head of Department has key ownership in ensuring that the necessary level of Environmental Cleanliness Standards are achieved and maintained where they really matter.

In addition, Trusts undertake “**Managerial**” Audits on a rolling programme so that all aspects of the cleaning service are reviewed on an annual basis. They should verify cleaning outcomes of “**Departmental**” audits and identify areas for improvement. The audit team should consist of senior management from cleaning services, estates and nursing, ward managers, infection control and service user representation.

Examples of Verification

- Cleaning service specifications
- Environmental Cleanliness Departmental Audits.
- Environmental Cleanliness Managerial Audits.
- Infection Control Reports
- Exception Reports
- Action Plans

Links with other standards

Risk Management

Governance

Buildings, Land, Plant and Non-Medical Equipment

CRITERION 12

The organisation's board should seek independent assurance that an appropriate and effective system of managing Standards of Environmental Cleanliness is in place, that the necessary level of controls and monitoring are being implemented and that there is visible evidence that Standards have improved.

Source

- "Cleanliness Matters": A Regional Strategy for Improvement in Standards of Environmental Cleanliness in HSS Trusts
- "Cleanliness Matters Toolkit": Practical Guidance for the Assessment of Standards of Environmental Cleanliness in HSS Trusts
- Protecting Patients and Staff, A Strategy for the Prevention and Control of Healthcare Associated Infections in Northern Ireland, DHSSPS, 2005
- Standards Australia (1999) *Risk Management AS/NZS 4360:1999*. Standards Association of Australia. Strathfield NSW.
- HSS (PPM) 10/2002 – Governance in the HPSS: Clinical and Social Care Governance – Guidance on Implementation
- HSS (PPM) 3/2002 – Corporate Governance: Statement on Internal Control
- DAO (DFP) 5/2001 – Corporate Governance: Statement on Internal Control
- NHS Internal Audit Manual
- HSS (PPM) 5/2003 – Governance in the HPSS: Risk Management and Controls Assurance

Guidance

Significant risks to, and controls over, the delivery of the organisation's objectives should be subjected to an independent and objective review. The results of these reviews should be communicated to the board through its sub-committees appointed for this purpose (e.g. Audit Committee, Clinical and Social Care Governance Committee, Risk Management Committee).

Where controls are found to be inadequate, or are not being complied with, there should be an action plan with dates set for corrective action and follow-up.

The frequency and depth of review will depend upon the degree of risk involved. It is important that the reviews are conducted in a manner, and to a standard, that enables the board to derive meaningful assurance from them. Although a variety of review bodies may be involved, both internal and external, reflecting the differing technical expertise required, or statutory duties, there is a need to be aware of the danger of overlap or gaps in the review process. There is also the possibility of misunderstanding arising from differing approaches to the reviews

All bodies sponsored by DHSSPS are required to have an internal audit function, and they must meet the standards set out in the NHS Internal Audit Manual. They are also required to provide the Audit Committee with an objective opinion on the effectiveness of the organisation's system of internal control

It may be helpful in terms of economy, efficiency, and effectiveness, to nominate one internal group to co-ordinate the assurance processes.

The new Health and Personal Social Services Regulation and Improvement Authority (HPSSRIA) will have a key role in providing the public and the Minister with the assurance that the objective of improving clinical and social care quality is being implemented appropriately at every level of the HPSS.

Trusts seek an independent external audit of the quality of environmental cleanliness standards. It is recommended that they should occur at least once a year initially beginning 2005/2006 with the frequency reviewed depending on past performance. Trusts should work together with the HSS Boards, HPSSRIA and with other stakeholders including service user representatives to explore establishing appropriate external auditing teams and auditing methodologies.

Trust Boards should ensure that external review is used to inform and improve patient care and that the organisation learns from reports and benchmarking.

Examples of Verification

- Reports to the board from the audit committee and action taken.
- Minutes of the audit committee
- Reports from internal audit
- Reports from multi-professional audit
- Reports from external audit
- Reports from HSSRIA
- Schedule of planned reviews
- Action plans
- Notes of follow up of actions
- Evidence file
- Details of staff and end-users involved in any review.

Possible Links with other standards

All standards