




TRUST CLEANING POLICY

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POLICY CONTEXT

The aim of the Trust Cleaning Policy is to demonstrate compliance with the following;

- i. The compliance assessment criteria detailed in “The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance” (DOH, July 2015) on the standards of cleanliness that facilitate the prevention and control of infections to ensure that patients receive safe and effective care. This Code of Practice requires all cleaning related risks to be identified and managed and sets requirements in terms of legal responsibilities for a cleaning lead, personal responsibilities, audit, governance and reporting.
- ii. Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which requires that healthcare premises and equipment must be clean, secure, suitable and used properly and that a provider must, in relation to premises and equipment, maintain standards of hygiene appropriate for the purposes for which they are being used.
- iii. National Standards of Healthcare Cleanliness 2021 (NHS England and NHS Improvement) that have replaced the National Specifications for Cleanliness in the NHS 2007 and that provide healthcare organisations in England with a framework for detailing the required cleaning services and how ‘technical’ cleanliness and the efficacy of the cleaning process should be assessed.

POLICY REQUIREMENT

All staff undertaking cleaning responsibilities must ensure that they are cleaning at the required defined frequency, with the appropriate product and to the defined performance standard as detailed in this policy. Facilities Managers must ensure that cleaning records (of the cleaning undertaken) are kept and are accessible for inspection and audit purposes by internal and external agencies. Clinical staff to cross reference cleaning requirements with the Decontamination Policy.

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1 INTRODUCTION

1.1 Rationale

- 1.1.1 **“It goes without saying that patients and visitors to hospitals are entitled to expect a high standard of general hygiene and cleanliness. This is important for the control of infection and also because clean surroundings give assurance that the hospital is well run and focused on improving the health of those who seek its help” (Francis Report 2013).**
- 1.1.2 The Trust is required to ensure that plans are in place to provide clean, safe care and that standards of cleanliness are reported to and monitored by the Infection Prevention Partnership Committee.
- 1.1.3 The Trust Cleaning Policy ('TCP') responds to the specific requirements of “The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance” (DOH, July 2015), (also referred to as the Code of Practice (CoP)). The 'TCP' details the actions to be undertaken and monitored in response to the Code of Practice Part 3: Guidance for compliance with criterion 2 *“Provide and maintain a clean and appropriate environment in managed premises that facilitates the prevention and control of infections”*.
- 1.1.4 The 'TCP' responds to the specific requirements of Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which requires that healthcare premises are clean and safe and that a provider maintains standards of hygiene appropriate to the purposes for which they are being used.
- 1.1.5 The Trust is required to comply with the Care Quality Commission (CQC) Essential Standards of Quality and Safety - Outcome 8 Cleanliness and Infection Control and is required to meet the requirements of CQC outcome standard Regulation 15 key criteria (1 and 2) in “The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance” (DOH, July 2015) in terms of legal responsibilities for a cleaning lead, personal responsibilities, audit, governance and reporting.
- 1.1.6 The 'TCP' responds to the specific requirements of the National Standards of Healthcare Cleanliness 2021 (NHS England and NHS Improvement) that have replaced the National Specifications for Cleanliness in the NHS 2007 and that provide healthcare organisations in England with a framework for detailing the required cleaning services and how 'technical' cleanliness and the efficacy of the cleaning process should be assessed.
- 1.1.7 The Trust Cleaning Policy incorporates the operational cleaning plans for all areas of the Trust. The policy has been developed by senior representatives of the Estates & Facilities Management Team with assistance from the Matrons and Clinical Nurse Managers and the Lead Nurse for Infection Prevention and Control. The Trust Cleaning Policy incorporates all properties shown in **Appendix 4B** below.
- 1.1.8 The Trust Cleaning Policy focuses on the cleaning practices and cleanliness standards Trust-wide (whether delivered through the Trust's or Third Party Providers).

1.1.9 A Matrons Charter - An Action Plan for Cleaner Hospitals (DOH 2004)

Includes (but not limited to) the following requirements:

- Sufficient resources will be dedicated to keeping hospitals clean: keeping the NHS clean is everybody's responsibility.
- The patient environment will be well-maintained, clean and safe.
- Matrons will establish a cleanliness culture across their units.
- Cleaning staff will be recognised for the important work they do. Matrons will make sure they feel part of the ward team.
- Specific roles and responsibilities for cleaning will be clear.
- Cleaning routines will be clear, agreed and well-publicised.
- Patients will have a part to play in monitoring and reporting on standards of cleanliness.
- All staff working in healthcare will receive education in infection control.
- Nurses and infection control teams will be involved in drawing up cleaning contracts.
- Sufficient resources will be dedicated to keeping hospitals clean.

1.2 Scope

This Policy applies equally to staff in a permanent, temporary, voluntary or contractor roles acting for or on behalf of Birmingham and Solihull Mental Health NHS Foundation Trust.

Cleaning requirements for Main Production Kitchens (including Ward Regeneration Kitchens), Recovery and Wellbeing Kitchens and ADL Kitchens are set out in the Trust's Food Safety Policy.

1.3 Principles (Beliefs)

The key principles of the Trust Cleaning Policy are;

- i. Delivery of common and consistent compliant cleaning practices and cleanliness standards Trust-wide (whether delivered through the Trust's or Third Party Providers).
- ii. Ensuring clear and designated responsibilities for the cleanliness of all aspects of the Trust environment.
- iii. Integrated working between the Infection Prevention & Control Team ('IP&CT') and Estates & Facilities Department, to ensure that all new developments, projects and property acquisitions are subject to the full involvement of assessment by and approval of the IP&CT.

- iv. To ensure the Domestic Service workforce is trained to enable Domestic Staff and Supervisors to perform to and achieve the highest standards of cleanliness and levels of productivity.

The Trust positively supports individuals with learning disabilities and ensures that no-one is prevented from accessing the full range of mental health services available. Staff will work collaboratively with colleagues from learning disabilities services and other organisations, in order to ensure that service users and carers have a positive episode of care whilst in our services. Information is shared appropriately in order to support this.'

2 POLICY

The aim of the Trust Cleaning Policy is to demonstrate compliance with the following;

- i. The compliance assessment criteria detailed in "The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance" (DOH, July 2015) on the standards of cleanliness that facilitate the prevention and control of infections to ensure that patients receive safe and effective care. This Code of Practice requires all cleaning related risks to be identified and managed and sets requirements in terms of legal responsibilities for a cleaning lead, personal responsibilities, audit, governance and reporting.
- ii. Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which requires that healthcare premises and equipment must be clean, secure, suitable and used properly and that a provider must, in relation to premises and equipment, maintain standards of hygiene appropriate for the purposes for which they are being used.
- iii. National Standards of Healthcare Cleanliness 2021 (NHS England and NHS Improvement) that have replaced the National Specifications for Cleanliness in the NHS 2007 and that provide healthcare organisations in England with a framework for detailing the required cleaning services and how 'technical' cleanliness and the efficacy of the cleaning process should be assessed.

All staff undertaking cleaning responsibilities must ensure that they are cleaning at the required defined frequency, with the appropriate product and to the defined performance standard as detailed in this policy. Facilities Managers must ensure that cleaning records (of the cleaning undertaken) are kept and are accessible for inspection and audit purposes by internal and external agencies. Clinical staff to cross reference cleaning requirements with the Decontamination Policy.

3 PROCEDURE

3.1 COMMITMENT TO CLEANLINESS CHARTER

Under the National Standards of Healthcare Cleanliness 2021 (NHS England and NHS Improvement), all NHS Trusts are required to have and display a Commitment to Cleanliness Charter.

The Commitment to Cleanliness Charter sets out the NHS Trust's commitment to achieve a consistently high standard of cleanliness. It also shows the functional risk category, cleaning frequencies and cleaning responsibilities for each functional area and refers to the National Standards of Healthcare Cleanliness 2021 Star Rating System.

The Charter is required to be displayed where it will be seen (in or near ward and department entrances, main receptions, outside lifts used by the public, circulation areas, waiting areas and corridors).

A standard template is used to ensure the same format for Commitment to Cleanliness Charters throughout the NHS and so will be easily recognised by patients, public and staff. The Commitment to Cleanliness Charters will be A3 size to ensure ease of reading.

The Estates & Facilities Department will be responsible for producing and installing all Commitment to Cleanliness Charters throughout the Trust and for regularly monitoring these to ensure these remain in place and of good appearance. (SSL PFI Contract Management Team will be responsible for producing and installing all Commitment to Cleanliness Charters in all the properties within the scope of the Trust's North PFI Project Agreement and for regularly monitoring these to ensure these remain in place and of good appearance).

Copies of the Trust's Commitment to Cleanliness Charters for Wards and Community Centres are at **Appendix 2** below.

3.2 CLEANING PROCEDURE

3.2.1 General Principles and Definitions of Cleaning and Disinfection

3.2.1.1 Definitions

Cleaning	Involves 'fluid' – usually detergent and water, and 'friction' – the mechanical or physical removal of organic matter including dirt, debris, blood, and bodily fluids. Micro-organisms are removed rather than killed. Effective cleaning leaves a surface or equipment visibly clean. This alone may be enough in foyers, offices, corridors and other 'low risk' environments, the disinfection is also needed in many healthcare environments. Cleaning is a pre-requisite to effective disinfection. Some disinfectants are readily deactivated by organic matter.
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Disinfection	Process of eliminating or reducing harmful micro-organisms from inanimate objects and surfaces.
Sterilisation	The process of killing all micro-organisms through physical or chemical means. Sterilisation is used only for critical items, i.e. objects or instruments that enter or penetrate sterile tissues, cavities, or the bloodstream.
Decontamination	Cleaning, disinfection and sterilisation are all decontamination processes. In the context of the environment or non-critical equipment (i.e. equipment or devices that are in contact with intact skin only), the term is usually refers to cleaning and disinfection, either using separate cleaning and disinfecting agent in a two-step process, or a '2 in 1' product that cleans and disinfects in one step.
Source: National Standards of Healthcare Cleanliness 2021 (NHS England and NHS Improvement)	

3.2.1.2 **Choice of Cleaning/Disinfecting Agent**

Local policy should outline where and when detergent and water are enough and where a detergent and disinfectant (or combined cleaning and disinfecting agent) are required. The Trust Infection Prevention and Control Team will advise where and when disinfecting agent needs to be used.

Staff must;

- Be familiar with the local policy and how to make up any cleaning solutions and disinfecting solutions in line with manufacturers' instructions
- Be trained in how to prepare any cleaning solutions and disinfectants safely (in a well-ventilated area where required) and wearing the appropriate PPE
- Know how to store unused product and how to dispose of it safely
- Comply with the Control of Substances Hazardous to Health Regulations 2002 (COSHH) (as amended).

3.2.1.3. **Contact Time for Disinfectants**

A disinfectant must be in contact with a surface for a specified time and the surface needs to remain wet for that time. Staff should know the contact times for the disinfectants in use locally. The Trust Infection Prevention and Control Team will advise.

3.2.1.4. **Direction of Cleaning**

To minimise recontamination of an area and transfer of micro-organisms, cleaning should be carried out from:

- Top to bottom
- Clean to dirty.

Dusting technique should not disperse the dust (i.e. use damp cloths/damp dusting devices). High horizontal surfaces should be cleaned first.

Floors should be cleaned last, with adequate signage placed while floors are cleaned and dry to prevent slips, trips and falls on wet floors. Once floors are completely dry, signage must be removed as it presents a trip hazard.

3.2.1.5 Manual Cleaning Action

Large and flat surfaces should be cleaned using an 'S' shape motion, starting at the point furthest away, then overlapping slightly but without going back over the area (to avoid recontamination).

3.2.1.6 Frequent Touch Points

Frequent touch points in patient care and procedural areas, such as door handles, call bells, light switches, cot sides and bedtables, should be cleaned more frequently than other surfaces.

3.2.1.7 Transference of Micro-organisms

During use cleaning solutions can become contaminated and need to be regularly replaced in accordance with manufacturers' instructions to prevent transfer of micro-organisms from one surface to the next. Their replacement may need to be more frequent when cleaning heavily soiled areas, when solutions appear visibly dirty, and immediately after cleaning blood and body fluid spills, e.g. when using a socket mop.

Micro-organisms can be transferred between surfaces on cleaning cloths and wipes as well as hands. Care should be taken to avoid cross contamination.

See Section 3.4.9 "The NHS National Colour Coding Scheme".

Source: National Standards of Healthcare Cleanliness 2021 (NHS England and NHS Improvement).

3.2.2 Cleaning Responsibilities

Appendix 3 "Total Cleaning Responsibility Framework" below sets out which staff group is responsible for cleaning each element of the environment and equipment.

3.2.3 Functional Risk Categories, Cleaning Frequencies and Standards for Functional Areas

Each functional area of the Trust will be allocated one of six Functional Risk Categories. This will determine the frequencies of cleaning, monitoring and auditing for each functional area.

Appendix 4A below shows the Functional Risk Categories used by the Trust.

Appendix 4B below shows the Functional Risk Categories applied to the units/areas of the Trust.

Appendix 4C below shows the Cleaning Frequency Definitions.

The Functional Risk Categories will be reviewed as follows;

- If there are any changes in the function or use of a unit/area.
- 6 months following the introduction of this new Trust Cleaning Policy.
- Thereafter annually.

Reviews of Functional Risk Categories will be undertaken only by the Trust Cleaning Quality Group and will be subject to agreement and approval of the Trust Infection Prevention Partnership Committee.

The Functional Risk Categories are taken from the National Standards of Healthcare Cleanliness 2021 (NHS England and NHS Improvement).

3.2.4 High Frequency Touch Points

Cleaning Frequencies and Schedules will recognise the importance of keeping frequently touched surfaces clean to minimise organism transfer between individuals and surfaces.

Appendix 5 below shows a non-exhaustive list of examples of Environmental High Frequency Touch Points. Note this list focuses on environmental cleaning and is not intended to capture items (i.e. patient equipment) that require cleaning between use, e.g. bloodpressure cuffs. For a full list of items that require cleaning between patient use, please refer to **Appendix 3** below and local protocols/policies.

3.2.5 Cleaning Standards

The Trust has established output standards for environmental cleaning and the different levels of risk associated with each building/area. These standards are applied (and monitored) consistently to the Trust's cleaning services whether delivered through the Trust's or by Third Party Providers.

These cleaning standards are displayed on sealed/locked notice boards dedicated for this purpose in all wards and departments and public areas throughout the Trust. Copies are also displayed in all cleaners' cupboards. The Estates & Facilities Department manages (and holds the keys to) these notice boards.

These standards are incorporated as a requirement in all cleaning contracts and in-house cleaning policies.

Copies of these cleaning standards are available from the Estates and Facilities Department and on the Trust Intranet.

Compliance of the Trust's and Third Party Provider's Domestic Services with these cleaning standards and the display of these standards in all wards and departments is monitored during the Estates & Facilities Department's monthly Monitoring and Trust Inspections.

These cleaning standards are compliant with the National Standards of Healthcare Cleanliness 2021 (NHS England and NHS Improvement) and are to be regularly updated to ensure compliance with any revisions to these.

A copy of the Trust Environmental Cleaning Standards is at **Appendix 6** below.

3.2.6 Cleaning Schedules

The Trust has established cleaning schedules showing tasks and frequencies for each ward and department to meet the Trust's cleaning standards and in accordance with Department of Health guidance.

Cleaning tasks that are designated to be undertaken at weekly, monthly or periodic frequencies (i.e. not daily), will be allocated a specified day of the week or date –

and this will be shown in the cleaning schedule. This is to ensure such tasks are allocated, and also covered when regular cleaning staff are on days off or annual leave and to facilitate monitoring and to provide assurance to service users and clinical staff.

These cleaning schedules are displayed on sealed/locked notice boards dedicated for this purpose in all wards and departments and public areas throughout the Trust. Copies are also displayed in all cleaners' cupboards. The Estates & Facilities Department manages (and holds the keys to) these noticeboards.

Copies of all cleaning schedules are available from the Estates & Facilities Department and on the Trust Intranet (Estates and Facilities).

Compliance of the Trust's and Third Party Provider's Domestic Services with these cleaning schedules and the display of these schedules in all wards and departments is monitored during the Estates & Facilities Department's Internal Monitoring, Technical Audits, Management Audits and Trust Inspections (see Section 3.8).

