



**HEALTH ESTATES**

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Department of  
**Health, Social Services  
and Public Safety**

An Roinn

**Sláinte, Seirbhísí Sóisialta  
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# **CLEANLINESS MATTERS**

A REGIONAL STRATEGY FOR IMPROVING THE  
STANDARD OF ENVIRONMENTAL CLEANLINESS IN HSS  
TRUSTS

2005-2008

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## **Acknowledgments**

Health Estates would like to thank our colleagues in the Welsh Assembly Government, Welsh Health Estates and NHS Estates for allowing us to use material in the National Standards of Cleanliness for NHS Trusts in Wales, Performance Assessment (Toolkit) (Wales) and the Healthcare Facilities Cleaning Manual

## FOREWORD

Environmental Cleanliness in health and social care facilities means more than just maintaining a clean and safe environment. It makes a statement to services users and visitors about the attitudes of staff, managers and Trust Boards. All Trusts have a duty to ensure that high standards of environmental cleanliness are being met and maintained. Service users rightly expect that their stay in hospital will be as safe and comfortable as possible with clean wards, tidy furnishings and clean linen. High standards of environmental cleanliness are particularly important and there is a public perception that standards have deteriorated. The key is to ensure that the highest possible standards of environmental cleanliness are achieved and to satisfy service users that health and social care facilities are clean and are being kept clean, thereby creating and sustaining a caring environment that supports the delivery of high quality health and social care.

As Chief Executive of Health Estates, I am acutely aware that all of our health and social care facilities need to be a safe place for those undergoing treatment for their conditions, and for the staff looking after them. It is therefore appropriate that this Strategy is identified as one of the key supporting strands of the Department's Infection Prevention and Control Strategy.

The strategy identifies a range of issues that need to be addressed in order to make our health and social care facilities safer for services users, visitors and staff. Such issues include the strengthening of accountability procedures in Trusts, the capability and capacity of cleaning services, service user involvement in the measurement of standards and consideration of the age and condition of the facilities. I am pleased, however, that this strategy paper recognizes the key principle that ***Cleanliness Matters: It is everyone's responsibility, not just the cleaner's***. The challenge for all healthcare workers is to change our thinking and culture so that we all recognise the role we have to play in ensuring that our facilities are clean and are being kept clean in support of combating Healthcare Associated Infections. It is no longer valid simply to say that this issue is solely the responsibility of the environmental cleaning team. Working in partnership with all health and social care facility users is the key to making real improvements in standards.

This strategy represents a major step forward in proposing a regional approach to improving standards of environmental cleanliness.

**John Cole**  
**Chief Executive**  
**Health Estates**



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# 1 INTRODUCTION

- 1.1 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.
- 1.2 There are public perceptions that the standards of cleanliness in Health and Social Service (HSS) Trust facilities are not to an acceptable standard and have strongly associated this with concerns surrounding the control of Healthcare Associated Infections (HAI)<sup>1</sup>. 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.**
- 1.3 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<sup>2</sup>. The publication of this Environmental Cleanliness Strategy acknowledges 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.
- 1.4 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. The development of an Environmental Cleanliness Controls Assurance Standard in 2005 for implementation in 2006 will underline these necessary governance requirements.
- 1.5 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. This strategy therefore outlines a practical, incremental approach to the setting and measurement of uniform standards; it is not intended to replace existing good practice initiatives already implemented by Trusts. These initiatives have contributed positively to the standard of environmental cleanliness in individual Trusts and it is this good work that needs to be built upon to further improve our approach in this important operational area.

- 1.6 The accompanying guidance document on assessment of standards of environmental cleanliness incorporates a set of tools that can be used by in-house and contracted cleaning service providers, ward and departmental managers to monitor and improve their standard of environmental cleanliness.
- 1.7 The principles outlined in this Strategy have been developed to allow them to be applied across all Trust facilities if adapted as appropriate to match the service user mix using the facility, together with its age, design and condition.

## 2 BACKGROUND

- 2.1 England, Scotland and Wales have all introduced Strategies/Plans<sup>3</sup> with specific aims of improving the patient environment. This has resulted in the development of standards for environmental cleanliness with measurement of performance improvement forming part of each Health Departments performance assessment framework.
- 2.2 In Northern Ireland, no equivalent initiative with the objective of improving the patient environment has been adopted and independent monitoring of performance in this area, where it exists at all, is instigated at local Trust level. The existence of the initiatives in Great Britain has led to questions being asked about the standard of patient environments in HSS Trusts; it has been difficult to provide objective answers to such questions.

### Approach taken in England, Scotland and Wales

- 2.3 In England, the *Clean Hospitals Programme*<sup>4</sup> initiated in July 2000 set “*National Standards of Cleanliness for the NHS*<sup>5</sup>” along with an “*Implementation Guidance (Toolkit)*<sup>6</sup>” that allowed NHS Trusts in England to score their performance against the National Standards, the results forming part of their Performance Assessment Framework return to the Department of Health (DoH). As part of the programme, Patient Environment Assessment Teams (PEAT) undertook unannounced visits to NHS Trusts and reviewed the Trust’s assessment of their score against the cleanliness standard.
- 2.4 The introduction of the “*Modern Matron*<sup>7</sup>” in NHS Trusts in England to set and uphold standards, gave further support to this initiative and the publication of the “*Matrons Charter*<sup>8</sup>” gave focus to the matron’s role in making sure NHS hospitals in England are clean.
- 2.5 “*Winning Ways: Working together to reduce Healthcare Associated Infection in England*<sup>9</sup>”, a report from the Chief Medical Officer in England, gave further direction concerning high standards of cleanliness in support of infection prevention and control.
- 2.6 “*Towards Cleaner Hospitals and Lower Rates of Infection*<sup>10</sup>”, launched a new campaign by the DoH concerning good cleanliness and infection control. This paper referenced the close association between cleanliness and infection control whilst acknowledging that there are important distinctions to be made. Cleanliness contributes to infection control but scientific evidence that the environment is an important contributor to infection rates is not clear-cut. The paper also announced new inspection and monitoring arrangements for environmental cleanliness through Patient Forum inspections and the incorporation of

standards for cleanliness into National Healthcare Standards, with performance against these standards rated in the Healthcare Commissions annual assessment of NHS bodies in England<sup>11</sup>.