These cleaning schedules are compliant with the National Standards of Healthcare Cleanliness 2021 (NHS England and NHS Improvement) and are to be regularly updated to ensure compliance with any revisions to these.

3.2.7 Cleaning in Rehabilitation Units and ADL Kitchens

Rehabilitation Units

All aspects of this Trust Cleaning Policy will apply to Rehabilitation Units (and ADL kitchens) in the same way as with all other in-patient units in the Trust.

Cleanliness of the environment, (in compliance with the Trust's cleaning output standards and cleaning schedules) will be undertaken by the Trust's or Third Party Provider's Domestic Staff. This is the "compliance clean". This is to ensure that the required cleanliness and infection control standards are maintained in compliance with NHS Standards.

Where service users are encouraged, by clinical staff, to undertake any cleaning as part of their daily activities (i.e. cleaning bath after bathing, cleaning kitchen after cooking, tidying their bedrooms) these activities will be in addition to (not instead of) the "compliance clean". Service users will be provided with dedicated cleaning equipment and neutral harmless cleaning materials by clinical staff following a full risk assessment. Clinical staff will ensure that electrical equipment is approved (before purchase) and then PAT tested by the Estates & Facilities Department and is checked before each use and any faults are reported to the local Estates Team. Cleaning materials must be used and disposed of in compliance with the manufacturers' and COSHH instructions.

ADL Kitchens

The clinical/OT staff supervising the activities will be responsible for ensuring that the kitchen is left clean and tidy after each use (clearing and cleaning after cooking). (This is distinct from the compliance clean undertaken by Domestic Staff).

3.2.8 Categories of Cleaning

The Estates & Facilities Department provides five (5) designated categories of cleaning to assist ward nursing staff to request the correct cleaning regime from

local Domestic Services Teams (and Third Party Providers). These can be viewed on the Trust Intranet Estates & Facilities site and are attached in **Appendix 7** below.

These five (5) Categories of Cleaning are;

CATEGORY	TITLE	PURPOSE
Procedure 1	Standard Daily Clean	Does not need to be requested. Provided routinely by Domestic Staff.
Procedure 2	Deep Clean	Carried out when a bedroom/room/area has been unused e.g. under a refurbishment programme or as part of a scheduled deep clean programme.
Procedure 3	Routine Discharge Clean (Non-Infectious Condition)	Clean of a bedroom when a discharged patient has been non-infectious and before the next patient moves in.
Procedure 4	Isolation Clean (During Infection)	Isolation clean carried out daily whilst bedroom is occupied by a patient with an infectious condition.
Procedure 5	Post Infection Clean	When a patient with an infectious condition has been discharged. This procedure will also be required when a period of infection is closed but the patient remains an inpatient.

3.2.9 Deep Cleaning

Following the NHS Deep Clean Initiative that required all NHS Trusts to undertake a deep clean during 2007-2008 and to complete this by 31 March 2008, the NHS Publication “From Deep Clean to Keep Clean” – “Learning from the Deep Clean Programme” (DOH October 2008), highlights that the deep clean initiative is not a one-off exercise. Trusts are expected to ensure that deep cleaning is an important component in their cleaning arrangements. Trusts are also expected to take into account the following factors when assessing deep clean requirements;

- Local patient and staff satisfaction surveys
- Environmental related complaints and incidents
- Items on the Risk Register
- “PLACE” Scores
- National Cleaning Specification Scores
- Trends in infection rates.

A rolling programme of deep cleaning will be undertaken in accordance with the Trust’s Deep Cleaning Specifications, copies of which are available from the Estates & Facilities Department.

The Deep Cleaning Programme will be focused on areas of need identified by the Estates & Facilities Department from;

- Satisfaction Surveys
- Complaints and Incidents

- Risk Assessments
- “PLACE” Scores
- Environmental Monitoring and Audits
- Environmental Health Officer (‘EHO’) Reports
- Infection Rates.

Additional deep cleaning will be undertaken following;

- Changes of occupation of patient bedrooms
- Floods/spillages (where the extent requires a deep clean)
- Infection (where deep cleaning rather than full clean is instructed by the Infection Prevention and Control Team).

A programme will be in place for the regular Deep Cleaning of the Trust’s Main Production Kitchens and Cook Chill Regeneration Kitchens and NAIPs Rehabilitation Kitchens.

3.2.10 Reactive Cleaning

3.2.10.1 Bodily Spillages/Deposits (Wards and Outpatient Clinics)

To enable clinical staff to be aware of, and monitor incidents of, bodily spillages/deposits the following protocols will apply;

Domestic Staff will clean up and decontaminate urine spillages in accordance with the Trust Infection Prevention and Control Policy and Procedures and report these to clinical staff. When Domestic Staff are not on duty, this will be undertaken by clinical staff. Spillage kits/products used in dealing with the spillage or deposit will be segregated and disposed of in accordance with the Trust Waste Disposal Policy immediately following use.

Clinical staff will remove all other bodily spillages/deposits and decontaminate the site in accordance with the Trust Infection Prevention and Control Policy and Procedures. Domestic Staff will then undertake a follow up clean. Spillage kits/products used in dealing with the spillage or deposit will be segregated and disposed of in accordance with the Trust Waste Disposal Policy, immediately following use.

3.2.10.2 Bodily Spillages/Deposits (Non-patient Departments, Offices and Public Areas)

Patient Bodily Spillages/Deposits;

- Departmental Domestic Staff will remove bodily spillages/deposits and decontaminate the site in accordance with the Trust Infection Prevention and Control Policy and Procedures and will undertake a follow up clean. Spillage kits/ products used in dealing with the spillage or deposit will be segregated and disposed of in accordance with the Trust Waste Disposal Policy, immediately following use.

3.2.10.3 Floods (other than 3.2.10.4)

Immediate response to floods will be by the Domestic Supervisors/Domestic Staff in the near vicinity during normal working hours. The Rapid Response Team will also be on standby to assist if required. The full follow up clean or post infection

deep clean will be organised by the Domestic Supervisor and completed by Domestic Staff (or the Rapid Response Team if designated to do so by the Domestic Department). Floods should be reported to the On-Call Engineer to attend urgently. Out of hours at the discretion of the Estates On-Call Manager, a specialist contractor may be called to assist.

During 'out of hours' periods when Domestic Staff are not on duty, any spillages/floods will be dealt with by clinical staff in wards. Spillages/floods in other areas will be reported as follows

- Amey Helpdesk (North PFI Sites) (Sites serviced by Amey)
- Equans Helpdesk (Barberry, Oleaster and Zinnia Centres)
- SSL Estates and Facilities Department;
 - Reaside Switchboard for Reaside (and Community Sites serviced by SSL Domestic Services)
 - Ardenleigh Switchboard for Ardenleigh
 - Tamarind Switchboard for Tamarind
- SSL Estates On-call Manager;
 - Reaside Switchboard for Reaside and Community Sites
 - Ardenleigh Switchboard for Ardenleigh
 - Tamarind Switchboard for Tamarind.

3.2.10.4 Post Infection Deep Clean in the event of a Flood presenting an Infection Risk

The Estates and Facilities Department's specialist cleaning contractor is on a two hour call-out 24 hours a day, seven days a week to ensure that once the source of the flood is rectified by Estates staff, that all water or any other residue is removed from the site and the area is cleaned and decontaminated with chemicals approved by the Trust.

The specialist Contractor can only be called out by the Estates and Facilities Department, or if out of hours, by the Estates "On-call" Manager. Once the area has been cleaned, it will be signed off by the Estates "On-call" Manager and can be reopened for use. The Domestic staff should undertake a post-infection clean to this area for the first clean after the incident.

3.2.10.5 Access to Cleaning Equipment & Materials – Out of Hours

The Trust's/Third Party Provider's Domestic Services will ensure that cleaning equipment and materials are accessible in designated rooms in each ward and department for use by nursing/other staff – at times when Domestic Staff are not on duty. At the discretion of the Estates "On-Call" Manager, the specialist contractor maybe called to assist.

3.2.10.6 Other Urgent Requests for Additional Cleaning

During the periods when Domestic Staff are on duty requests for urgent cleaning should be made to the Domestic Supervisor.

During the 'out of hours' periods when Domestic Staff are not on duty (and if the request is urgent), contact the following:

- Amey Helpdesk (North PFI Serviced Sites) (Sites serviced by Amey)

- SSL Estates and Facilities Department;
 - Reaside Switchboard for Reaside (and Community Sites serviced by SSL Domestic Services)
 - Ardenleigh Switchboard for Ardenleigh
 - Tamarind Switchboard for Tamarind
- SSL Estates On-call Manager;
 - Reaside Switchboard for Reaside and Community Sites
 - Ardenleigh Switchboard for Ardenleigh
 - Tamarind Switchboard for Tamarind.

3.2.11 **Change of Occupancy Cleaning**

When a service user vacates his/her bedroom, unit nursing staff will notify their local Domestic Supervisor who will arrange for the bedroom to be cleaned in accordance with Procedure 3 (**Appendix 7C**) (see 3.2.8).

Where the Service User who has vacated the bedroom had an infectious condition, unit nursing staff will notify their local Domestic Supervisor who will arrange for the bedroom to be cleaned in accordance with Procedure 5 (**Appendix 7E**) (see 3.2.8)

3.2.12 **Cleaning Sign Off**

Cleaning undertaken under 3.2.9 – 3.2.11 (inclusive) should be signed off (as satisfactorily completed) by the Nurse-in-charge in an in-patient unit using the forms in **Appendices 7B – 7E** inclusive (for other areas by the departmental manager or other senior member of staff within that department). A copy of each signed off form should be filed in the ward/department cleaning folder and a copy retained by Domestic Staff.

The forms to be used for signing off are in **Appendices 7B – 7E** inclusive.

Confirmation of when an area can be re-occupied ((after Isolation Cleaning During Infection and/or Post-Infection Cleaning has been completed and has been signed off by the Nurse-in-charge in an in-patient unit (or for other areas by the departmental manager or other senior member of staff within that department)) will be obtained from the Trust Infection Prevention and Control Team by the Nurse-in-charge in an in-patient unit (or for other areas by the departmental manager or other senior member of staff within that department).

3.2.13 **Regular Running of All Water Outlets**

Domestic Staff and Housekeeping Staff (Trust/SSL, PFI and other Contractor/s) will undertake regular running of all water outlets (showers, baths, toilets, basins, sinks etc) in areas serviced as part of routine cleaning procedures and will report that they have carried this out to the ward/department manager. This is also in compliance with the Trust Legionellosis Management and Control Policy. (In the event that Domestic Staff and Housekeeping Staff (Trust/SSL, PFI and other Contractor/s) are instructed by Ward Clinical Staff/Department Staff not to access any area/room for the purpose of cleaning, then the running of water outlets (showers, baths, toilets, basins, sinks etc) in that area/room will be undertaken by the Ward Clinical Ward/ Department Staff for the Ward/Department and in compliance with the Trust Legionellosis Management and Control Policy”.

3.2.14 Cleaning Equipment, Materials and Chemicals

Cleaning Equipment, Materials and Chemicals used by the Trust, Trust's and Third Party Providers (for cleaning) will be standardised as far as possible.

The Trust Cleaning Quality Group will review any changes to equipment, materials and chemicals proposed before such changes are implemented

3.3 CLEANING PROVISION

A schedule showing cleaning arrangements for all properties owned or occupied by BSMHFT is shown in **Appendix 4B** below.

3.4 MANAGEMENT OF INFECTION

3.4.1 Arrangements

All cleaning during and after infections (as referred to under Sections 3.4.2 – 3.4.4 inclusive below) will be undertaken in consultation with the Trust Infection Prevention and Control Team.

Ward Managers are responsible for communicating to the Trust's/Third Party Provider's Domestic Management, Supervisors and Staff to arrange for cleaning during and after infections. Ward Managers should be aware in planning and arranging for such cleaning that cleaning undertaken during weekdays will be more resource efficient. However, where the cleaning is required urgently outside of weekday hours, the Domestic Service will attend to undertake this.

Confirmation of when an area can be re-occupied ((after Isolation Cleaning During Infection and/or Post-Infection Cleaning has been completed and has been signed off by the Nurse-in-charge in an in-patient unit (or for other areas by the departmental manager or other senior member of staff within that department)) will be obtained from the Trust Infection Prevention and Control Team by the Nurse-in-charge in an in-patient unit (or for other areas by the departmental manager or other senior member of staff within that department).

3.4.2 Cleaning During an Infection

The Ward Manager is responsible for communicating to the Trust's/Third Party Provider's Domestic Management, Supervisors and Staff any changes in/additions to cleaning procedures, frequencies and arrangements as required during an infection.

All cleaning tasks, procedures, frequencies and arrangements during an infection will be undertaken in accordance with the Trust Infection Prevention and Control Policy.

3.4.3 Post-Infection Cleaning

The Ward Manager is responsible for communicating to the Trust's/Third Party Provider's Domestic Management, Supervisors and Staff, requirements for a full/deep clean following an infection.

All cleaning tasks, procedures, frequencies and arrangements for a post-infection full/deep clean will be undertaken in accordance with the Trust Infection Prevention and Control Policy.

Post-infection cleaning will be undertaken by the Trust's/Third Party Provider's Domestic Staff and will incorporate all elements of the patient environment (including for example; floors, walls, ceilings, ledges, fixtures, fittings, sanitary appliances, beds, mattresses and other furniture, curtains, blinds and shower curtains). Patient equipment such as (but not limited to) hoists and commodes will be cleaned by nursing staff.

3.4.4 Post-Infection Deep Cleaning

Deep Cleaning following an infection, will be undertaken by the Trust's Rapid Response/Deep Cleaning Teams/Third Party Provider's Domestic Staff.

Post-infection deep cleaning will be undertaken in accordance with the Trust Infection Prevention and Control Policy and will incorporate all elements of the patient environment (including for example; floors, walls, ceilings, ledges, fixtures, fittings, sanitary appliances, beds, mattresses and other furniture, curtains, blinds and shower curtains). Steam cleaning will be used where applicable (for example, for curtains, blinds and shower curtains). If curtains are to be sent to the laundry, contact the Estates and Facilities Department).

Patient equipment such as (but not limited to) hoists and commodes will be deep cleaned by nursing staff. Please refer to the BSMHFT Decontamination Policy.

3.4.5 Provision of Designated Disinfectants

The Trust Pharmacy is responsible for the purchasing and storage of disinfectants (including but not limited to Spill Packs) as designated by the Trust Infection Prevention and Control Team – to be requisitioned and used by Wards and Departments and the Trust's Estates & Facilities Department and the Trust's Third Party Providers – for the purpose of cleaning during an infection and post-infection cleaning and post-infection deep cleaning.

3.4.6 Provision of Cleaning Equipment and Materials

The Trust's/Third Party Provider's Domestic Services will ensure that cleaning equipment and materials are accessible in designated rooms in each ward and department for use by nursing staff – for the purpose of cleaning during an infection and post-infection cleaning.

3.4.7 Monitoring, Recording and Reporting of Cleaning During Infections and Post-Infections

The Trust's/Third Party Provider's Domestic Managers are responsible for ensuring that each session of cleaning during infections and post-infections is checked to ensure it has been undertaken in accordance with the instructions given by the Ward Manager and in accordance with the Trust Infection Prevention and Control Policy and Procedures and that the resulting standards of cleanliness meet the required standards. The Trust's/Third Party Provider's Domestic Managers will document these checks and provide copies to the Ward Manager, Facilities Manager and Trust Contract Monitoring Function. The forms to be used to record these checks are shown at **Appendix 7 (D)** (during infections) and **Appendix 7 (E)** (post infections) and are provided by the Trust's Estates & Facilities Department.

All cleans undertaken during and following infections will be reported in the Estates & Facilities Department's Reports submitted to the Infection Prevention Partnership Committee.

3.4.8 Infection Prevention and Control Training

All staff employed in undertaking cleaning duties (SSL staff and Third Party Provider's staff) should undertake training as appropriate in accordance the requirements of their job descriptions/person specifications.

All Domestic Staff will undertake the Trust Statutory and Mandatory e-learning training programme prior to appointment, which includes an Infection Prevention and Control session.

All Domestic Staff will attend the Trust Corporate Induction.

All Domestic Staff will then receive Infection Control Training updates through the Trust Statutory and Mandatory Training Programme.