- 2.7 Scotland have taken a different approach to England in that improvements in this area have been included as part of the overall objective to improve clinical quality in healthcare in Scotland. The Clinical Standards Board for Scotland, now part of NHS Quality Improvement Scotland, set the standard of Hospital Cleanliness, "*Healthcare Associated Infection (HAI) – Cleaning Services*<sup>12</sup>". This standard was developed from a Healthcare Associated Infection (HAI) approach to cleaning services and is based around a risk management model similar to a controls assurance standard template.
- 2.8 Audit of the standard is by initial self-assessment followed by an external peer review process. Results are reported back to NHS Quality Improvement Scotland who, in addition to having responsibility for setting standards, have responsibility for monitoring performance and providing NHS Trusts in Scotland with advice, guidance and support on effective clinical practice and service improvements.
- 2.9 Wales, like Scotland, have taken a different approach to England in taking forward standards in this area. The "*National Standards for Cleanliness for NHS Trusts in Wales*<sup>13</sup>" was based on the NHS National Standards but incorporated the necessary linkages to corporate and clinical governance arrangements. Following the publication of the Cleanliness Standards, a Welsh Risk Management Standard was developed.
- 2.10 Audit of the Cleanliness Standards is by initial self-assessment with a return of the audit result forming part of the Estates and Facilities Performance Management System. This information is also part of the NHS Wales Performance Management Framework process that includes the results an external assessment from the patients' perspective of environmental cleanliness by Hospital Patient Environment Teams undertaken by Community Health Councils.
- 2.11 Cleaning Services in NHS Trusts in Scotland have been subject to audits by Audit Scotland, their report, "*A Clean Bill of Health*<sup>14</sup>", published in 2001 with a follow-up report, "*Hospital Cleaning*<sup>15</sup>" in 2003. It was following the 2000 Audit Scotland report that the Scottish Health Department developed their "*Healthcare Associated Infection (HAI) – Cleaning Services*<sup>12</sup>" standards, with Audit Scotland using these standards to audit the level of cleanliness in Scottish Hospitals for their follow-up report in 2003.

2.12 In Wales, The National Audit Office for Wales report "*The Management and Delivery of Hospital Cleaning Services in Wales*<sup>16</sup>", 2003, is much in the same vein as the 2000 Audit Scotland Report. This audit was carried out just before the introduction of Welsh Cleaning Standards.

2.13 The findings of these two reports have significant read across for HSS organisations and can be grouped clearly under the HSS Controls Assurance risk management framework category headings as follows: -

**Accountability: What is to be achieved and who is responsible for the standard of cleaning**

- Cleaning does not appear to be a high priority for Trust Boards.
- There is some way to go before a real clean culture is created.
- Hospital cleaning is generally seen as the responsibility of the cleaning staff and not a Trust-wide responsibility.
- Unclear and undefined responsibilities for cleaning patient equipment

**Processes: What is required to meet the necessary standards**

- Cleaning specifications have failed to keep pace with changes in hospital activity and do not reflect current cleaning requirements.
- Cleaning specifications have not been updated.
- Cleaning specifications are poorly defined
- Links between cleaning and infection control teams have not been established
- Poorly defined or managed cleaning contracts
- Lack of co-ordination between cleaning and other services

**Capability: Does the organisation have the staff with necessary knowledge, skills and capability**

- The recruitment and retention of cleaning staff is difficult with high staff turnover rates

**Outcomes: How do we ensure the system is working**

- The level of monitoring varies across Trusts, is subjective and is not guided by National Standards

**Monitoring and Audit: What is being measured internal and external to the organisation**

- There are significant variations in the cleaning approach adopted by individual Trusts
- The cost of cleaning varies across Trusts

## The Position in Northern Ireland

- 2.14 Following the introduction of these initiatives in England, Scotland and Wales, the DHSSPS established a working group to develop equivalent standards for HSS Trusts. The standards for cleaning<sup>17</sup> that were developed was an input based standard i.e. frequency of cleaning, not output based in terms of clarifying the standard to be achieved and then allowing each Trust to determine the best way of delivering the standard. In addition, it did not introduce the necessary risk assessment element in terms of high/low risk areas found in a hospital to allow identification of problem areas and action targeted to where it was needed.
- 2.15 Trusts were asked to benchmark the cleanliness of their hospital facilities against the developed standard<sup>18</sup>. Initial responses from Trusts indicated that extensive additional funding would be required to meet the input based standards. The lack of available funding made it impracticable to impose the standards on Trusts and they were subsequently withdrawn although it was recommended that Trusts should consider the standards as “good practice” and asked to bid for limited time-bound funds to take forward a number of environmental cleanliness improvement projects in 2002 and these were funded through until 2005<sup>19</sup>.
- 2.16 In working with our Trust colleagues in the development of this Strategy, it is clear that addressing capacity gaps in environmental cleaning services is acknowledged as a fundamental factor that must be inclusive to any eventual strategy implementation if high standards of environmental cleanliness are to be achieved and maintained.
- 2.17 However, it has been equally acknowledged that the starting point for implementing any strategy for improving standards has to be upon addressing the core organisational and systems factors of, governance, accountability, capability and capacity, culture, human resources, service user involvement and consideration of the age and condition of the Trust facilities. By first getting these core fundamentals right, this will ensure that any additional funding required to close any identified capacity gaps will be appropriate, targeted and effective and will deliver real and measurable improvements to the standard of environmental cleanliness.
- 2.18 By embracing a strategic approach to standards of environmental cleanliness in Trust facilities, this will allow the capture of all factors that impact on the ability of Trusts to communicate a common understanding of the question “Is this facility clean?”

2.19 This strategy therefore outlines a practical, incremental approach to the setting and measurement of uniform standards that will allow Trusts to demonstrate to service users, the media and politicians that Trust facilities are clean and being kept clean.

2.20 By announcing the publication of this Strategy, this has highlighted the importance that the Department and Minister place on the standard of environmental cleanliness in Trust facilities. It also recognises the importance that high quality support services, such as cleaning, have in creating and sustaining a caring environment that supports the delivery of high quality health and social care.



### 3 STRATEGIC CONTEXT

- 3.1 The emergence of the recurrent themes from the initiatives in England, Scotland and Wales are not unfamiliar to those with responsibility for the delivery of cleaning services in HSS Trusts. The Department also acknowledges that greater direction is now required in presenting an inclusive strategic approach to environmental cleanliness standards for HSS Trust facilities.
- 3.2 This strategy therefore needs to consider the key objectives that will allow Trusts to focus upon providing a clean and safe health and social care environment. There is a need to: -
- Provide a suitable context that will allow Trusts to place environmental cleanliness high on the management priorities of their Trust in support of infection prevention and control and encourages a culture of “**cleanliness matters**”. Trusts should be able to establish clear accountability and management arrangements for environmental cleanliness, who is responsible for the different but interlinked aspects of environmental cleanliness and link all of these individual responsibilities to risk management and to corporate and clinical and social care governance arrangements.
  - Develop regional environmental cleanliness standards for Trusts that can be adapted to meet local needs regardless of whether the cleaning service is provided in house or contracted out.
  - Involve and listen to staff and service users views on the standards of environmental cleanliness.
  - Adopt an appropriate Regional Human Resources Strategy for cleaning staff and managers.
  - Apply the most appropriate cleaning methods and frequencies to specific areas within health and social care facilities proportionate to the relative risks.
  - Consider the facility service user mix together with its age, design and condition when setting achievable cleaning standards and design new facilities to provide greater “cleanability”.
  - Consider the appropriate level of monitoring and audit that will provide a common understanding to service users and staff of the question “Is this facility clean?”

- Explore possible research projects that would examine the interrelationship between environmental cleanliness standards and infection prevention and control taking into consideration findings of research in this field in the UK and Internationally.
- Explore further with Trusts the anticipated cost implications of the adoption of appropriate monitoring/audit, Human Resource Strategies and regionally developed standard cleaning methods and frequencies to inform the Department's resource planning process.

## 4 STRATEGIC FRAMEWORK

### Aim

To encourage HSS Trusts to place environmental cleanliness standards high on the management priorities of their organisation in support of infection prevention and control that encourages a “**cleanliness matters**” culture.

Seven **Key Quality Principles** are proposed that embrace the necessary strategic framework criteria for the delivery of this aim at Trust level:-

#### 4.1 Accountability & Culture for Environmental Cleanliness

There is a need for Trusts to be able to demonstrate strong and clear leadership at the highest level of management that encourages a culture that recognizes that **cleanliness matters** and that **cleanliness is everyone’s responsibility, not just the cleaners**. Trusts must have in place clear accountability arrangements for environmental cleanliness standards, linked to infection prevention and control and to corporate, clinical and social care governance arrangements. It is absolutely vital that all staff, not only cleaning staff but also doctors, nurses, and ward managers are clear about their role and personal responsibilities

#### 4.2 Development of Trust Environmental Cleanliness Strategies

Environmental Cleanliness Strategies are developed in all Trusts within a framework which assures consistency throughout the organisation and will aim to deliver improvements in environmental cleanliness standards. To support Trusts in this, regional environmental cleanliness standards, based on the required cleaning outcome, have been developed that can be adapted to meet local needs, regardless of whether the cleaning service is provided in-house or contracted out.

#### 4.3 Involving and listening to service users and staff

An integral part of developing a “cleanliness matters” culture is taking account the views of service users and staff on the quality of environmental cleanliness. These views should be integrated into the planning, implementation and monitoring process for environmental cleanliness standards.

#### **4.4 Adopt appropriate Regional and Trust Human Resources Strategies for cleaning staff and managers**

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

#### **4.5 Adoption of a risk-based approach to environmental cleanliness standards**

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

#### **4.6 Consider the facility service user mix together with its age, design and condition when setting achievable cleaning standards.**

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

#### **4.7 Appropriate levels of monitoring and audit are undertaken**

The standard of environmental cleanliness is assessed by appropriate internal monitoring/audit and external audit.

## **Key Quality Principle 1: Accountability & Management of Environmental Cleanliness**

**Principle Statement: 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.**

### **Recommendations:**

- 1.1 Overall accountability for environmental cleanliness standards rest with the Trust Chief Executive and the Board.
- 1.2 Within Trusts, an Executive Director is delegated responsibility for environmental cleanliness standards.
- 1.3 The lines of accountability for all managers and supervisors with a responsibility for environmental cleanliness are clearly set out.
- 1.4 The role of all staff with responsibility for environmental cleanliness are clearly set out in their job descriptions.
- 1.5 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.
- 1.6 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.
- 1.7 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;
- Ward/Departmental Representative, and;
- Human Resources.

- 1.8 Targets for the quality of environmental cleanliness standards are set out in Corporate Plans.
- 1.9 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.
- 1.10 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.