Domestic Staff Training Records and the Trust Training Database (for each Domestic Staff member) will be maintained up to date by the Trust's Estates & Facilities Department (for Trust Domestic Staff). The Trust's Third Party Providers will maintain training records for their staff who undertake cleaning duties.

Evidence of training and Training Documentation will be made available by the Trust's Estates & Facilities Department and Trust's Third Party Providers for inspection by the Trust or any external body legitimately required to access and audit such documentation.

3.4.9 The NHS National Colour Coding Scheme

Cloths, mops, buckets, aprons and gloves are all colour coded under the Colour Coding Scheme.

Colour coding of hospital cleaning materials and equipment ensures that these items are not used in multiple areas, therefore reducing the risk of cross-infection.

The Colour Coding Scheme is set out in **Appendix 8** below. Posters showing the National Colour Coding system are displayed in all wards and departments in;

- Main Notice Boards
- Kitchens
- Clinics/Treatments Rooms
- Utility/Sluice Rooms.

Additional Protocols (approved by the Trust Infection Prevention & Control Team)

Catering Departments

- In the Main Catering Production Kitchens (Barberry, Zinnia, Reaside, Ardenleigh, Juniper, Uffculme, B1 Trust Headquarters and Tamarind) green colour coded materials and equipment are used for general background cleaning. However, this does not replace the essential

practice of using different coloured materials e.g. cloths in raw food areas and cooked food areas. This essential practice continues.

Yellow Colour Coded Cleaning Equipment and Materials

- Yellow colour coded cleaning materials e.g. cloths, mop heads, gloves and aprons are single use and will be disposed of after single use. Yellow colour coded cleaning equipment e.g. buckets are be disinfected using “Chlor-clean”.
- Bodily spillages (e.g.; urine, blood, sputum, vomit, faeces) occurring in areas other than toilets are cleaned up and disinfected using Yellow colour coded cleaning materials and equipment and “Chlor-clean” (as these spillages may be infected).

Use of Cleaning Equipment and Materials by Nursing Staff

- In the event that Nursing Staff undertake any cleaning, they will use the designated colour coded equipment and materials applicable to the area.

Monitoring and auditing of compliance with the NHS National Colour Coding Scheme will be undertaken by the Estates & Facilities Department (incorporated in the monitoring and auditing of cleanliness – see Section 3.8)

Reports on compliance with Colour Coding Scheme will be included in the Estates & Facilities Department’s reports to Infection Prevention Partnership Committee, Matrons, Clinical Nurse Managers and Clinical Service Managers (See Section 3.8.4).

3.4.10 PPE, Uniforms and Hand Hygiene

Disposable Plastic Aprons

Disposable plastic aprons will be worn for all cleaning tasks where clothing is likely to be splashed. The Trust colour coding system for disposable aprons will be adhered to, to ensure the same apron is not used for different risk areas.

Cleaning Methods and Procedures will clearly indicate when disposable aprons are to be worn when undertaking Cleaning During an Infection and/or Post Infection Cleaning and/or Post Infection Deep Cleaning. The aprons will be disposed of on completion of cleaning in the correctly colour coded waste bag for clinical waste.

Protective Gloves

Protective domestic gloves will be worn for all cleaning tasks and will be sturdy, suitable for the purpose and comply with The NHS National Colour Coding Scheme. Gloves will be inspected before each use to make sure they are intact.

Where the cleaning task involves the use of chemicals, the gloves will be certified as suitable for chemical resistance and comply with PPE Directive (89/686/EEC).

Gloves will be cleaned regularly between cleaning tasks. The use of gloves does not reduce the requirement for hand washing.

In the event of a latex allergy being identified, latex free gloves will be made available to the above specification.

The Trust Infection Prevention & Control Team will advise when and where single use plastic gloves are required to be worn in circumstances such as when undertaking Cleaning During an Infection and/or Post Infection Cleaning and/or Post Infection Deep Cleaning.

Uniforms and Jewellery

Hand and wrist jewellery can harbour micro-organisms and reduce compliance with hand hygiene. Wristwatches and jewellery will be removed at the beginning of each shift. Trust Policy will be adhered to.

Uniform sleeves will end above the elbow (or be rolled up to above the elbow) when carrying out cleaning.

Staff will change into a clean uniform at the beginning of each shift. If the uniform becomes contaminated or soiled during the shift they will change into a clean uniform as soon as possible.

Uniforms will only be worn whilst on duty (i.e. not outside the workplace) except where the Trust Policy specifies otherwise.

Hand Hygiene

Staff will comply with the Trust Infection Prevention and Control Overarching Policy (Bare Below Elbows and Hand Hygiene requirements) and the Trust Hand Hygiene and Hand Washing Technique.

3.4.11 Cleaning Operations through a Pandemic

During a pandemic, many local protocols will be replaced under guidance issued nationally by governing bodies such as Public Health England, NHS England and NHS Improvement. The Trust Director responsible for Infection Prevention and Control will be the conduit for interpretation of the national guidance to determine required arrangements for cleaning services during the pandemic.

The specific arrangements will depend on the organism causing the pandemic but generally the following will apply;

- All issued operational guidance (e.g. standard operating procedures (SOPs), methodologies etc) will be followed and adhered to.
- All staff (Trust and Third Party) will be trained in all new procedures and guidance and will have appropriate risk assessments to monitor personal risk factors.
- Personal Protective Equipment (PPE) will be available and suitable for the guidance issued.
- As far as possible staff will be dedicated to the areas of the Trust/Building that are affected by the pandemic.
- Cleaning Frequencies and Frequencies of Cleaning Pouch Points will be reviewed by and with the Trust Infection Prevention and Control Team.
- Auditing Frequencies will be reviewed with the Trust Infection Prevention and

Control Team with consideration to minimising activity within areas affected by the pandemic. An agreed audit/monitoring protocol for the period of the pandemic will be produced and documented for future reference.

- All the above and arrangements for cleaning during the pandemic will be applied consistently across cleaning services provided by Trust and Third Party Providers.

3.5 ARRANGEMENTS FOR CLEANING DECONTAMINATION OF INSTRUMENTS AND OTHER EQUIPMENT

Arrangements for the appropriate decontamination of instruments and other equipment used in providing healthcare for service users are set out in the Trust Decontamination Policy.

Specific responsibilities for cleaning the patient environment and equipment are included in the matrix of responsibilities, shown in **Appendix 3** below.

3.6 APPLICATION OF TRUST (NHS) CLEANLINESS STANDARDS WHEN ACQUIRING PROPERTIES

When considering the acquisition of any new leased property, the Trust will ensure that its Cleaning Standards are incorporated into the business and associated resource plan for the running and maintenance of the property.

The Trust Infection Prevention and Control Team should be included in the assessment of the suitability of all potential properties being considered by the Trust.

The Trust will, where possible, ensure that it retains the responsibility for providing the cleaning service to all property that it leases. Where this is not possible, the landlord must be required to provide the cleaning service to meet the Trust's Cleaning Standards and to comply with the Trust Cleaning Policy and Trust Infection Prevention and Control Policy.

3.7 COMMISSIONING AND DECOMMISSIONING OF BUILDINGS

3.7.1 Commissioning of Buildings

All properties being commissioned for use by the Trust will be Deep Cleaned to the required standard to make the building safe and compliant to use and in consultation with the Trust Infection Prevention & Control Team.

Following Deep Cleaning and prior to use, a post Deep Clean Inspection will be undertaken by the Estates & Facilities Department and Infection Prevention and Control Team – and the findings of the Inspection will be documented on a “Post Deep Clean Inspection Form” (to be provided by the Estates & Facilities Department).

3.7.2 Decommissioning of Buildings

All properties being de-commissioned by the Trust will be Deep Cleaned to the required standard to make the building safe and compliant to be handed over and in consultation with the Trust Infection Prevention and Control Team.

Following Deep Cleaning and prior to handing over, a post Deep Clean Inspection will be undertaken by the Estates & Facilities Department and the nursing

representative for the area– and the findings of the Inspection will be documented on a “Post Deep Clean Inspection Form” (to be provided by the Estates & Facilities Department).

3.8. MONITORING, AUDITS, RECTIFICATION AND REPORTING OF CLEANLINESS STANDARDS

3.8.1 Monitoring and Audit System

The Estates & Facilities Department will have in place a consistent system of monitoring, audits, rectification (escalating where required) and reporting of cleanliness standards Trust-wide, operated by the Trust’s and Third Party Provider’s Domestic Services. The monitoring system used will be in line with the “National Standards of Healthcare Cleanliness 2021” (NHS England and NHS Improvement).

3.8.2 Technical Audits, Management Audits, Efficacy Audits and External Assurance Audits of Cleanliness Standards and Processes

3.8.2.1 Informal Monitoring and Reporting Routes

Trust Staff, Service Users, visitors and public can report a cleaning issue and should be encouraged to do so.

When nursing staff or ward/departmental managers identify that there is an issue relating to the environmental cleanliness of the ward/department, they should refer to their cleaning specifications/schedules and identify which discipline is responsible for rectifying the problem. If the responsibility lies with the Domestic Team then the Domestic Supervisor should be contacted, who will identify the cause of the problem and take steps to rectify the situation in accordance with the reporting structure and timescales.

Note: For the North PFI Serviced sites (sites serviced by Amey), the issue must be reported to Amey Helpdesk.

3.8.2.2 Formal Monitoring, Auditing and Reporting Routes

The purpose of carrying out monitoring and audits is to measure the level of actual performance to provide assurance that the Trust is delivering safe standards of cleanliness and to ensure continuous cleanliness improvement. This is undertaken at four levels;

- Technical Audits (1st Level)
- Management Audits (2nd Level)
- Efficacy Audits (3rd Level)
- External Assurance Audits (4th Level).

3.8.2.3 Technical Audits (1st Level) Frequencies and Sample Sizes

Technical Audits (1st Level) will be carried out at the following frequencies;

Functional Risk Category	Areas	Monitoring and Audit Frequency
FR3	Wards/In-patient Units	Bi-Monthly
FR4	Community Units and all other areas	Quarterly

A minimum of 50% of each functional area (ward, department) will be audited in each audit session and including all cleaning elements within each room audited.

If 50% of a functional area is audited in one session, the other 50% must be audited in the next audit session, not the same 50%.

3.8.2.4 Technical Audits (1st Level) and Star Ratings

Technical Audits will be undertaken in accordance with the “National Standards of Healthcare Cleanliness 2021” (NHS England and NHS Improvement).

Technical Audits will be undertaken at the frequencies and sample sizes set out in 3.8.2.3 above.

Technical Audits will be undertaken by the Domestic/Hotel Services Supervisors/Third Party Domestic Service Providers with a number of Technical Audits undertaken by a Multi-Disciplinary Team of Cleaning Stakeholders including Facilities Managers, Infection Prevention & Control Team, Nursing and Service Users (see table below).

Functional Risk Category	Areas	Facilities Managers (and Third Party Providers)	Multi-Disciplinary Team
FR3	Wards/In-patient Units	As per Section 3.8.2.3 above	Two of the Technical Audits per year
FR4	Community Units and all other areas	As per Section 3.8.2.3 above	One of the Quarterly Audits per year

Domestic/Hotel Services Supervisors/Third Party Domestic Service Providers will be responsible for diarising the Technical Audits that they undertake. Facilities Managers will be responsible for establishing the Multi-Disciplinary Team/s and for diarising the Multi-Disciplinary Technical Audits. The locations to be audited will be prioritised/randomly selected by the Technical Audit Team/s.

The Technical Audits will be undertaken using the in the computerised cleaning software programme. The Cleaning Audit Score Sheet (at **Appendix 9**) will be used and completed for each Technical Audit.

All areas visited and visually inspected will be scored as either at or above the Functional Risk Category Target Audit Score or below the Functional Risk Category Target Audit Score. During each Technical Audit the Domestic/Hotel Services Supervisor will record their findings and recommended actions using a computerised cleaning software programme and inform the Estates & Facilities PFI Contract Performance Monitoring Officers. Every attempt should be made to randomise the times and days when inspections are completed so that the audit is carried out unannounced to provide a realistic representation of the ward/department.

Star Ratings (calculated from the most recent Technical Audit (1st Level) will be Displayed in each functional area where these are most visible (e.g. entrances,

receptions) promptly following each Technical Audit (see **Appendix 10** below). See also **Section 3.8.2.8 “Star Ratings”** below.

The Domestic/Hotel Services Supervisor will follow up any problems or issues identified with the cleanliness standards with the Domestic Staff at the time of the Technical Audit. For issues that cannot be rectified immediately, an action plan, with timescales will be established – timescales of which, must be in line with the rectification timescales set out in 3.8.2.7 below. At the end of the action plan completion time, a follow up inspection will be carried out to measure success of action taken. Where improvement does not occur, this will be escalated to Level 2 (Management Audit) and monitored closely by the Domestic/Hotel Services Supervisor.

3.8.2.5 Management Audits (2nd Level)

Facilities Managers/Hotel Services Managers will also undertake regular Management Audits of cleanliness of Wards/In-patient Units, Community Units and all other areas.

These Management Audits will be undertaken on a cross site basis (i.e. Facilities Managers/Hotel Services Managers will undertake the Management Audits on each others' sites). The North PFI sites will be audited by the Soft Facilities Monitoring Officer – refer also to Section 3.8.2.12.

Management Audits will be undertaken using the Management Audit Section in the computerised cleaning software programme (or the Technical Audit Section in the computerised cleaning software programme if the Management Audit Section is not available).

The Cleaning Audit Score Sheet (at **Appendix 9**) will be used and completed for each Management Audit.

The Facilities Managers (and Third Party Providers) also audit the 1st Level Technical Audits to ensure these have been carried out at the required frequencies and that shortfalls in cleanliness standards are being identified, followed up, rectified and re-inspected. Any issues are followed up with the Domestic/Hotel Services Supervisors at the time of the audit and a follow up audit is undertaken to ensure the issue/s has/have been resolved.

3.8.2.6 Scoring of Technical Audits (1st Level) and Management Audits (2nd Level)

The Technical Audits will be undertaken using the Estates & Facilities Computerised Cleanliness Monitoring System.

The Cleaning Audit Score Sheet (at **Appendix 9**) will be used for each Technical Audit (1st Level) and Management Audit (2nd Level).

Each element will be scored as either 1 (pass) or 0 (fail) by room. Together these will give the score for each functional area.

For each element that fails and is scored as 0 the reason for the failure/s will be recorded. The appropriate timeframe for Rectification of each failure will be recorded and Rectification of each failure will be actioned.

The electronic version of the Cleaning Audit Score Sheet will calculate the percentage score achieved for each functional area. The functional area score is the number of pass scores in the functional area expressed as a percentage of the possible number of pass scores in the functional area.

The Target Audit Score for the functional area is determined by the functional area's Functional Risk Category as follows;

Functional Risk Category	Target Audit Score
FR3	90%
FR4	85%

The actual percentage score will be shown against the target audit score for the functional area.

3.8.2.7 Rectification Times and Re-Inspection

Any urgent issues found during Technical Audit and/or Management Audit will be flagged/highlighted by the Domestic Supervisor (Technical Audits), Multi-Disciplinary Team (Multi-Disciplinary Technical Audits) and Management Audit Team (Management Audits) and rectified immediately by the operational team responsible for the cleaning task concerned.

All other (routine) failures found during Technical Audit and/or Management Audit will be rectified as determined and documented by the Domestic Supervisor (Technical Audits), Multi-Disciplinary Team (Multi-Disciplinary Technical Audits) and Management Audit Team (Management Audits).

Rectification (urgent and routine) will be completed within the following maximum timeframes;

Priority of Rectification	Maximum Timeframe for Rectification
Urgent issues (this includes all areas regardless of Functional Risk Category where there is a health and safety, patient safety or infection prevention and control issue)	Assessment of task within 20 minutes with task completed in no longer than 1 hour.
FR3	Assessment within 1 hour and task completed at the next scheduled clean or within 12 hours (if the area is accessible) whichever is the soonest.
FR4	Assessment within 1 hour and task completed at the next scheduled clean or within 72 hours whichever is the soonest.
Source: National Standards of Healthcare Cleanliness 2021 (NHS England and NHS Improvement).	

The affected area is then re-inspected within the same week and the process is repeated until the required standards are achieved and maintained.