## **Key Quality Principle 2: Local Environmental Cleanliness Strategies**

**Principal Statement: A consistently high standard of environmental cleanliness is delivered in all Trust facilities.**

### **Recommendations:**

- 2.1 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 a Risk Based Analysis (Annex A). 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 position. 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.
- 2.2 The Trust's environmental cleanliness strategy includes an Action Plan giving short term (1yr) and medium term (3yr) objectives.
- 2.3 Implementation plans set out the range and scope of the work to be undertaken and identify the process by which they are continuously monitored and updated.
- 2.4 The Trust's Implementation Plan include 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.
- 2.5 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.

- 2.6 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.
- 2.7 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.

### **Key Quality Principle 3: Involving and listening to service users**

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

#### **Recommendations:**

- 3.1 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.
- 3.2 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.
- 3.3 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.

## **Key Quality Principle 4: Adoption of a risk-based approach to environmental cleanliness standards**

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

### **Recommendations:**

- 4.1 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 (see Annex A, Risk Based Analysis).
- 4.2 Items to be cleaned in a Trust facility are accounted for in terms of the recommended 49 generic elements (see Annex B, Environmental Cleanliness Standards for Elements).
- 4.3 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 proposed risk based approach and the Environmental Cleanliness Standards for Elements.

**Key Quality Principle 5: Consider the facilities service user mix together with its age, design and condition when setting achievable cleaning standards.**

**Principle Statement: 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”.**

**Recommendations:**

- 5.1 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.
- 5.2 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.
- 5.3 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.
- 5.4 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.

## **Key Quality Principle 6: Develop appropriate Regional and Trust Human Resources Strategies for cleaning staff and managers**

**Principle Statement: 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 quality are met.**

### **Recommendations:**

- 6.1 Trusts should 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.
- 6.2 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.
- 6.3 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.
- 6.4 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.
- 6.5 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;
- 6.6 All staff involved in monitoring and auditing standards of environmental cleanliness receive appropriate training to enable them to undertake this task competently.

## Key Quality Principle 7: Appropriate levels of monitoring, audit, reporting and benchmarking are undertaken

**Principle Statement: The standard of environmental cleanliness is assessed by appropriate internal monitoring/audit, external audit and benchmarking and reported to the Trust Board.**

### Recommendations:

#### Internal Self-Monitoring

- 7.1 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. This quality control monitoring is not normally scored.

#### Internal Audit

- 7.2 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: -

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

- 7.3 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 along with the cleaning services supervisor and estates staff. 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.
- 7.4 In addition, HSS 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. These audits will be scored.

### **External Audit**

- 7.5 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 2006/2007 with the frequency reviewed depending on past performance. Trusts should work together with HSS Boards, Health Estates and with other stakeholders (including service user representatives) to explore establishing appropriate external auditing teams and auditing methodologies.

### **Benchmarking**

- 7.6 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.

### **Reporting**

- 7.7 An annual report on the efficacy of the Trust’s environmental cleanliness is 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.
- 7.8 An annual report is provided to the Chief Executive, which sets out the monitoring and audit work carried out for the year.
- 7.9 Where shortfalls are identified in areas of environmental cleanliness standards, Trusts develop and implement action plans to address these.
- 7.10 Trust Boards ensure that monitoring, audit and review reports are used to inform and improve service user care and that the organisation learns

from reports and benchmarking as part of the process of continuous improvement.

The accompanying guidance document to this Strategy, “**Cleanliness Matters Toolkit: Practical Guidance for the Assessment of Standards of Environmental Cleanliness in HSS Trusts**”, incorporates a set of tools that can be used by in-house and contracted cleaning service providers, ward and departmental managers to monitor and audit their standard of environmental cleanliness.



## **5 IMPLEMENTATION 2005-2008**

It is acknowledged that further work is required that will assist Trusts in taking forward the practical implementation of this Regional Strategy. This will include: -

### **2005/2006 – Health Estates**

- Health Estates will facilitate an independent regional baseline assessment of environmental cleanliness standards in Trusts. It is important to know “where we are” to identify where shortcomings need to be addressed and to also capture examples of good practice that can be communicated to HSS Trusts. It is proposed that this assessment should be undertaken shortly after the publication of this Strategy in 2005. It is proposed that the assessment should also consider key factors such as the current position in relation to cleaning contracts, in-house cleaning services, management arrangements, cleaning methods and frequencies, human resources and funding.

### **2005-2006 – HSS Boards and Trusts**

- Boards and Trusts will be asked to nominate a Board member to take responsibility for quality of environmental cleanliness.
- Trusts will assess their current level arrangements for environmental cleanliness and prepare Trust wide environmental cleanliness strategies that include an Action Plan giving short term (1yr) and medium term (3yr) objectives to take forward improvements in environmental cleanliness based on the results of the independent baseline assessment and Trust baseline audits.
- Trusts will assess the level of compliance against the Environmental Cleanliness Controls Assurance Standard and report to DHSSPS.

### **2006/2007 – Health Estates**

Health Estates will lead and work along with HSS Boards and Trusts in:

- The development of Regional Guidance for Environmental Cleaning Frequencies for Trust facilities.
- The development of appropriate benchmarking tools for environmental cleanliness standards.

- The development of a HPSS Cleaning Manual.

Health Estates will also:

- Explore the use of ICT management information systems for cleaning services in HSS Trusts that have been developed for NHS Trusts in England.
- Explore possible research projects or pilot schemes that would examine the interrelationship between environmental cleanliness standards and infection prevention and control taking into consideration findings of research in this field in the UK and Internationally.
- Explore Human Resource issues with all stakeholders including DHSSPS Human Resource Directorate.
- Explore funding issues with all stakeholders and brief DHSSPS finance branch to allow capture of environmental cleanliness funding implications within the DHSSPS budget planning process.
- Explore and establish with HSS Boards, Trusts and other stakeholders including service user representatives, external auditing methodologies, reporting systems and an annual external audit of the standard of environmental cleanliness achieved in Trust facilities.
- Monitor the position in GB and Internationally concerning environmental cleanliness initiatives for possible adoption in Northern Ireland.
- Facilitate a follow-up independent assessment of environmental cleanliness standards in Trusts.
- Review the effectiveness of the Regional Strategy and the Controls Assurance Standard.