3.8.2.8 Star Ratings

Star Ratings (calculated from the most recent Technical Audit (1st Level) will be Displayed in each functional area where these are most visible (e.g. entrances, receptions) promptly following each Technical Audit (see **Appendix 10** below). The Estates & Facilities Department will be responsible for producing and displaying the Star Ratings and ensuring these are maintained and kept up to date. (The North PFI FM Provider will be responsible for producing and displaying the Star Ratings in all the properties within the scope of the Trust's North PFI Project Agreement and for ensuring these are maintained and kept up to date).

Figure 1 below shows the Technical Audit Scores applicable to each of the Star Ratings (5 – 1).

Functional Areas that have been rated at **3 Stars or fewer** following a Technical Audit, will be subject to an Improvement Plan with agreed timescales which will be produced, actioned and signed off by the Technical Audit Team.

Rectification of failings attributable to more than one staff group (i.e. Domestic, Nursing, Estates) will need to be co-ordinated by both respective responsible groups. This will be undertaken through the Technical Audit Team.

A follow up Technical Audit will be carried out by the Domestic Supervisor/ Technical Audit Team at the end of the agreed rectification timescale to check if all failings have been rectified. Rectification of failures will be signed off by the Domestic Supervisor/Technical Audit Team. The new Technical Audit Score and Star Rating will be allocated to the Functional Area by the Domestic Supervisor/ Technical Audit Team.

A Functional Area that has been rated at **1 Star** following a Technical Audit, will also be subject to the following;

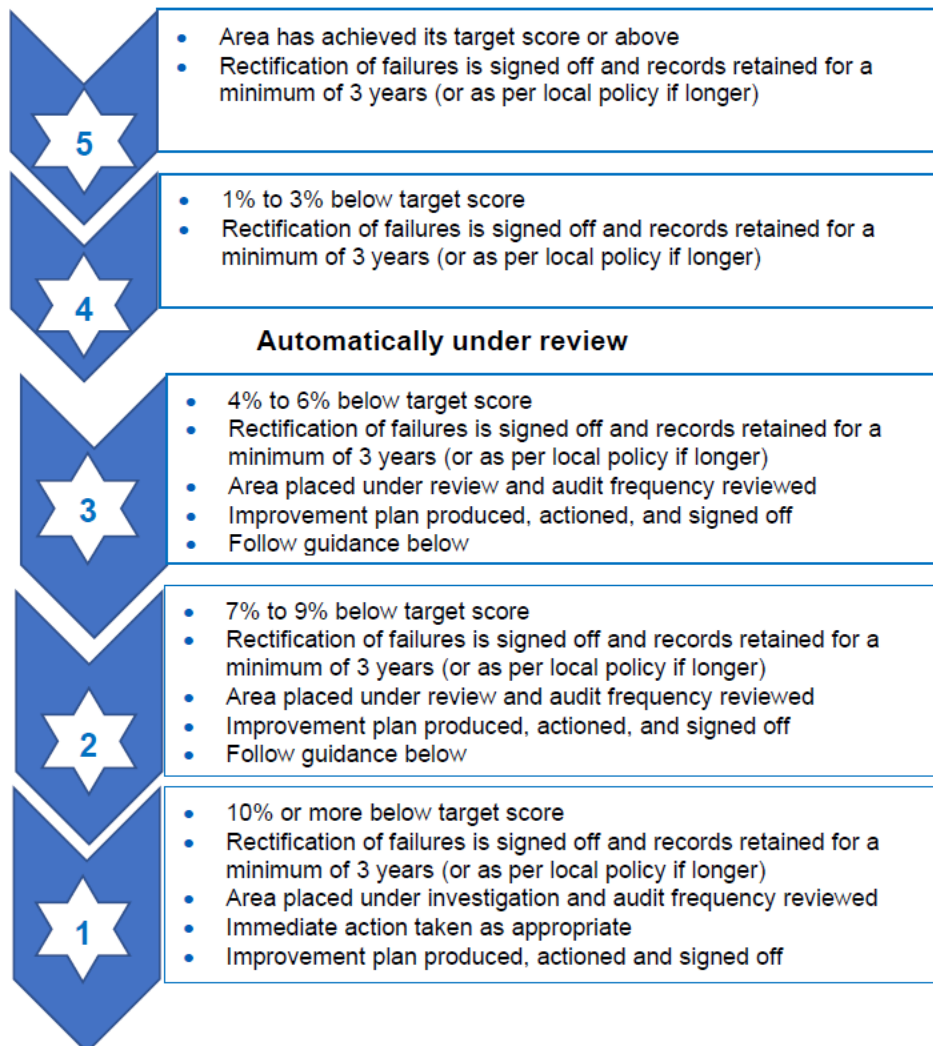
- i. Placed under investigation.
- ii. Internal Monitoring and Technical Audit Frequency will be reviewed.
- iii. Immediate Rectification Action commencing whilst the Improvement Plan is being produced.

The above will be reported to the following;

- Infection Prevention & Control Team
- Estates & Facilities Operational Board
- Trust Cleaning Quality Group
- Operational Management Team
- Infection Prevention Partnership Committee.

The “Star Rating Rectification Escalation Flowchart” in **Figure 1** below sets out the action that must be taken following each Technical Audit of a Functional Area.

Figure 1 - Star Rating Rectification Escalation Flowchart



Source: National Standards of Healthcare Cleanliness 2021 (NHS England and NHS Improvement).

3.8.2.9 Efficacy Audits (3rd Level)

The purpose of Efficacy Audits is to provide assurance that;

- Cleaning standards are met using good practice.
- The correct cleaning procedures are being consistently undertaken to comply with Infection Prevention and Control and Safety Standards.
- The correct training, Infection Prevention and Control, Health & Safety and safe systems of work are being used.

Efficacy Audits will include Environmental Cleaning undertaken by Domestic Staff and Patient Area Equipment Cleaning undertaken by Clinical Staff. The scope will include; checking that staff use the correct colour coding, cleaning methods, wear the correct uniform and PPE, use chemicals correctly and adhere to safe ways of working.

Efficacy Audits will be undertaken annually as a minimum in patient areas and areas used by visitors and at a time of day when cleaning is being undertaken. Each patient area will be audited once a year. The annual audits may be undertaken as a rolling programme throughout the year (e.g. monthly, bi-monthly, quarterly). Areas that have not achieved safe standards consistently and areas with high rates of infection will be prioritised for Efficacy Audits. Other areas will be randomly selected.

The Efficacy Audit Team/s will comprise: Training & Quality Compliance Manager, Soft Facilities Monitoring Officer, and Infection Prevention & Control Team Representative. Patient Representatives may also be invited to attend. The Training & Quality Compliance Manager and Soft Facilities Monitoring Officer will be responsible for ensuring the Efficacy Audits are diarised. The locations to be audited will be prioritised/randomly selected by the Efficacy Audit Team/s.

The Efficacy Audit Checklist and Score Sheet at **Appendix 11** below will be used to record the findings of each audit. If an area scores less than 80% it will be re-audited within a reasonable timeframe to check that following remedial action it is achieving a score of over 80%. If the findings identify the need for improvement, an Improvement Plan with timescales will be developed and implemented by the responsible manager in agreement with the Efficacy Audit Team. The Improvement Plan may include; further training, investment in new equipment and materials, increased supervision, changing the times of cleaning, increased resources, performance management. Timescales set for improvement must ensure the issues identified are rectified without delay. Re-auditing must be undertaken immediately following the timescale/s set out in the Improvement Plan. In the event that an issue identified represents a risk to health and safety, patient safety or infection prevention and control, then the issue must be rectified with immediate effect and the re-audit undertaken within a week.

The Efficacy Audits (dates, locations, findings, scores, recommendations, remedial actions, improvement plans) will be included in the Estates & Facilities Quarterly Reports to the Trust Infection Prevention Partnership Committee.

Efficacy Audit Scores do not form part of the Technical Audit Scores or the Star Rating Scores.

3.8.2.10 External Assurance Audits (4th Level)

External Assurance Audits are recognised as good practice and provide an independent view of cleanliness and independent validation of the Trust's Technical and Efficacy Scores.

An External Assurance Audit of BSMHFT will be undertaken annually. It may be undertaken as a separate exercise (which may be at a different time of year to the Annual PLACE Assessments) or be combined with the Annual PLACE Assessments.

If combined with the Annual PLACE Assessments the External Assurance Audit will be undertaken by an Independent Reviewer of BSMHFT's PLACE Assessments who may be assisted by one or more members of BSMHFT's PLACE Assessment Team/s.

If undertaken as a separate exercise (which may be at a different time of year to the Annual PLACE Assessments) the External Assurance Audit will be undertaken either by an Independent Reviewer of BSMHFT's PLACE Assessments (subject to availability) or an appropriately qualified officer/manager from another NHS Trust either of whom may be assisted by one or more members of BSMHFT's PLACE Assessment Team/s (subject to availability).

The External Assurance Audit will be organised by the Estates & Facilities Department (who also organise BSMHFT's Annual PLACE Assessments and the Independent Verifiers). The Estates & Facilities Department will liaise with the Trust Infection Prevention & Control Team and Senior Nursing Representatives when organising each External Assurance Audit.

The scope of the External Assurance Audit is set out in **Appendix 12** below.

The findings and outcomes of each External Assurance Audit will be included in the Estates & Facilities Quarterly Reports to the Trust Infection Prevention Partnership Committee.

3.8.2.11 Technical Audit, Management Audit, Efficacy Audit and External Assurance Audit Records

Records of all Technical Audits (1st Level), Management Audits (2nd Level), Efficacy Audits (3rd Level) and External Assurance Audits (4th Level), including Rectification and Improvement Plans will be retained for a minimum of 3 (three) years.

3.8.2.12 Monitoring of Third Party Providers (Measurement of Key Performance Indicators)

The Estates & Facilities PFI Contract Performance Monitoring Officers undertake specific monthly audits of cleanliness key performance indicators that the Trust's Third Party Providers are required to comply with. Any shortfalls in compliance are identified and included in the monthly calculation of service failure points and deductions due from the monthly services payment. Shortfalls are followed up and re-inspected by the Estates & Facilities PFI Contract Performance Monitoring Officers within designated timescales to ensure the provider has rectified the shortfall.

3.8.3 Formal Complaints

Any formal written complaints regarding cleanliness sent to the Trust will in the first instance be received by the Trust's Complaints Department. The Complaints Department will forward these to the relevant Estates and Facilities Manager to investigate and to produce a written response back to the Complaints Department within the designated timeframe. The Complaints Department will respond formally to the complainant.

Verbal complaints by staff made directly to the Estates and Facilities Department will be investigated by the relevant Estates and Facilities Manager. The response to the complainant will be by that manager; this could be either a verbal response or a written response.

Complaints from patients/non-staff should be received in writing.

3.8.4 Reporting of Cleanliness Standards, Technical Audits, Management Audits, Efficacy Audits and External Assurance Audits – Estates and Facilities

On completion of the Technical Auditing (1st Level) and Management Audit (2nd Level) of each functional area the monitoring and audit scores will be produced (including cleaning, nursing and estates elements). Estates and Facilities Management will review the scores and action plans and follow up on any cleaning and estates elements and report any nursing elements. The calculated score following each monitoring and audit is entered into the computerised cleaning software programme which enables an overall Trust cleanliness score. These audits scores, along with accompanying action plans, will be reviewed by Estates and Facilities Management and Estates & Facilities PFI Contract Performance Team.

On completion of the Efficacy Audits and External Assurance Audits, Estates and Facilities Management will review the findings, scores and action plans with IP&CT, Nursing and other stakeholders and follow up on any cleaning and estates elements. IP&CT/ Nursing Management will follow up on their respective elements and actions for which they and their respective teams are responsible. Estates and Facilities Management, IP&CT and Nursing Management will jointly monitor completion of action plans. Monthly reports and Cleanliness Scores (including the findings, scores and actions from any Efficacy Audits and External Assurance Audits during the reporting period) will be provided by the Estates & Facilities Performance & Quality Monitoring Officers to: Estates & Facilities Management Team Meeting, Executive Director of Nursing, Infection Prevention and Control Team, Matrons and Clinical Nurse Managers and Clinical Service Managers.

Quarterly reports and Cleanliness Scores (including the findings, scores and actions from any Efficacy Audits and External Assurance Audits during the reporting period) will be provided by the Estates & Facilities Performance & Quality Monitoring Officers to the Infection Prevention Partnership Committee. Cleanliness Reports for the Infection Prevention Partnership Committee will include;

- Cleanliness Technical Audits Plan and Frequencies.
- Cleanliness Technical Audits completed against the plan; locations, scores and any areas where remedial action is required, completion of actions and repeat Audits.
- Details of any areas that have failed to achieve a 5 or 4 Star Rating and the actions taken to improve in these areas.
- Efficacy Audit Plan and Frequencies.
- Efficacy Audits completed against the plan; locations, scores and any areas where remedial action is required, completion of actions and repeat Audits.
- Any recommended strategic changes for agreement by the Infection Prevention Partnership Committee, including the resource implications of changes.
- Assurance that Star Ratings are correctly displayed and updated.
- Assurance that cleaning frequencies are displayed using the Commitment to Cleanliness Charter.
- Confirmation that each Annual External Assurance Audit is undertaken and the outcomes, any actions required and completion of actions.
- Isolation/Infection Cleaning and Post-Infection Cleaning undertaken (by unit and date).

- Other Special Cleaning (by unit and date).
- Out of Hours Cleaning undertaken (by unit and date).
- Planned and Reactive Deep Cleans undertaken (by unit and date).
- Trust Cleaning Quality Group – current agenda items/workstreams.
- Annual PLACE Assessment Programme, outcomes and action plans.

Reporting Nursing Issues and Estates Issues

The cleanliness scores for each area are the combined result of three categories – Domestic, Nursing (cleaning and decontamination) and Estates items.

The monthly and quarterly Estates & Facilities cleanliness reports (see section 3.8.4) report on Domestic, Nursing and Estates items.

Domestic and Estates issues will be resolved by the Estates and Facilities Department.

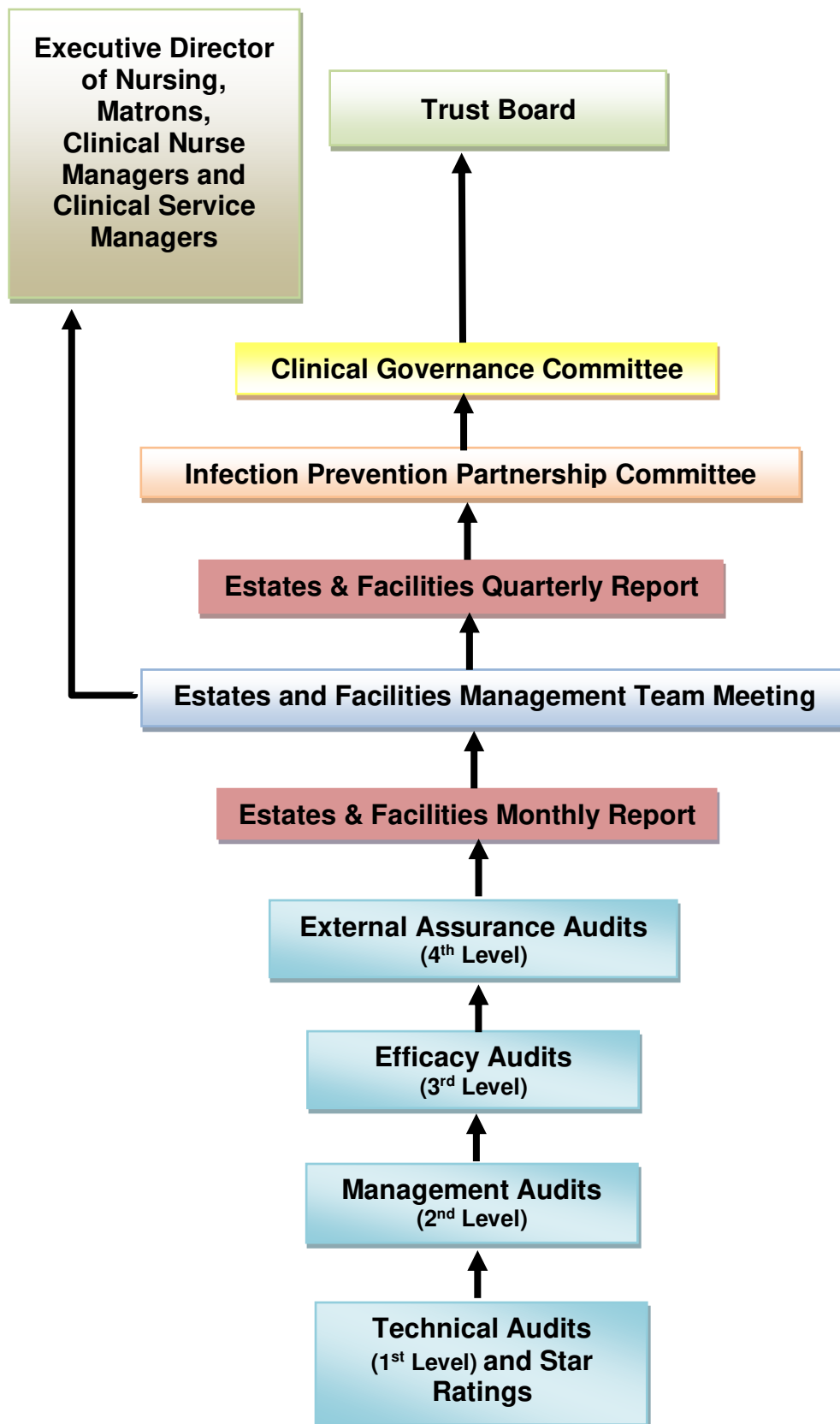
The monthly and quarterly reports are provided to the Matrons, Clinical Nurse Managers and Clinical Service Managers who will ensure issues requiring rectification are rectified and appropriate action plans are put in place and that these are reported to the Infection Prevention Partnership Committee.

Supporting Matrons, Clinical Nurse Managers and Clinical Service Managers Quarterly Surveillance Reports to the Infection Prevention Partnership Committee

The Estates & Facilities Department monthly reports are also provided to support the Matrons, Clinical Nurse Managers and Clinical Service Managers to produce their Quarterly Surveillance Reports to the Infection Prevention Partnership Committee.

Figure 2 below shows the Reporting Structure for Cleanliness.

Figure 2: Reporting Structure for Cleanliness



3.9 **EXTERNAL PATIENT-LED ASSESSMENTS OF THE CARE ENVIRONMENT (PLACE)**

The “Patient-Led Assessment of the Care Environment” (‘PLACE’) assessments are undertaken annually in accordance with Department of Health guidance. A member of the Estates & Facilities Department undertakes the following roles;

- Acting as PLACE Lead for the Trust.
- Undertaking the PLACE Administration Team Manager role.
- Compiling, reviewing and following up on PLACE Action Plans
- Reporting to the Trust on each year’s published National PLACE Scores and Benchmarking of BSMHFT’s PLACE Scores in comparison with other NHS Trusts nationally.

PLACE teams are required to comprise a minimum of 50% Service User representatives with the remaining members being the Trust PLACE lead, Matron and Facilities Management representative for the area.

The Estates & Facilities Department is responsible for arranging the Trust’s Annual PLACE Assessments and for Independent Reviewers (from outside the Trust – usually from the National PLACE Centre (NHS Digital) Register of PLACE Independent Reviewers) to attend and validate as many of the Trust’s PLACE assessments on each of its sites, each year.

3.10 **PEST CONTROL**

Effective Pest Control and Management is essential for safe and hygienic healthcare facilities (National Standards of Healthcare Cleanliness 2021 Pest Control (NHS England and NHS Improvement)).

The Trust (and the Trust’s PFI Provider) will have effective and appropriate Pest Control Policies, procedures, contracts/services and systems.

The Trust Pest Control Policy is available on the Trust’s Intranet. The Trust’s PFI Provider is required to comply with this.

The Trust (and the Trust’s PFI Provider) have contracts with an Approved Pest Control Provider for the monitoring, treatment, control and eradication of pests. The Pest Control Provider provides;

- Regular and proactive monitoring of Trust premises in addition to timely and safe treatment and eradication of pests.
- Routine Inspections at the frequencies laid out in the contract specification.
- Response to Emergency Call Outs within 6 hours of the call.
- Follow up inspections to Routine Visits and Emergency Call Outs and to undertake further treatments required.
- Reports to the Trust on the findings of each Routine Inspection and each Emergency Call Out, including date, time, location/s, findings, treatments, follow up and recommendations for any actions required by the Trust.

The Pest Control Provider is required to provide risk assessments, method statements and certification and is required to comply with all relevant legislation

governing the use of pesticides and chemicals, PPE, working at height or in confined spaces.

The Trust Pest Control Contract is monitored and managed by the *Estates and Facilities Department. The PFI Provider manages their PFI Pest Control Contract and the service is monitored by the Estates and Facilities Department *PFI Contract Management Team (*nominated officers against the contract specifications).

Full details are contained within the Trust Pest Control Policy and the Trust Pest Control Contract held by the Estates & Facilities Department.

3.11 HEALTH & SAFETY

3.11.1 Health & Safety Overarching Legislation

The Trust's and Third Party Providers' Domestic Services will comply at all times with;

- The Health and Safety at Work etc. Act 1974
- The Health and Safety (Display Screen Equipment) Regulations 1992 (amended 2002)
- Management of Health and Safety at Work Regulations (2006 amendment & 1999)
- Manual Handling Operations Regulations 1992 (As amended)
- Personal Protective Equipment at Work Regulations 1992
- Workplace (Health, Safety and Welfare) Regulations 1992
- Provision and Use of Work Equipment Regulations 1998
- The Control of Substances Hazardous to Health Regulations 2002 (COSHH) (as amended).

3.11.2 Risk Assessments

Senior Facilities/Facilities Managers/Domestic Manager will undertake Risk Assessments for the Domestic Services.

All Risk Assessments will be documented on the approved standard documentation and submitted to the Estates & Facilities Department and Trust Risk Management Department.

Senior Facilities/Facilities Managers/Domestic Manager will review and update Risk Assessments and progress of mitigation actions at the designated frequencies.

3.11.3 Control of Substances Hazardous to Health Regulations 2002 (COSHH) (as amended)

The Trust's and Third Party Providers' Domestic Services will comply at all times with COSHH when using and storing cleaning chemicals. This will include;

- Completion of COSHH Risk Assessments for each cleaning chemical.
- Determining precautions necessary.
- Preventing or adequately controlling exposure.
- Ensuring control measures are in place, used and maintained.
- Monitoring exposure.
- Correct PPE and use of.
- Putting in place procedures to deal with accidents, incidents and emergencies.

- Ensuring Domestic Staff are properly informed, trained and supervised.

Senior Facilities/Facilities Managers/Domestic Manager will undertake COSHH Risk Assessments for their areas of responsibility. All COSHH Risk Assessments will be documented on the approved standard documentation. Senior Facilities/Facilities Managers/Domestic Manager will review and update COSHH Risk Assessments and progress of mitigation actions at the designated frequencies.

3.11.4 Personal Protective Equipment (PPE)

The Trust's and Third Party Providers' Domestic Services will comply at all times with the Personal Protective Equipment Regulations 2002 and the Personal Protective Equipment at Work Regulations 1992 (as amended).

Identification of the need and requirement to wear PPE will be determined by an assessment of; which staff are exposed, what and how much are they exposed to and for how long. Advice will be sought from the Trust Risk/Health & Safety Department.

PPE must be certified (CE) marked in accordance with the Personal Protective Equipment Regulations 2002.

Domestic Staff (Trust and Third Party) will be trained in how to use PPE, why PPE is needed, when to use it and what its limitations are, how to look after and store PPE and keep in good condition if re-usable.

See also Section 3.4.10 "PPE, Uniforms and Hand Hygiene".

See also "**Estates & Facilities Overarching Operational Policy**" (October 2021) (available from the Estates & Facilities Department).

3.11.5 Compliance with Policies and Procedures

The Trust's and Third Party Providers' Domestic Services are required to comply with;

- All relevant legislation, codes of practice and guidance as applicable
- All Department of Health (DoH), NHS Improvement/England (NHSI/E) and HM Treasury Mandatory Requirements for NHS Domestic/Cleaning Services Guidance as applicable
- All DoH, NHSI/E and HMT Guidance and Codes of Practice for NHS Domestic/Cleaning Services Guidance as applicable
- All relevant Statutory Standards and achieve Statutory Compliance
- All relevant Trust Policies as applicable.

The key Trust Policies relevant to the Domestic Services Delivery are set out below.

Trust Policies			
Code	Policy Title	Code	Policy Title
R&S 18	COSHH Policy	IC 01x	Trust Cleaning Policy
R&S 16	Health & Safety Policy	IC 02	Food Safety Policy
IC01	Infection Prevention & Control Overarching Policy	IC 01f	Laundry & Linen Policy

R&S 13	Management of Contractors Policy	IC 01Q	Legionellosis Management & Control Policy
R&S 01	Risk Management Policy	R&S 30	Waste Management Policy
	Pest Control Policy		Estates & Facilities Overarching Operational Policy

Copies of the above Policies are available from the Trust Intranet.

3.12. TRAINING

A comprehensive training programme for Domestic Staff (including agency staff) and Supervisors is essential to ensure the Domestic Service performs to the highest standards and level of productivity.

Where cleaning services are provided by the Trust's Third Party Providers:

- i. The training requirements (shown in the table below) shall be incorporated in the contracts/Service Level Agreement as a requirement for the contracted provider to comply with.
- ii. The Trust shall regularly inspect the providers' training records to ensure their training and records comply with the requirements of this Trust Cleaning Policy and with the contract/Service Level Agreement.
- iii. The Trust shall update the provider on any additional training requirements that may be required from time to time and these will be incorporated within the contract/Service Level Agreement.

The Domestic Staff, Supervisors, Housekeepers and the Trust's Third Party Providers and agency staff Training Programme is summarised in the table below.

Domestic Staff	
Training	When Provided
Correct use of cleaning equipment Correct use of cleaning materials COSHH Correct cleaning procedures, tasks and frequencies. Cleaning work scheduled Reactive cleaning Safe working practices	Induction & Annual Refresher Training
Infection Control Hand Hygiene Colour Coding Scheme for Cleaning Material and Equipment Cleaning Procedures during and infection Post-Infection Cleaning Deep Cleaning	Induction & Annual Refresher Training
BICS (British Institute of Cleaning Science) Training NVQ 1 (Level 1 & 2)	Within first year in post

Domestic Supervisors	
Training	When Provided
As Domestic Staff training, with the addition of NVQ Level 3 Cleaning Science & Supervisory elements	

3.13 **REVIEW ARRANGEMENTS**

This Trust Cleaning Policy will be reviewed annually and as required in response to new Department of Health Guidance.

Reviews will be undertaken by Estates and Facilities Managers designated with responsibility for this Trust Cleaning Policy – in conjunction with the Trust Infection Prevention and Control Team.

The outcomes of each review and associated draft amendments will be submitted to the Trust Infection Prevention and Control Team in the first instance.

4 RESPONSIBILITIES

Post(s)	Responsibilities	Ref
Chief Executive	<p>The Chief Executive has ultimate responsibility for providing a clean and safe environment for service users, employees including contracted staff and visitors to Trust premises.</p> <p>To ensure the appointment of a Director of Infection Prevention and Control (DIPC) who is directly accountable to the CEO.</p> <p>To receive reports to Trust Board on cleaning standards and to take action when necessary, on failure to meet standards, ensuring resources are available to meet with registration requirements.</p>	<p>The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance. (DOH July 2015).</p>
Executive Director of Nursing	<p>The Executive Director of Nursing undertakes the role of DIPC.</p> <p>They are responsible for overseeing the IPPC work programme which includes receiving quarterly reports on cleanliness standards and implementation of policies relating to cleanliness and decontamination.</p>	
Executive Director of Operations	<p>The Executive Director of Operations has responsibility to provide resources for cleaning activities to be undertaken and ensuring any breaches in hygiene standards are addressed through line management arrangements.</p> <p>To ensure that staff undertake statutory and mandatory training in infection prevention and control in accordance with the Trust Risk Management Training Policy.</p> <p>To ensure that staff who are not managed by the Estates and Facilities directorate who have responsibility for cleaning have this detailed in job descriptions and that appropriate level of training is provided and that supervisory arrangements with the Trust Estates and Facilities team are in place to monitor cleaning standards.</p> <p>To undertake investigations in relation to complaints of cleanliness standards or whereby in adherence to standards have been identified in Serious Incidents relating to the management of infectious conditions.</p> <p>This responsibility is discharged through the Associate Directors of Operations to the Service Development Managers to Ward and Departmental Managers.</p>	<p>Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>National Standards of Healthcare Cleanliness 2021 (NHS England and NHS Improvement).</p>


Post(s)	Responsibilities	Ref
Executive Director of Finance	<p>The Executive Director of Finance has responsibility for ensuring that the Trust's Estates & Facilities Department (via SSL or Third Party Providers) provides compliance cleaning services and environmental cleanliness standards in compliance with the;</p> <ul style="list-style-type: none"> • 'Health and Social Care Act 2008, Code of Practice on the Prevention and Control of Infections and related guidance" (DOH, July 2015). • Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. • National Standards of Healthcare Cleanliness 2021 (NHS England and NHS Improvement). <p>Ensuring the Estates & Facilities Services (Trust's and Third Party Providers) have sufficient resources to provide compliant cleaning services.</p> <p>The responsibility is discharged through the Associate Director of Estates & Facilities and SSL Board.</p>	<p>The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance (DOH July 2015).</p>
Associate Director Estates & Facilities (SSL Director of Operations)	<p>The Associate Director Estates and Facilities has responsibility for ensuring that the Trust has systems in place which comply with the;</p> <ul style="list-style-type: none"> • "Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance" (DOH July 2015) • Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014. • National Standards of Healthcare Cleanliness 2021 (NHS England and NHS Improvement). <p>and other guidance with regard to the provision of a clean environment – including but not limited to;</p> <ul style="list-style-type: none"> • Ensuring the Trust Board is made aware of any issues which may affect the standards of cleanliness in the patient environment. • To be aware of their own role and responsibilities with regard to cleanliness with a view to minimising the risk of infection in accordance current legislation and best practice guidance. 	<p>Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>National Standards of Healthcare Cleanliness 2021 (NHS England and NHS Improvement).</p>
Trust's (SSL) Estates & Facilities Department	<p>The Trust's Estates & Facilities Department is responsible for the management and delivery of cleaning services and compliant cleanliness standards (SSL and Third Party Providers).</p>	

Post(s)	Responsibilities	Ref
Estates & Facilities Department lead managers for cleaning	<p>The Estates & Facilities Department lead managers for cleaning will fully involve the Executive Director of Nursing, Clinical Nurse Managers, Clinical Service Managers, Matrons, Unit Managers and the IP&CT in all aspects of cleaning services (in-house and contracted) including (but not limited to);</p> <ul style="list-style-type: none"> • Development, agreement and implementation of Operational Cleaning Plans for all wards and departments (including standards, tasks, frequencies, time-spans and schedules as well as monitoring and audit arrangements). • Production and reviews of cleaning specifications for existing services and new projects. • Planning of cleaning services for new projects. • Negotiation and agreement of any contracts for cleaning. • Any proposed cleaning service reviews or changes. • Supporting Matrons and Unit Managers in all aspects of maintaining, monitoring, auditing and reporting on environmental cleanliness, including; • Liaising with Matrons and Unit Managers in respect of all monitoring and audits of cleanliness standards undertaken by Domestic Supervisors, Quality & Performance Monitoring Officers and Managers (SSL and Third Party Providers • Providing monthly and quarterly cleanliness reports. Providing information to support Clinical Nurse Managers, Clinical Service Managers and Matrons in producing surveillance reports. 	<p>The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance. (DOH July 2015).</p> <p>Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>National Standards of Healthcare Cleanliness 2021 (NHS England and NHS Improvement).</p>

Post(s)	Responsibilities	Ref
All managers, supervisors and staff within the Estates & Facilities Department and Third Party Provider's managers, supervisors and staff -who have responsibilities for cleaning	<ul style="list-style-type: none"> • All managers, supervisors and staff within the Estates & Facilities Department and Third Party Provider's managers, supervisors and staff who have responsibilities for cleaning and cleanliness have current job descriptions that clearly set out their roles and responsibilities for cleaning and cleanliness. • Ensure the cleaning of the environment is carried out in accordance with national (NHS) guidance and Trust Infection Prevention and Control Policy and procedures. • Have a duty of care to comply with their training and the designated method statements for the area or items that they are cleaning. • Ensure cleaning procedures are carried out in such a way to protect the health and safety of staff involved and for other occupants of the building(s). • Ensure staffing levels and the requirements of the Trust Cleaning Policy are met in order to provide an effective cleaning service. • Ensure that only appropriately trained staff are used for each specified cleaning related task. • Liaise with other disciplines to ensure that the Domestic Service meets the needs of the Trust, making adjustments where necessary. • To ensure cleaning equipment and products are available and are in accordance with the Trust Cleaning Policy. • To be aware of their own role and responsibilities with regard to cleanliness with a view to minimising the risk of infection in accordance current legislation and best practice guidance. 	<p>The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance. (DOH July 2015).</p> <p>Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p> <p>National Standards of Healthcare Cleanliness 2021 (NHS England and NHS Improvement).</p>
Housekeepers	<ul style="list-style-type: none"> • All Housekeepers who have responsibilities for cleaning will have current job descriptions that clearly set out their roles and responsibilities for cleaning. • Monitoring of environmental cleaning standards. • Maintaining cleaning records. • Report any issues relating to cleanliness. • To be aware of their own role and responsibilities with regard to cleanliness with a view to minimising the risk of infection in accordance current legislation and best practice guidance. 	