### **2006/2007 – HSS Trusts**

- Implement Trust environmental cleanliness strategies and report to Health Estates on the assessed Standard of Environmental Cleanliness achieved against the 1yr action plan objectives.
- Assess the level of compliance against the Environmental Cleanliness Controls Assurance Standard and report to DHSSPS.

### **2007/2008 - Health Estates, HSS Boards and Trusts**

- HSS Boards and Trusts to continue to take forward incremental adoption of the Key Quality Principles outlined in the Regional Strategy.
- Trusts to report to Health Estates on the assessed Standard of Environmental Cleanliness achieved against the 3yr action plan objectives with demonstrable evidence to indicate the achievement of significant improvement upon the baseline assessment.
- Health Estates to review the effectiveness of the Regional Strategy.
- Trusts to work towards full compliance with the Environmental Cleanliness Controls Assurance Standard and continue to report to DHSSPS.



## RISK BASED ANALYSIS

### Introduction

Trusts need to be able to demonstrate that their facilities are clean and kept clean. A team of those who provide the service and those on the receiving end i.e. Trust staff and service users, are best placed to evaluate the standard of environmental cleanliness. To allow them to do this, environmental cleanliness standards need to be set and a way of measuring them agreed. Uniform measurement also allows the comparison of performance and outcomes against other facilities of a similar size and type.

The expected environmental cleaning standard is dependent upon:

- The room, area, buildings (or parts thereof) in which the cleaning is taking place that are assessed within a group to form natural counting blocks which are known as **functional areas**.
- The surface, fixture, equipment or fitting being cleaned, known as the **element**;

### Functional Areas

Throughout this strategy, 'risk' can mean: hazard, danger, peril, exposure to loss, injury, or destruction, and in particular, the risk of infection to patients. This risk assessment approach has been chosen because of the variety of problems that poor levels of cleanliness can cause within different areas of a Trust facility and between different facilities.

Different types of risk includes:

- the risk of infection for service users
- the risk of a poor public image for the Trust
- an occupational health and safety risk for Trust staff and the public, and
- the risk of a service providing poor value for money.

By assessing the degree of risk together with the importance of cleaning and keeping clean some functional areas in Trust facilities, this can help identify appropriate environmental cleaning standards and auditing frequencies for each of the functional areas. The resultant '**Risk Category**' for the functional area expresses the level of risk and the minimum required environmental cleaning service standard.

### **Very High Risk Functional Area**

In the functional areas designated “Very High Risk”, the required environmental cleaning standards are of critical importance to service user care.

**Standard of Environmental Cleanliness: Consistently high levels of cleanliness must be maintained. Required standards will only be achieved through intense and frequent cleaning. In these functional areas service users are at high risk of infection and a frequent and responsive cleaning service is essential.**

Examples of functional area:

- Operating theatres, day surgery units and day procedure units
- Critical Care Units (CCU) or Intensive Care Units (ITU)
- Special care baby units
- Special needs areas: areas with service users in isolation or who are immunosuppressed, such as burns unit, oncology unit, single rooms used for isolation, cohort isolation areas and the infectious diseases unit.
- Pharmacy – Sterile Production Areas
- Other areas where invasive procedures are performed and service users are at a high risk of infection.

### **High Risk Functional Area**

In the functional areas designated “High Risk”, the required environmental cleaning standards are of high importance to service user care.

**Standard of Environmental Cleanliness: Standards should be maintained by frequent scheduled cleaning with spot cleaning in-between.**

Examples of functional area:

- In-patient wards, CSSD, HSDU
- Accident and Emergency Department
- Pharmacy – General Areas

### **Moderate Risk Functional Area**

In the functional areas designated “Moderate Risk”, the required environmental cleaning standards are necessary for both hygiene and aesthetic reasons.

**Standard of Environmental Cleanliness: Standards should be maintained by regular scheduled cleaning with regular capacity for spot cleaning in-between.**

Examples of functional area:

- Occupational Therapy such as Day Activity and Rehabilitation Areas
- On-Site Residential Accommodation
- General Pharmacy
- Out-patient departments
- Treatment and Care Centres, Health Centres, Health Clinics, Day Care Facilities, Residential Facilities
- Laboratories, Pathology and Mortuaries
- Common Public Areas, Waiting Areas

### **Low Risk Functional Area**

In the functional areas designated “Low Risk”, the required environmental cleaning standards are necessary for aesthetic and, to a lesser extent, hygiene reasons.

**Standard of Environmental Cleanliness: Standards should be maintained by regular scheduled cleaning with a capacity for spot cleaning in-between.**

Examples of functional area:

- Administration Areas
- Non-Sterile Supply Areas
- Record Storage
- Plant Rooms
- External Grounds

### **Internal Areas Adjoining the Functional Area: Acute Facilities**

Internal areas that adjoin the functional area are assessed as the same risk category and should receive the same cleaning standard. For example, toilets, staff lounges and offices and any other area that adjoin the CCU should receive the same level of cleaning as the CCU.

### **Internal Areas Adjoining the Functional Area: Community Facilities**

Due to the size and nature of community facilities such as Treatment and Care Centres, it would be impractical to apply the above criteria for adjoining areas otherwise there is a risk that an entire facility could be categorised in terms of the highest risk area. In these cases, it is recommended that where invasive procedures are performed and service users are at a high risk of infection (e.g. treatment rooms), these are considered as “Very High Risk” in accordance with the risk category definition and an assessment is undertaken as to the scope of the “Very High Risk” boundary in terms of adjoining areas.

A degree of practical assessment is required to be applied in these circumstances.

### Rectifying Problems

The table below can be used to measure the importance of cleaning each element in any particular functional area in terms of rectifying identified problems.

<b>Priority</b>	<b>Time frame for rectifying problem</b>
<b>A) Constant</b> Cleaning critical (very high risk and high risk functional areas)	Immediately, or as soon as is practically possible. Where domestic/cleaning staff are not on duty this should be the responsibility of other ward or department personnel and these responsibilities should be clearly set out and understood.
<b>B) Frequent</b> Cleaning important and requires maintaining (significant risk functional areas).	0-3 hours for patient areas (to be rectified by daily scheduled cleaning service for non-patient areas).
<b>C) Regular</b> On a less frequent scheduled basis, and as required between cleans (low risk functional areas).	0-48 hours.

## ENVIRONMENTAL CLEANING STANDARDS FOR ELEMENTS

Items or areas to be cleaned can be broken down into generic elements with specific environmental cleaning standard requirements (e.g. floors, walls, furniture, bed frames, medical devices etc.) Although many of the following elements have generally common environmental cleaning standards, they are separately identified in the following table to allow each Trust to determine which member of the cleaning team is responsible for specific elements. The roles and responsibilities of all members of the cleaning team, including estates and nursing staff, need to be clearly defined for appropriate elements that are not included in the role and responsibility of the cleaning staff.

For example, cleaning staff may have designated responsibility for cleaning medical devices not connected to patients but nursing staff may have designated responsibility for medical devices connected to patients. Similarly, some Trusts may have arrangements in place so that estates staff, not cleaning staff, have designated responsibility for ensuring that light fittings are kept clean.

### CATEGORY 1: ENVIRONMENT

Element	Environmental Cleaning Standard Required
1. Overall appearance	<ul style="list-style-type: none"> <li>• The area is tidy, ordered and uncluttered</li> <li>• Floor space is clear, only occupied by furniture and fittings designed to sit on the floor</li> <li>• Furniture is maintained to a standard that allows for cleaning</li> <li>• Fire access and exit doors are left clear and unhindered</li> <li>• The presence of blood or body substances is unacceptable</li> </ul>
2. Odour control	<ul style="list-style-type: none"> <li>• The fabric of the environment and equipment smell fresh and pleasant</li> <li>• Any deodorisers are clean and functional</li> </ul>

### CATEGORY 2: PATIENT EQUIPMENT

Element	Environmental Cleaning Standard Required
3. Commodes, weighing scales, manual handling equipment	<ul style="list-style-type: none"> <li>• Equipment, including underneath, is free from soil, smudges, dust, fingerprints, blood or body substances, grease and spillages</li> <li>• Equipment is free of tapes, plastic etc., which may compromise cleaning</li> </ul>

Element	Environmental Cleaning Standard Required
	<ul style="list-style-type: none"> <li>Equipment legs, wheels and castors are free from mop strings, soil, film, dust and cobwebs</li> </ul>
<p><b>4. Medical Devices and Equipment including intravenous infusion pumps drip stands and pulse oximeters etc. NOT CONNECTED TO A PATIENT</b></p>	<ul style="list-style-type: none"> <li>As element 3</li> </ul>
<p><b>5. Medical Devices and Equipment including intravenous infusion pumps drip stands and pulse oximeters etc. CONNECTED TO A PATIENT</b></p>	<ul style="list-style-type: none"> <li>As element 3</li> </ul>
<p><b>6. Patient washbowls</b></p>	<ul style="list-style-type: none"> <li>As element 3 including decontaminated appropriately between patients and are stored clean, dry and inverted</li> <li>Badly scratched bowls are replaced</li> </ul>
<p><b>7. Beside oxygen and suction connectors, ear piece for bedside entertainment system</b></p>	<ul style="list-style-type: none"> <li>As element 3</li> </ul>
<p><b>8. Patient Fans</b></p>	<ul style="list-style-type: none"> <li>As element 3 including fan fins</li> </ul>
<p><b>9. Bedside Alcohol Hand Wash Container, clipboards and</b></p>	<ul style="list-style-type: none"> <li>As element 3, including the holder of the bedside alcohol hand-wash container which is free of product build-up around the nozzle and splashes on the wall, floor, bed or furniture are not present</li> </ul>

<b>Element</b>	<b>Environmental Cleaning Standard Required</b>
notice boards	
<b>10. Notes and drugs trolley</b>	<ul style="list-style-type: none"> <li>As element 3, including underneath and inside of the notes trolley</li> </ul>
<b>11. Patient personal items including cards and suitcases</b>	<ul style="list-style-type: none"> <li>As element 3 with loose items, such as clothing, stored away either in the locker or bag</li> </ul>
<b>12. Linen trolley</b>	<ul style="list-style-type: none"> <li>As element 3</li> </ul>

### **CATEGORY 3: BUILDING**

#### **Sub Category 3.1: External and Internal Features**

<b>Element</b>	<b>Environmental Cleaning Standard Required</b>
<b>13. Entrance/exit</b>	<ul style="list-style-type: none"> <li>All entrance/exit areas (including fire exits, porches and steps) are free from dust, grit, dirt, chewing gum, leaves, cobwebs, rubbish, cigarette butts, bird excreta and spillages</li> </ul>
<b>14. Stairs (internal and external) including treads and handrails</b>	<ul style="list-style-type: none"> <li>As element 13</li> </ul>
<b>15. External areas, including ramps, patios, balconies, eaves, external light fittings garden furniture and grounds</b>	<ul style="list-style-type: none"> <li>As element 13</li> </ul>