Post(s)	Responsibilities	Ref
Infection Prevention & Control Team	<ul style="list-style-type: none"> • Providing training and advice regarding the measures required to minimise the risk of infection and for the monitoring the effectiveness of the implementation of these measures. • Liaise regularly with the Nursing and Domestic teams in order to ensure that required standards of infection prevention & control and cleanliness are being achieved and maintained. • Provide advice on any guidance or legislation that is issued in relation to infection prevention & control (of which cleanliness is one element). • Provide information regarding infection rates. • To be aware of their own role and responsibilities with regard to cleanliness with a view to minimising the risk of infection in accordance current legislation and best practice guidance. 	<p>The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance (DOH, July 2015).</p> <p>Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
Clinical Service Managers and Clinical Nurse Managers	To ensure cleanliness standards are monitored (by Matrons in areas covered by Matrons or by Clinical Service Managers in areas not covered by Matrons) and any breaches or concerns regarding cleanliness standards are reported to the Facilities Managers and included in their quarterly surveillance reports to Infection Prevention Partnership Committee.	<p>National Standards of Healthcare Cleanliness 2021 (NHS England and NHS Improvement).</p>
Matrons	To act upon any complaints of cleaning standards and work with Facilities Managers to ensure that any action plans relating to cleaning standards are met and reporting non-compliance to the Clinical Service Managers, Clinical Nurse Managers and Infection Prevention and Control Team.	<p>The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance. (DOH, July 2015).</p> <p>Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities)</p>

Post(s)	Responsibilities	Ref
		<p>Regulations 2014.</p> <p>National Standards of Healthcare Cleanliness 2021 (NHS England and NHS Improvement).</p> <p>Matrons Charter (DOH, 2004).</p>
Ward and Department and Team Managers	<ul style="list-style-type: none"> • To ensure that cleaning staff have access to all wards/department areas to ensure cleaning schedules are adhered to. • To report any concerns to the Domestic Supervisors and Matrons. • To ensure that the staff whom they manage are aware of their responsibilities in keeping a clean environment • To promote cleanliness standards with service users and visitors. • To report incidents or outbreaks of infectious disease to Domestic Staff and Domestic Supervisors so that appropriate cleaning regimes are in place. • To ensure cleaning equipment and products are available and are in accordance with the Trust Cleaning Policy. 	<p>The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance. (DOH, July 2015).</p> <p>Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014.</p>
All staff (including agency staff)	<ul style="list-style-type: none"> • To be aware of their own role and responsibilities with regard to cleanliness with a view to minimising the risk of infection in accordance current legislation and best practice guidance. • To report any breaches in cleaning standards to the Facilities/Domestic Managers and Unit Managers. 	<p>National Standards of Healthcare Cleanliness 2021 (NHS England and NHS Improvement).</p>

Consultation summary		
Date policy issued for consultation		6 May 2022
Number of versions produced for consultation		1 version (Version 1)
Committees / meetings where policy formally discussed		Date(s)
National Standards of Healthcare Cleanliness 2021 - Project Group		25 April 2022, 9 May 2022, 26 May 2022, 7 June 2022
Estates and Facilities Management Team Meeting		
Trust Cleaning Quality Group		
Infection Prevention Partnership Committee (IPPC)		
Where received	Summary of feedback	Actions / Response
National Standards of Healthcare Cleanliness 2021 - Project Group	See Policy Amendment Comment Sheet embedded below;  Policy Amendment Comment Sheet Trust	
Estates and Facilities Management Team Meeting		
Trust Cleaning Quality Group		
Clinical Service Managers, Clinical Nurse Managers and Matrons		
BSMHFT Intranet (Connect)		

6 REFERENCE DOCUMENTS

- i. "The Mid Staffordshire NHS Foundation Trust Public Inquiry" Chaired by Robert Francis QC – HC 947 (*February 2013*).
- ii. "The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance" (DOH July 2015).
- iii. The Health and Social Care Act 2008 (Regulated Activities) Regulations 2014
- iv. Care Quality Commission - Guidance About Compliance – Essential Standards of Quality and Safety, Outcome 8: Cleanliness & Infection Control (March 2010)
- v. The National Standards of Healthcare Cleanliness 2021 (NHS England and NHS Improvement).
- vi. Clean, safe care – Reducing Infections and Saving Lives (DOH 2008).
- vii. Improving Cleanliness and Infection Control (DOH 2007).
- viii. Essence of Care – Benchmarks for the Care Environment (DOH 2010).

- ix. A Matron's Charter: An Action Plan for Cleaner Hospitals (NHS Estates 2004).
- x. "From Deep Clean to Keep Clean – Learning from the Deep Clean Programme" October 2008 (DOH 2008).
- xi. NPSA Safer Practice Notice 15 "Colour coding hospital cleaning materials and equipment" (10 January 2007).
- xii. BSMHFT Infection Prevention and Control Overarching Policy.
- xiii. BSMHFT Waste Disposal Policy.
- xiv. BSMHFT Decontamination Policy.

7 BIBLIOGRAPHY

See 6. Above.

8 GLOSSARY

"BSMHFT"	Birmingham and Solihull Mental Health NHS Foundation Trust
"EHO"	Environmental Health Officer
"ERIC"	Estates Returns Information Collection
"IP&CT"	(Trust) Infection Prevention and Control Team
"IPPC"	(Trust) Infection Prevention Partnership Committee
"NPSA"	National Patient Safety Agency
"PFI"	Private Finance Initiative
"PLACE"	Patient-Led Assessments of the Care Environment
"SLA"	Service Level Agreement
"SSL"	Summerhill Services Limited
"Trust"	Birmingham and Solihull Mental Health NHS Foundation Trust

Element to be monitored	Lead	Tool	Frequency	Reporting Committee
Completion of Technical Audits (1 st Level) (3.8.2.4)	Estates & Facilities in liaison with IP&CT	Audit Pro-forma	Bi-Monthly for FR3 (Wards/In-patient Units) Quarterly for FR4 (Community Units and all other areas)	IPPC
Star Ratings Displayed and maintained up to date (3.8.2.8)	Estates & Facilities in liaison with IP&CT	Audit Pro-forma	Bi-Monthly for FR3 (Wards/In-patient Units) Quarterly for FR4 (Community Units and all other areas)	IPPC
Completion of Management Audits (2 nd Level) (3.8.2.5)	Estates & Facilities in liaison with IP&CT	Audit Pro-forma	Quarterly/Twice Annually	IPPC
Completion of Efficacy Audits (3 rd Level) (3.8.2.9)	Estates & Facilities in liaison with IP&CT	Audit Pro-forma	Annually	IPPC
Completion of External Assurance Audits (4 th Level) (3.8.2.10)	Estates & Facilities in liaison with IP&CT	Audit Pro-forma	Annually	IPPC
Exception issues acted and reported on (3.8.2.7)	Estates & Facilities in liaison with IP&CT	Audit Pro-forma	Quarterly	IPPC
Cleaning Standards & Schedules displayed and available to users, public and external inspectors (i.e. CQC, Commissioners) (3.2.5 and 3.2.6)	Estates & Facilities in liaison with IP&CT	Audit Pro-forma	Quarterly	IPPC
Cleaning Sign off completed and available to internal and external inspectors (i.e. CQC, Commissioners) (3.2.12)	Estates & Facilities in liaison with IP&CT	Audit Pro-forma	Quarterly	IPPC
Eclipse Reports/Incidents relating to Cleanliness/Cleaning	Estates & Facilities in liaison with IP&CT	Audit Pro-forma	Quarterly	IPPC
All new projects and new service contracts/proposals have involved IP&CT Clinical	Estates & Facilities in liaison with IP&CT	Audit Pro-forma	Quarterly	IPPC

Service Managers, Clinical Nurse Managers and Matrons (1.1.9, 3.6 & 3.7)				
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10 APPENDICES

APPENDIX 1	Equality Analysis Screening Form
APPENDIX 2	BSMHFT Commitment to Cleanliness Charters for Wards and Community Centres
APPENDIX 3	Total Cleaning Responsibility Framework
APPENDIX 4A	Functional Risk Categories for BSMHFT
APPENDIX 4B	Schedule of Cleaning Arrangements and Functional Risk Categories for all Properties Owned or Occupied by BSMHFT
APPENDIX 4C	Cleaning Frequency Definitions
APPENDIX 5	Examples of Environmental High Frequency Touch Points
APPENDIX 6	Required Cleanliness Standards (As Set Out in the Domestic Services Output Specification)
APPENDIX 7	Categories of Cleaning Procedures
APPENDIX 7A	Room Cleaning Procedures 1
APPENDIX 7B	Room Cleaning Procedures 2
APPENDIX 7C	Room Cleaning Procedures 3
APPENDIX 7D	Room Cleaning Procedures 4
APPENDIX 7E	Room Cleaning Procedures 5
APPENDIX 8	NPSA Safer Practice Notice 15 “Colour Coding Hospital Cleaning Materials and Equipment” (2007)
APPENDIX 9	Cleaning Audit Score Sheet
APPENDIX 10	Cleanliness Star Rating Displays
APPENDIX 11	Efficacy Audit Checklist and Score Sheet
APPENDIX 12	Scope of the External Assurance Audit



APPENDIX 1

Equality Analysis Screening Form

A word version of this document can be found on the HR support pages on Connect
<http://connect/corporate/humanresources/managementsupport/Pages/default.aspx>

Title of Proposal	Trust Cleaning Policy		
Person Completing this proposal	Rosemary Brown	Role or title	Project Consultant
Division	Estates & Facilities SSL	Service Area	Estates & Facilities SSL
Date Started	25 March 2022	Date completed	25 March 2022
Main purpose and aims of the proposal and how it fits in with the wider strategic aims and objectives of the organisation.			
<p>The aim of the Trust Cleaning Policy is to demonstrate compliance with;</p> <ul style="list-style-type: none">• The compliance assessment criteria as detailed in The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance" (DOH, July 2015) on the standards of cleanliness that facilitate the prevention and control of infections to ensure that patients receive safe and effective care, ensuring that all cleaning related risks are identified and managed and legal responsibilities for a cleaning lead, personal responsibilities, audit, governance and reporting are complied with.• Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 which requires that healthcare premises and equipment must be clean, secure, suitable and used properly and that a provider must, in relation to premises and equipment, maintain standards of hygiene appropriate for the purposes for which they are being used. <p>The National Standards of Healthcare Cleanliness 2021 (NHS England and NHS Improvement) that have replaced the National Specifications for Cleanliness in the NHS 2007 and that provide healthcare organisations in England with a framework for detailing the required cleaning services and how 'technical' cleanliness and the efficacy of the cleaning process should be assessed.</p>			
Who will benefit from the proposal?			
All service users, staff, visitors and others using the Trust's services.			
Do the proposals affect service users, employees or the wider community? <i>Add any data you have on the groups affected split by Protected characteristic in the boxes below. Highlight how you have used the data to reduce any noted inequalities going forward</i>			
The Trust Cleaning Policy applies the same standards and requirements to all areas of the Trust and for all service users, staff, visitors and others using the Trust's services.			
Do the proposals significantly affect service delivery, business processes or policy? <i>How will these reduce inequality?</i>			



Does it involve a significant commitment of resources?				
How will these reduce inequality?				
Resource is already in place with supplementation only in certain areas following the required recruitment processes and policies.				
Do the proposals relate to an area where there are known inequalities? (e.g. seclusion, accessibility, recruitment & progression)				
The Trust Cleaning Policy applies the same standards and requirements to all areas of the Trust and for all service users, staff, visitors and others using the Trust's services.				
Impacts on different Personal Protected Characteristics – Helpful Questions:				
<i>Does this proposal promote equality of opportunity?</i> <i>Eliminate discrimination?</i> <i>Eliminate harassment?</i> <i>Eliminate victimisation?</i>			<i>Promote good community relations?</i> <i>Promote positive attitudes towards disabled people?</i> <i>Consider more favourable treatment of disabled people?</i> <i>Promote involvement and consultation?</i> <i>Protect and promote human rights?</i>	
Please click in the relevant impact box and include relevant data				
Personal Protected Characteristic	No/Minimum Impact	Negative Impact	Positive Impact	Please list details or evidence of why there might be a positive, negative or no impact on protected characteristics.
Age	✓			The Trust Cleaning Policy applies the same standards and requirements to all areas of the Trust and for all service users, staff, visitors and others using the Trust's services.
Including children and people over 65 Is it easy for someone of any age to find out about your service or access your proposal? Are you able to justify the legal or lawful reasons when your service excludes certain age groups				
Disability	✓			The Trust Cleaning Policy applies the same standards and requirements to all areas of the Trust and for all service users, staff, visitors and others using the Trust's services.
Including those with physical or sensory impairments, those with learning disabilities and those with mental health issues Do you currently monitor who has a disability so that you know how well your service is being used by people with a disability? Are you making reasonable adjustment to meet the needs of the staff, service users, carers and families?				



Gender	√			The Trust Cleaning Policy applies the same standards and requirements to all areas of the Trust and for all service users, staff, visitors and others using the Trust's services.
This can include male and female or someone who has completed the gender reassignment process from one sex to another Do you have flexible working arrangements for either sex? Is it easier for either men or women to access your proposal?				
Marriage or Civil Partnerships	√			The Trust Cleaning Policy applies the same standards and requirements to all areas of the Trust and for all service users, staff, visitors and others using the Trust's services.
People who are in a Civil Partnerships must be treated equally to married couples on a wide range of legal matters Are the documents and information provided for your service reflecting the appropriate terminology for marriage and civil partnerships?				
Pregnancy or Maternity	√			The Trust Cleaning Policy applies the same standards and requirements to all areas of the Trust and for all service users, staff, visitors and others using the Trust's services.
This includes women having a baby and women just after they have had a baby Does your service accommodate the needs of expectant and post natal mothers both as staff and service users? Can your service treat staff and patients with dignity and respect relation in to pregnancy and maternity?				
Race or Ethnicity	√			The Trust Cleaning Policy applies the same standards and requirements to all areas of the Trust and for all service users, staff, visitors and others using the Trust's services.
Including Gypsy or Roma people, Irish people, those of mixed heritage, asylum seekers and refugees What training does staff have to respond to the cultural needs of different ethnic groups? What arrangements are in place to communicate with people who do not have English as a first language?				
Religion or Belief	√			The Trust Cleaning Policy applies the same standards and requirements to all areas of the Trust and for all service users, staff, visitors and others using the Trust's services.
Including humanists and non-believers Is there easy access to a prayer or quiet room to your service delivery area? When organising events – Do you take necessary steps to make sure that spiritual requirements are met?				
Sexual Orientation	√			The Trust Cleaning Policy applies the same standards and requirements to all areas of the Trust and for all service users, staff, visitors and others using the Trust's services.



Including gay men, lesbians and bisexual people Does your service use visual images that could be people from any background or are the images mainly heterosexual couples? Does staff in your workplace feel comfortable about being 'out' or would office culture make them feel this might not be a good idea?				
Transgender or Gender Reassignment	√			The Trust Cleaning Policy applies the same standards and requirements to all areas of the Trust and for all service users, staff, visitors and others using the Trust's services.
This will include people who are in the process of or in a care pathway changing from one gender to another Have you considered the possible needs of transgender staff and service users in the development of your proposal or service?				
Human Rights	√			The Trust Cleaning Policy applies the same standards and requirements to all areas of the Trust and for all service users, staff, visitors and others using the Trust's services.
Affecting someone's right to Life, Dignity and Respect? Caring for other people or protecting them from danger? The detention of an individual inadvertently or placing someone in a humiliating situation or position?				
If a negative or disproportionate impact has been identified in any of the key areas would this difference be illegal / unlawful? I.e. Would it be discriminatory under anti-discrimination legislation. (The Equality Act 2010, Human Rights Act 1998)				
	Yes	No		
What do you consider the level of negative impact to be?	High Impact	Medium Impact	Low Impact	No Impact
				√
If the impact could be discriminatory in law, please contact the Equality and Diversity Lead immediately to determine the next course of action. If the negative impact is high a Full Equality Analysis will be required.				
If you are unsure how to answer the above questions, or if you have assessed the impact as medium, please seek further guidance from the Equality and Diversity Lead before proceeding. If the proposal does not have a negative impact or the impact is considered low, reasonable or justifiable, then please complete the rest of the form below with any required redial actions, and forward to the Equality and Diversity Lead .				
Action Planning:				
How could you minimise or remove any negative impact identified even if this is of low significance?				



N/A No negative impact anticipated. However will review following any comments received during the policy consultation.
How will any impact or planned actions be monitored and reviewed?
N/A No negative impact anticipated. However will review following any comments received during the policy consultation.
How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact other people as a result of their personal protected characteristic.
The monitoring and reporting systems set out in Section 3.7 of the Policy continually measure the successful implementation and operation of and compliance with the Policy for all areas of the Trust which then informs that the Policy is being implemented operated and that compliance is being achieved for all people.
Please save and keep one copy and then send a copy with a copy of the proposal to the Senior Equality and Diversity Lead at bsmhft.edi.queries@nhs.net . The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on a regular basis



APPENDIX 2

BSMHFT COMMITMENT TO CLEANLINESS CHARTERS FOR WARDS AND COMMUNITY CENTRES



FR3 - NHS

Commitment to Clear



FR4 - NHS

Commitment to Clear



APPENDIX 3

TOTAL CLEANING RESPONSIBILITY FRAMEWORK

Produced in line with The National Standards of Healthcare Cleanliness 2021

	Items	Cleaning Frequency (Wards FR3 & Community Units FR4)	Method	Staff Group Responsible	Comments
1.	IV Stand	Not Applicable to Trust at date of policy			
2.	IV Pumps/Syringe drivers	Not Applicable to Trust at date of policy			
3.	Cardiac Monitors	Not Applicable to Trust at date of policy			
4.	Blood Gas Machine	Check Clean before and after each use 1 x Full Clean Daily	Alcohol wipes	Clinical Staff	Cleaned by medical physics after repair
5.	Dressing Trolleys	Clean after each use 1 x Full Clean Daily including wheels	Detergent wipes	Clinical Staff	Include wheels
6.	Notes Trolleys	1 x Full Clean Weekly including wheels	Detergent wipes	Clinical Staff	Include wheels
7.	Drugs Trolleys	1 x Full Clean Weekly including wheels	Detergent wipes	Clinical Staff	Include wheels
8.	Sharps Bin Trolleys	Clean after use 1 x Full Clean Weekly including wheels	Detergent wipes	Clinical Staff	Include wheels
9.	Blood Pressure Cuffs	Check Clean before and after each use 1 x Full Clean Daily	Detergent Wipes	Clinical Staff	Cleaned by medical physics after repair
10.	Pillows	Clean between patients and when soiled	Detergent/water/ bowl/disposable cloths	Clinical Staff	
11.	Mattresses	Clean between patients and when soiled	Detergent/water/ bowl/disposable cloths	Clinical Staff	Bed frames cleaned by Domestic Staff
12.	Cotsides	1 x Full Clean Daily and after use	Detergent/water/ bowl/disposable cloths	Clinical Staff	
13.	Treatment Couches	Clean after each use 1 x Full Clean Daily	Detergent/water/ bowl/disposable cloths	Clinical Staff	Domestic Staff clean frame under couch daily



APPENDIX 3

TOTAL CLEANING RESPONSIBILITY FRAMEWORK

Produced in line with The National Standards of Healthcare Cleanliness 2021

	Items	Cleaning Frequency (Wards FR3 & Community Units FR4)	Method	Staff Group Responsible	Comments
14.	Wheelchairs	Clean after each use	Detergent/water/ bowl/disposable cloths	Clinical Staff	
		1 x Full Clean Weekly			
15.	Linen Trolleys	Clean after each use	Detergent wipes	Domestic Staff/ Housekeeper	Include wheels
		1 x Full Clean Weekly including wheels			
16.	Tea Trolleys	Clean after each use	Detergent wipes	Domestic Staff/ Housekeeper	Include wheels
		1 x Full Clean Weekly including wheels			
17.	Commodes	Clean after each use	Detergent/water/ bowl/disposable cloths	Clinical Staff	
		1 x Full Clean Daily			
		Disassemble and Full Clean Weekly			
18.	(Pressure) Cushions	Clean after each use	Detergent wipes	Clinical Staff	
19.	Oxygen Sat Probes	Check Clean before and after each use	Detergent wipes	Clinical Staff	Cleaned by medical physics after repair
		1 x Full Clean Daily			
20.	Wash Bowls	Clean after each use	Detergent/water/ bowl/disposable cloths	Clinical Staff	Invert to dry
		1 x Full Clean Daily			
21.	Pressure Relieving Mattress CVRS	Clean after each use	Detergent/water/ bowl/ disposable cloths	Clinical Staff/or supplier when specialist clean required	



APPENDIX 3

TOTAL CLEANING RESPONSIBILITY FRAMEWORK

Produced in line with The National Standards of Healthcare Cleanliness 2021

	Items	Cleaning Frequency (Wards FR3 & Community Units FR4)	Method	Staff Group Responsible	Comments
22.	Hoists and Hoist Slings	Clean after each use 1 x Full Clean Daily Full Clean each fortnight even if not used	Detergent Wipes	Clinical Staff	
23.	Pat Slides	Clean after each use	Detergent Wipes	Clinical Staff	
24.	Easy Slides	Clean after each use	Detergent/water/ bowl/disposable cloths	Clinical Staff	Consider laundry
25.	Stand/Walking Aids	1 x Full Clean Daily	Detergent/water/ bowl/disposable cloths	Clinical Staff	
26.	Handling Belts	Clean after each use	Detergent wipes	Clinical Staff	Consider laundry
27.	Resuscitation Trolleys	Not Applicable to Trust at date of policy			
28.	Laryng Handles	Not Applicable to Trust at date of policy			
29.	Oxygen/Suction Equipment	Not Applicable to Trust at date of policy			
30.	Oxygen/Suction Equipment portable	Not Applicable to Trust at date of policy			
31.	Wall Humidifiers	Not Applicable to Trust at date of policy			
32.	Portable Nebulisers	Check Clean before and after each use 1 x Full Clean Daily	Detergent wipes	Clinical Staff	Cleaned by medical physics after repair
33.	Ventilator Equipment	Not Applicable to Trust at date of policy			
34.	Catheter Stands	Not Applicable to Trust at date of policy			
35.	Bed Pans/holders	Not Applicable to Trust at date of policy			
36.	Slipper Pans	Not Applicable to Trust at date of policy			



APPENDIX 3

TOTAL CLEANING RESPONSIBILITY FRAMEWORK

Produced in line with The National Standards of Healthcare Cleanliness 2021

	Items	Cleaning Frequency (Wards FR3 & Community Units FR4)	Method	Staff Group Responsible	Comments
37.	Urine Bottles	Not Applicable to Trust at date of policy			
38.	Urine Jugs	Not Applicable to Trust at date of policy			
39.	Scales	Clean after each use	Detergent/water/ bowl/disposable cloths	Clinical Staff	
		1 x Full Clean Daily			
		Full Clean each fortnight even if not used			
40.	Gas Cylinder Holders	Clean after each use	Detergent wipes	Clinical Staff	
41.	Weights	Not Applicable to Trust at date of policy			
42.	Weighing Scales	Clean after each use	Detergent Wipes	Clinical Staff	
		1 x Full Clean Daily			
		Full Clean each fortnight even if not used			
43.	Physio/Gym Equipment	Clean after each use	Detergent/water/ bowl/disposable cloths	Clinical Staff	
		1 x Full Clean Daily			
		Full Clean each fortnight even if not used			
44.	Manual Handling Equipment	Clean after each use	Detergent/water/ bowl/disposable cloths	Clinical Staff	
		1 x Full Clean Daily			
		Full Clean each fortnight even if not used			



APPENDIX 3

TOTAL CLEANING RESPONSIBILITY FRAMEWORK

Produced in line with The National Standards of Healthcare Cleanliness 2021

	Items	Cleaning Frequency (Wards FR3 & Community Units FR4)	Method	Staff Group Responsible	Comments
45.	Other Medical Equipment e.g. intravenous pumps, pulse oximeters etc. NOT CONNECTED TO PATIENT	Check Clean before and after each use 1 x Full Clean Daily	Detergent Wipes	Clinical Staff	
46.	Other Medical Equipment e.g. intravenous pumps, pulse oximeters etc. CONNECTED TO PATIENT	Check Clean before and after each use 1 x Full Clean Daily	Alcohol wipes	Clinical Staff	
47.	Raised Toilet Seats	2 x Full Cleans Daily	Detergent/water/bowl/ disposable cloths	Domestic Staff	
Media Equipment					
48.	All other Telephones	Clean Daily	Detergent wipes	User	
49.	Computers/Keyboards	Clean Weekly	Detergent wipes	User	
50.	Printers	Clean Weekly	Detergent wipes	User	
51.	Fax	Clean Weekly	Detergent wipes	User	
52.	Audio/Visual Systems including remote controls	Clean Daily	Detergent wipes	User	
53.	Photo-copiers	Clean Weekly	Detergent wipes	User	



APPENDIX 3

TOTAL CLEANING RESPONSIBILITY FRAMEWORK

Produced in line with The National Standards of Healthcare Cleanliness 2021

	Items	Cleaning Frequency (Wards FR3 & Community Units FR4)	Method	Staff Group Responsible	Comments
54.	Screens	Clean Weekly	Detergent wipes	User	
55.	OHPs	Clean Weekly	Detergent wipes	User	
56.	Flip Charts	Clean Monthly	Detergent wipes	User	
57.	Accessories, i.e. staplers, in-trays, etc.	Clean Monthly	Detergent wipes	User	
58.	CCTV Equipment	Clean Monthly	Detergent wipes	Estates Staff	
59.	Loan Equipment i.e. heaters	Clean after use and weekly	Detergent wipes	Estates Staff	
60.	TVs (including remote controls & cover)	Check Clean Daily	Detergent/water/ bowl/disposable cloths	Domestic Staff	
		Additionally for multi-user TVs and remote controls clean touch points and remote controls daily.			
		Full clean following discharge (for TVs and remote controls in patient bedrooms)			
61.	Hi-Fis	Clean Weekly	Detergent wipes	Domestic Staff	
62.	Pay Telephones	Clean Daily	Detergent wipes	Domestic Staff	
63.	Drugs Cupboards	Clean Weekly	Detergent wipes	Clinical Staff	



APPENDIX 3

TOTAL CLEANING RESPONSIBILITY FRAMEWORK

Produced in line with The National Standards of Healthcare Cleanliness 2021

	Items	Cleaning Frequency (Wards FR3 & Community Units FR4)	Method	Staff Group Responsible	Comments
64.	Drugs Fridges, Bloods Fridges	Check Clean Daily (and including touchpoints/handles) Full Clean Weekly Defrost according to manufacturer's instructions and designated frequencies	Detergent/water/ bowl/disposable cloths	Clinical Staff	
65.	Isolation trolleys	Clean Daily including wheels	Alcohol wipes	Clinical Staff	Include wheels
66.	Kettles/Drinks Water Boilers	Check Clean Daily (and including touchpoints/handles/ buttons etc) 1 x Full Clean Weekly	Detergent wipes	Housekeeper/ Domestic Staff	
67.	Ceilings	High Dust Monthly Wash Annually	Dry Cloth Detergent/water/ bowl/disposable cloths	Domestic Staff Estates Staff	
68.	High Surfaces (including curtain rails)	1 x Weekly	Detergent/water/ bowl/disposable cloths	Domestic Staff	
69.	Walls (accessible up to 2 metres)	Check Clean Daily (leading to a clean of soiled areas only) 1 x Full Clean Annually	Detergent/water/ bowl/disposable cloths Detergent/water/ bowl/disposable cloths	Domestic Staff Contractor/Domestic Staff	
70.	Ventilation grilles external surfaces, extract and inlets	Visual Check Weekly 1 x Full Clean Monthly 1 x Full Clean 6 monthly	Vacuuming Vacuuming Use appropriate method	Domestic Staff Domestic Staff Estates Staff	



APPENDIX 3

TOTAL CLEANING RESPONSIBILITY FRAMEWORK

Produced in line with The National Standards of Healthcare Cleanliness 2021

	Items	Cleaning Frequency (Wards FR3 & Community Units FR4)	Method	Staff Group Responsible	Comments
71.	Lighting (including overhead, wall mounted, examination lights both fixed and portable)	Daily surface clean	Use appropriate method	Domestic Staff	
		Dismantle and Full Clean Annually	Use appropriate method	Estates Staff	
72.	Water Coolers	1 x Check Clean Daily (including emptying and cleaning drip tray and cleaning touch points (buttons and levers etc))	Detergent/water/ bowl/disposable cloths	Domestic Staff	
		1 x Full Clean Weekly	Detergent/water/ bowl/disposable cloths	Domestic Staff	
		Periodic Descale		Supplier - Contractor Responsibility	
		Defrost according to manufacturer's instructions		Supplier - Contractor Responsibility	
73.	Pest Control Devices	Quarterly	Detergent wipes	Pest Control Contractor	
74.	External Waste Receptacles	Varies by site	As per contractors' specifications	Waste Contractor	
75.	All External Glazing	Clean 3 times per year (1 x every 4 months)	Detergent/water/ bowl/disposable cloths	Window Cleaning Contractor	
76.	Recycling Bins	1 x Clean Weekly	Detergent wipes	Waste Contractor	
77.	Regeneration trolleys	1 x Full Clean Daily and wipe spillages after each use	Detergent/water/ bowl/disposable cloths	Domestic Staff	

APPENDIX 3



TOTAL CLEANING RESPONSIBILITY FRAMEWORK

Produced in line with The National Standards of Healthcare Cleanliness 2021

	Items	Cleaning Frequency (Wards FR3 & Community Units FR4)	Method	Staff Group Responsible	Comments
78.	Cookers and Microwaves (ADL and Rehab Kitchens)	Clean after each use	Detergent/water/ bowl/disposable cloths	User/ADL Clinical Staff	Refer to cleaning manual
		1 x Check Clean Daily (and including touchpoints/handles/ buttons)		Housekeeper/Domestic Staff	
		1 x Full Clean Weekly		Housekeeper/Domestic Staff	
79.	Cookers and Microwaves (other areas than 78 above)	Clean after each use	Detergent/water/ bowl/disposable cloths	User/ADL Clinical Staff	Refer to cleaning manual
		1 x Check Clean Daily (and including touchpoints/ handles/buttons)	Detergent/water/ bowl/disposable cloths	Housekeeper/Domestic Staff	
		1 x Full Clean Weekly		Housekeeper/Domestic Staff	
80.	Toasters	1 x Clean Weekly	Detergent wipes	Domestic Staff	
81.	Kitchen Cupboards	Clean after use	Detergent/water/ bowl/disposable cloths	User/ADL Clinical Staff	Refer to cleaning manual
		1 x Check Clean Daily	Detergent/water/ bowl/disposable cloths	Domestic Staff	
		1 x Full Clean Weekly		Domestic Staff	
82.	Chill Cabinets, Freezers & Milk Fridges (patient & staff areas) (See 118 for other fridges)	1 x Check Clean Daily	Detergent/water/ bowl/disposable cloths	Housekeeper/Domestic Staff	
		1 x Full Clean Weekly		Housekeeper/Domestic Staff	
		Defrost Freezers/Freezer compartments according to manufacturer's instructions and designated frequencies		Housekeeper/Domestic Staff	