#### **Sub Category 3.2: Fixed Assets**

<b>Element</b>	<b>Environmental Cleaning Standard Required</b>
<b>16. Wall fixtures such as switches, sockets and data points</b>	<ul style="list-style-type: none"> <li>Free from soil, smudges, dust, dirt, fingerprints, blood or body substances, stains, grease and cobwebs</li> <li>Free of tapes, plastic etc., which may compromise cleaning</li> <li>Free from signs of use (scratches or cracks)</li> </ul>

<b>Element</b>	<b>Environmental Cleaning Standard Required</b>
<b>17. Walls and skirting</b>	<ul style="list-style-type: none"> <li>As element 16 including polished surfaces are of a uniform lustre</li> </ul>
<b>18. Ceiling</b>	<ul style="list-style-type: none"> <li>As element 17</li> </ul>
<b>19. Light Fittings</b>	<ul style="list-style-type: none"> <li>As element 16</li> </ul>
<b>20. All doors</b>	<ul style="list-style-type: none"> <li>As element 16 including all parts of the door structure such as vents, frames and jambs</li> </ul>
<b>21. Windows and glazed partitions</b>	<ul style="list-style-type: none"> <li>External and Internal surfaces of glass are clear of all streaks, smears, dust, dirt, adhesive tape, fingerprints and smudges.</li> <li>Window frames and glazed partition frames, tracks and ledges are clear and free of dust, dirt, marks and spots</li> </ul>
<b>22. Mirrors</b>	<ul style="list-style-type: none"> <li>Are clear of all streaks, smears, dust, dirt, adhesive tape, fingerprints and smudges</li> </ul>
<b>23. Bedside patient TV</b>	<ul style="list-style-type: none"> <li>As element 16</li> </ul>
<b>24. Radiators</b>	<ul style="list-style-type: none"> <li>As element 16 for all parts of the radiator, including between panels</li> </ul>
<b>25. Ventilation grilles extract and inlets</b>	<ul style="list-style-type: none"> <li>As element 16 and are unblocked and kept clear and uncluttered</li> </ul>

### Sub-Category 3.3: Floors

<b>Element</b>	<b>Environmental Cleaning Standard Required</b>
<b>26. Hard Floor – polished or non-slip</b>	<ul style="list-style-type: none"> <li>The complete floor, including all edges, corners and main floor spaces, is free of polish, dust, dirt, grit, litter, chewing gum, marks and spots, blood or body substances, spillages and scuff marks</li> <li>Polished floors are to a uniform lustre</li> <li>Non-slip floors are to a uniform finish</li> <li>Appropriate signage and precautions are taken regarding pedestrian safety on newly cleaned or wet floors</li> </ul>
<b>Element</b>	<b>Cleaning Standard Required</b>
<b>27. Soft floor</b>	<ul style="list-style-type: none"> <li>The complete floor, including all edges, corners and main floor spaces, is free of dust, dirt, grit, litter, chewing gum, marks and spots, blood or body substances, spillages and scuff marks</li> <li>Are to a uniform appearance without flattened pile and are an even colour</li> </ul>

## CATEGORY 4: FIXTURES

### Sub-Category 4.1: Electrical fixtures and appliances

Element	Cleaning Standard Required
<b>28. Pest Control Devices</b>	<ul style="list-style-type: none"><li>• Free from dead insects and are clean and functional.</li></ul>
<b>29. Electrical Items</b>	<ul style="list-style-type: none"><li>• As element 16 including PCs, their keyboards and connected equipment such as printers etc.</li></ul>
<b>30. Cleaning equipment</b>	<ul style="list-style-type: none"><li>• As element 16.</li></ul>

### Sub-Category 4.2: Furnishings, Fixtures and Fittings

Element	Cleaning Standard Required
<b>31. Low surfaces</b>	<ul style="list-style-type: none"><li>• Free from soil, smudges, dust, dirt, fingerprints, blood or body substances, stains, grease and cobwebs</li><li>• Free of tapes, plastic etc., which may compromise cleaning</li></ul>
<b>32. High surfaces</b>	<ul style="list-style-type: none"><li>• As element 31</li></ul>
<b>33. Chairs</b>	<ul style="list-style-type: none"><li>• As element 31</li></ul>
<b>34. Beds</b>	<ul style="list-style-type: none"><li>• As element 31 for all parts of the bed, including mattress and bed frame</li><li>• Wheels and castors are free from mop strings, soil, film, dust and cobwebs</li></ul>
<b>35. Lockers, cupboards and wardrobes</b>	<ul style="list-style-type: none"><li>• As element 31 for all parts of the locker, including the inside and free from litter or food debris</li></ul>
<b>36. Tables</b>	<ul style="list-style-type: none"><li>• As element 31 for all parts of the table.</li><li>• Wheels and castors are free from mop strings, soil, film, dust and cobwebs</li></ul>
<b>37. All dispensers and holders</b>	<ul style="list-style-type: none"><li>• As element 31 for all parts of the dispenser or holder</li></ul>
<b>38. Waste receptacles</b>	<ul style="list-style-type: none"><li>• As element 31 including the lid and pedal</li></ul>
<b>39. Curtain, blinds and drapes</b>	<ul style="list-style-type: none"><li>• As element 31</li></ul>

### Sub-Category 4.3: Kitchen fixtures and appliances

<b>Element</b>	<b>Cleaning Standard Required</b>
<b>40. Dishwasher</b>	<ul style="list-style-type: none"><li>• Free from soil, dust, dirt, stains, grease and cobwebs</li><li>• Free of tapes, plastic etc., which may compromise cleaning</li><li>• Free from food debris</li></ul>
<b>41. Fridge and/or freezer</b>	<ul style="list-style-type: none"><li>• As element 40 including ice build up</li></ul>
<b>42. Ice machine and/or hot water boiler</b>	<ul style="list-style-type: none"><li>• As element 41</li></ul>
<b>43. Kitchen cupboards</b>	<ul style="list-style-type: none"><li>• As element 40</li></ul>
<b>44. Microwave</b>	<ul style="list-style-type: none"><li>• As element 40</li></ul>

### Sub-Category 4.4 Toilets, sinks, hand-wash basins and bathroom fixtures

<b>Element</b>	<b>Cleaning Standard Required</b>
<b>45. Shower and equipment such as wall attached shower chairs</b>	<ul style="list-style-type: none"><li>• Free from soil, dust, dirt, lime scale, smudges, smears, blood or body substances and cobwebs.</li><li>• Free of tapes, plastic etc., which may compromise cleaning.</li><li>• Free from signs of use (scratches or cracks)</li></ul>
<b>46. Toilets and bidets</b>	<ul style="list-style-type: none"><li>• As element 45</li></ul>
<b>47. Replenishment</b>	<ul style="list-style-type: none"><li>• There should be plenty of all consumables, such as soap, available.</li></ul>
<b>48. Sinks and dispensers</b>	<ul style="list-style-type: none"><li>• As element 45 including plugholes and overflow.</li></ul>
<b>49. Bath</b>	<ul style="list-style-type: none"><li>• As element 48.</li></ul>

## Glossary

A range of terms is used in this Strategy, and these have particular relevance to the way that cleanliness is achieved in HSS facilities.

<b>Audit</b>	An examination or inspection. A procedure for investigating accounts and other measurements.
<b>Auditor</b>	A trained person who undertakes audits.
<b>Clean</b>	Free from dirt, impurities, marks, stains, blemishes, odours, body substances and contamination. <b>To clean:</b> to make clean by removing dirt, filth, or unwanted substances from an object or area.
<b>COSHH</b>	Control of Substances Hazardous to Health.
<b>Debris</b>	Debris includes crisp packets, drinks cans and bottles, chewing gum, rubbish, cigarette butts, litter, sticky tape, grit and lime scale.
<b>Dirt</b>	Dirt includes mud, smudges, soil, graffiti, mould, fingerprints, ingrained dirt, and scum.
<b>Dust</b>	Dust includes lint, powder, fluff and cobweb.
<b>Element</b>	The surfaces, articles or fixtures being cleaned in a HSS facility have been broken down into generic elements. Particular standards apply to each group of elements for example, 'windows'.
<b>Functional Area</b>	'Functional' area is an area in which the cleaning occurs (for example, a ward or operating theatre). This guide groups functional areas according to risk, so that appropriate cleaning can be applied. For instance, Intensive Care Units (ICU's) and operating theatres are viewed as higher risk than plant rooms or medical record stores.
<b>High Risk</b>	In functional areas designated 'high risk', the required Standards are of high importance and must be maintained by frequent scheduled cleaning with spot cleaning in between.
<b>ICU</b>	Intensive Care Unit

<b>Inputs</b>	The resource used to produce and deliver outputs. Inputs may include staff, equipment or materials.
<b>Intensity</b>	The level of cleaning required for a certain element and/or functional area.
<b>Low Risk</b>	In functional areas designated 'low risk', the required Standards are important for aesthetic, and to a lesser extent hygiene reasons. The standards should be achieved through regular cleaning on a scheduled basis, with a capacity to spot clean in between.
<b>Moderate Risk</b>	In functional areas designated moderate risk, the required Standards are important for both hygiene and aesthetic reasons. The standards should be maintained through regular cleaning on a scheduled basis, with regular capacity for spot clean in between.
<b>Outcomes</b>	The effect or consequence of the output, for example, cleaning (output) produces a clean and safe environment for service user care (outcome).
<b>Outputs</b>	These are the actual product or service, for example, cleaning.
<b>Processes</b>	The procedures, methods and activities that turn the inputs into outputs, for example, mopping a floor.
<b>Quality Systems</b>	<p>'Quality systems' refer to the:</p> <ul style="list-style-type: none"> <li>• integration of organisational structure</li> <li>• integrated procedures</li> <li>• resources, and</li> <li>• responsibilities required to implement quality management.</li> </ul> <p>Taken together these provide for the development of a comprehensive and consistent service.</p>
<b>Report</b>	To give an official account or statement of something to an authority.
<b>Risk Categories</b>	'Risk Categories', express the level of risk and importance of cleaning. All functional areas need to be grouped into appropriate risk categories so that appropriate levels of

cleaning and monitoring can be applied. For instance, Critical Care Units (CCU) and operating theatres must be viewed as having a higher risk component than plant rooms or medical record stores and would therefore warrant more intensive cleaning and monitoring.

Throughout this strategy, 'risk' can mean: hazard, danger, peril, exposure to loss, injury, or destruction, and in particular, the risk of infection to patients. This approach has been chosen because of the variety of problems that poor levels of cleanliness can cause within different areas of a HSS facility and between different facilities. Different types of risk include:

- the risk of infection for service users
- the risk of a poor public image for the HSS organisation
- an occupational health and safety risk for HSS staff and the public, and
- the risk of a service providing poor value for money.

<b>Room Types</b>	'Room types' are a subset of Functional Areas - for example, on a ward these could be bedded bays and sanitary areas. This allows cleaning managers the opportunity to more closely audit and manage standards in specific parts of Functional Areas.
<b>Service Provider</b>	The organisation or group which supplies the service to the HSS organisation and employs staff and cleaners, whether that be in-house or contracted out.
<b>SLA</b>	Service Level Agreement
<b>Spillage</b>	Spillage includes the following; any liquid, tea stains, sticky substances.
<b>Very High Risk</b>	In functional area designated 'very high risk', the required Standards of Cleanliness are of critical importance. The standards can only be achieved through the highest level of intensity and frequency of cleaning.



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## Environmental Cleanliness Reference Consultative Group

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