APPENDIX 3

TOTAL CLEANING RESPONSIBILITY FRAMEWORK

Produced in line with The National Standards of Healthcare Cleanliness 2021

	Items	Cleaning Frequency (Wards FR3 & Community Units FR4)	Method	Staff Group Responsible	Comments
83.	Dishwashers	1 x Check Clean Daily	Detergent/water/ bowl/disposable cloths	Housekeeper/Domestic Staff	
		1 x Full Clean Weekly	Detergent/water/ bowl/disposable cloths	Housekeeper/Domestic Staff	
		Periodic Descale as per protocol and schedule	Refer to Cleaning Manual	Housekeeper/Domestic Staff	
84.	Ice Machines	1 x Check Clean Daily	Detergent/water/ bowl/disposable cloths	Housekeeper/Domestic Staff	
		1 x Full Clean Weekly	Detergent/water/ bowl/disposable cloths	Housekeeper/Domestic Staff	
85.	Electrical Items (including COWs & WOWs) (Computers on Wheels and Workstations on Wheels)	1 x Weekly Clean		User	
86.	Switches, Sockets and Datapoints	1 x Clean Daily	Detergent wipes	Domestic Staff	
87.	All Doors (including handles and touchpoints)	1 x Full Clean Daily	Detergent/water/ bowl/disposable cloths	Domestic Staff	
88.	All internal glazing including partitions	1 x Full Clean Weekly	Detergent/water/ bowl/disposable cloths	Domestic Staff	



APPENDIX 3

TOTAL CLEANING RESPONSIBILITY FRAMEWORK

Produced in line with The National Standards of Healthcare Cleanliness 2021

	Items	Cleaning Frequency (Wards FR3 & Community Units FR4)	Method	Staff Group Responsible	Comments
89.	Mirrors	1 x Full Clean Daily	Detergent wipes	Domestic Staff	
90.	Radiators	1 x Clean Daily	Detergent/water/ bowl/disposable cloths	Domestic Staff	
		1 x Full clean Annually (inside cover)	Detergent/water/ bowl/disposable cloths	Estates Staff	
91.	Hard Floors (including skirtings)	1 x Daily Dust Removal	Dry Cloth	Domestic Staff	
		1 x Wet Mop Daily + Clean Dining Room Floors after each mealtime	Detergent/Water/Mop/bucket	Domestic Staff	
		1 x Machine Clean Weekly	Use appropriate machine	Domestic Staff	
92.	Soft Floors/Carpet	1 x Full Clean Daily + Clean Dining Room Floors after each mealtime	Vacuum	Domestic Staff	
		1 x Carpet Shampoo Six-Monthly	Carpet shampooer or steam clean	Domestic Staff	
93.	Cleaning Equipment	Clean after each use	Detergent wipes	Domestic Staff	
94.	Middle Surfaces (including Windowsills & Dining Tables)	1 x Daily Clean Dining Tables clean after each use	Detergent/water/ bowl/disposable cloths	Domestic Staff	
95.	Low Surfaces (including low level trunking & pipes)	1 x Clean Daily	Detergent/water/ bowl/disposable cloths	Domestic Staff	
96.	Chairs & Settees	1 x Full Clean Daily (plus clean spillages from Dining Chairs after each meal)	Detergent/water/ bowl/disposable cloths	Domestic Staff	



APPENDIX 3

TOTAL CLEANING RESPONSIBILITY FRAMEWORK

Produced in line with The National Standards of Healthcare Cleanliness 2021

	Items	Cleaning Frequency (Wards FR3 & Community Units FR4)	Method	Staff Group Responsible	Comments
97.	Lockers (including Bedside Locker) internal & external surfaces	1 x Daily Clean	Detergent/water/ bowl/disposable cloths	Domestic Staff	
		1 x Full Clean on discharge			
98.	Bed Frames/Headboards	1 x Daily Clean	Detergent/water/ bowl/disposable cloths	Domestic Staff	Mattresses cleaned by clinical staff
		Full Clean on discharge			
99.	Over Bed Tables	Clean after each meal	Detergent/water/ bowl/disposable cloths	Housekeeper/Domestic Staff	
		Full clean weekly	Detergent/water/ bowl/disposable cloths	Domestic Staff	
100.	Tables General	1 x Daily Clean	Detergent/water/ bowl/disposable cloths	Domestic Staff	
101.	Dining Tables	Clean after each meal	Detergent/water/ bowl/disposable cloths	Domestic Staff	
		Full clean weekly			
102.	Hand wash, paper towel and toilet roll/tissue containers/dispensers	Full Clean external surfaces Daily	Detergent wipes	Domestic Staff	
		Clean internal surfaces Weekly			
103.	Office Bins	Visual Check Daily	Detergent/water/ bowl/disposable cloths	Domestic Staff	
		1 x Full Clean Weekly			
104.	Internal Waste Receptacles (General, Clinical, Food)	Visual Check Daily	Detergent/water/ bowl/disposable cloths	Domestic (General & Food) Clinical Staff (Clinical)	
		1 x Full Clean Weekly			



APPENDIX 3

TOTAL CLEANING RESPONSIBILITY FRAMEWORK

Produced in line with The National Standards of Healthcare Cleanliness 2021

	Items	Cleaning Frequency (Wards FR3 & Community Units FR4)	Method	Staff Group Responsible	Comments
105.	Curtains and Blinds	Clean, change or replace Annually (and additionally when required)	Sent to laundry or washed on site Replace- Disposable Curtains and Blinds	Housekeeper/Domestic Staff	
		Bed Curtains- clean, change or replace Six Monthly (and additionally when required)	Sent to laundry or washed on site Replace- Disposable Bed Curtains		
106.	Showers & Bidets	Clean after each use	Detergent/water/ bowl/disposable cloths	Clinical Staff	
		1 x Full Clean Daily (include water running, see 3.2.13)	Detergent/water/ bowl/disposable cloths	Domestic Staff	
		Descale as required	Refer to cleaning manual	Domestic Staff	
107.	Toilets, Toilet Brushes & Urinals	2 x Full Cleans Daily	Detergent/water/ bowl/disposable cloths	Domestic Staff	
		Descale as required	Refer to cleaning manual	Domestic Staff	
108.	Replenishment of hand soap, hand towels & toilet tissue	Replenish 2 x Daily	N/A	Domestic Staff	
109.	Sinks and taps/touchpoints	2 x Full Cleans Daily (include water running, see 3.2.13)	Detergent/water/ bowl/disposable cloths	Domestic Staff	
		Descale as required	Refer to cleaning manual	Domestic Staff	



APPENDIX 3

TOTAL CLEANING RESPONSIBILITY FRAMEWORK

Produced in line with The National Standards of Healthcare Cleanliness 2021

	Items	Cleaning Frequency (Wards FR3 & Community Units FR4)	Method	Staff Group Responsible	Comments
110.	Baths and taps/ touchpoints	Clean after each use	Detergent/water/ bowl/disposable cloths	Clinical Staff	
		1 x Full Clean Daily (include water running, see 3.2.13)	Detergent/water/ bowl/disposable cloths	Domestic Staff	
		Descale as required	Refer to cleaning manual	Domestic Staff	
111.	Crockery	After Use	Dishwasher	Domestic Staff/ Housekeeper/ Catering Staff	
112.	Cutlery	After Use	Dishwasher	Domestic Staff/ Housekeeper/ Catering Staff	
113.	Food Waste Disposal Units	Clean after each use	Detergent/water/ bowl/disposable cloths	Domestic Staff/Contractor	
		1 x Full Clean Daily			
114.	Macerators	Clean after each use	Detergent/water/ bowl/disposable cloths	Domestic Staff/Contractor	
		1 x Full Clean Daily			
115.	Other Sluice Equipment (including Sluice Sink and Equipment Holders)	Clean after each use	Detergent/water/ bowl/disposable cloths	Clinical Staff	
		1 x Full Clean Daily			
116.	General Purpose Trolleys	Clean after each use	Detergent wipes	Domestic Staff/Housekeeper	
		1 x Full Clean Weekly including wheels			Include wheels



APPENDIX 3

TOTAL CLEANING RESPONSIBILITY FRAMEWORK

Produced in line with The National Standards of Healthcare Cleanliness 2021

	Items	Cleaning Frequency (Wards FR3 & Community Units FR4)	Method	Staff Group Responsible	Comments
117.	Fans (including Patient Fans) with accessible blade	Refer to local risk assessment and protocol Refer to CAS Alert		Clinical Staff	
118.	Staff Refrigerators	1 x Check Clean Daily 1 x Full Clean Weekly Defrost Quarterly	Detergent/water/ bowl/disposable cloths	Housekeeper/Clinical Staff/Domestic Staff	
119.	Toys (Premises owned/owned by BSMHFT)	1 x Full Clean Weekly	Appropriate cleaning solution	Clinical Staff	Refer to local protocol and risk assessment
120.	Plastic/Artificial Plants/Pots	Clean Weekly	Appropriate cleaning method	Domestic Staff	
121.	Recreational Equipment (Pool Tables, Table Tennis Tables, Football Tables)	Clean after use and when soiled	Appropriate cleaning method	Domestic Staff	
122.	Hand Hygiene Dispensers	Clean Daily Check Daily and refill as required	Detergent wipes N/A	Domestic Staff Domestic Staff	
123.	Air Sterilisation Units (Mobile)	Daily Clean of External Casing	Detergent wipes	Domestic Staff	
124.	Cleaning Trolleys	Clean after use 1 x Full Clean Weekly including wheels	Detergent wipes	Domestic Staff	Include wheels
125.	Wet Floor Signs	Clean after use	Detergent/water/ bowl/disposable cloths	Domestic Staff	



APPENDIX 4A

FUNCTIONAL RISK CATEGORIES FOR BSMHFT

Functional Risk Category	Applicable Areas
FR3	Wards/In-patient Units (including all areas in the ward/in-patient unit)
FR4	Community Units and all other areas

Notes:

The above Functional Risk Categories have been taken from the National Standards of Healthcare Cleanliness 2021: Appendices (Appendix 3) (NHS England and NHS Improvement).



APPENDIX 4B

SCHEDULE OF CLEANING ARRANGEMENTS AND FUNCTIONAL RISK CATEGORIES FOR ALL PROPERTIES OWNED OR OCCUPIED BY BSMHFT

	Property	Address	Functional Risk Category	Domestic Service Provider	Domestic Service Supervised/ Managed By	Domestic Service Monitored By
1	Adams Hill Centre	190 Adams Hill Bartley Green Birmingham, B32 3JP	FR4	SSL	SSL	SSL
2	Athena House	Fenthams Road Erdington B23 6AL	FR4	Amey	Amey	SSL
3	Ardenleigh	Kingsbury Road Erdington Birmingham, B24 9SA	FR3	SSL	SSL	SSL
4	Ashcroft Unit	Lodge Road Winson Green Birmingham, B18 5SD	FR4	Amey	Amey	SSL
5	B1 Trust Headquarters	Unit 1 B1 50 Summerhill Road Birmingham, B13RB	FR4	External Services	External Services	SSL
6	Bishop Wilson Clinic	Craig Croft, Chelmsley Wood, Solihull. B37 7TR	FR4	Landlord	Landlord	Landlord
7	Callum Lodge	242 Lodge Road Winson Green Birmingham, B18 5SJ	FR4	Amey	Amey	SSL
8	Dan Mooney House	1 Woodside Crescent off Downing Close Station Road Knowle, B93 0PX	FR3	SSL	SSL	SSL
9	David Bromley House	234 Woodside Crescent Off Downing Close Station Road Knowle, B93 0PX	FR3	SSL	SSL	SSL
10	Eden Unit	355 Slade Road Erdington Birmingham, B23 7JA	FR3	Amey	Amey	SSL
11	Endeavour Court	210 Reservoir Road Erdington Birmingham, B23 6DJ	FR3	Amey	Amey	SSL
12	Endeavour House	202 Reservoir Road Erdington Birmingham, B23 6DJ	FR3	Amey	Amey	SSL
13	Express Signs	1 Vulcan House, Vulcan Road, Solihull, B91 2JY		Occupier	Occupier	Occupier



	Property	Address	Functional Risk Category	Domestic Service Provider	Domestic Service Supervised/ Managed By	Domestic Service Monitored By
			FR4			
14	Forward House	Slade Road Erdington, Birmingham, B23 7DQ	FR3	Amey	Amey	SSL
15	Freshfields	Downing Close, Knowle, Solihull B93 OQA	FR4	Landlord	Landlord	Landlord
16	George Ward	355 Slade Road Erdington Birmingham, B23 7JA	FR3	Amey	Amey	SSL
17	Grove Avenue	32 Grove Avenue Moseley Birmingham, B13 9RY	FR3	SSL	SSL	SSL
18	Hertford House	29 Warwick Road Olton Solihull West Midlands, B92 7JQ	FR3	SSL	SSL	SSL
19	Hillis Lodge	Hollymoor Way Northfield Birmingham, B31 9AY	FR3	SSL	SSL	SSL
20	Juniper Centre	Moseley Hall Hospital site, Alcester Road, Moseley, B13 8JL	FR3	SSL	SSL	SSL
21	Little Bromwich Centre	Hobmoor Road Birmingham, B10 9JH	FR4	Amey	Amey	SSL
22	Longbridge Health & Community Centre	10 Park Way, Birmingham, Great Park Off Bristol Road Rubery Birmingham, B45 9PL	FR4	SSL	SSL	SSL
23	Lyndon Resource Centre	270-272 Lyndon Road Olton, B92 7QW	FR4	SSL	SSL	SSL
24	Maple Leaf Centre	2 Maple Leaf Drive, Marston Green, Birmingham, B37 7JB	FR4	SSL	SSL	SSL
25	Mary Seacole House (Inc. Meadowcroft)	Lodge Road Winson Green Birmingham, B18 5SD	FR3	Amey	Amey	SSL
26	Newbridge House	Hobmoor Road, Birmingham, B10 9JH	FR3	Amey	Amey	SSL
27	Newington Resource Centre	Newington Road, Hamar Way, Marston Green Birmingham, B37 7RW	FR4	SSL	SSL	SSL
28	Northcroft	190 Reservoir Road, Erdington, Birmingham, B23 6DW	FR4	Amey	Amey	SSL
29	Orsborne House	55 Terrace Road, Handsworth, Birmingham, B19 1BP	FR4	Amey	Amey	SSL
30	Phoenix Day Centre	Harrison Road, Erdington, Birmingham, B24 9AB	FR4	Amey	Amey	SSL



	Property	Address	Functional Risk Category	Domestic Service Provider	Domestic Service Supervised/Managed By	Domestic Service Monitored By
31	Reaside Clinic	Birmingham Great Park, Bristol Road, South Rubery, Birmingham, B45 9BE	FR3	SSL	SSL	SSL
32	Reservoir Court	220 Reservoir Road, Erdington, Birmingham, B23 6DJ	FR3	Amey	Amey	BSMHFT
33	'Rookery Gardens	385 Kingsbury Road, Erdington, B24 9SA	FR3	SSL (with service users and clinical teams assisting). SSL clean on change of occupancy. SSL clean staff base	SSL (with clinical teams assisting)	SSL (with clinical teams assisting)
34	Shenley Fields Day Centre	15 Shenley Fields Drive Northfield Birmingham, B31 1AA	FR4	SSL	SSL	SSL
35	Small Heath Health Centre	42 Chapman Road Small Heath Birmingham, B10 0PG	FR4	Amey	Amey	SSL
36	Tall Trees (Uffculme)	80 Queensbridge Road Moseley Birmingham, B13 8QY	FR4	SSL	SSL	SSL
37	Tamarind Centre	165 Yardley Green Road, Bordesley Green, B9 5PU	FR3	SSL	SSL	SSL
38	The Barberry Centre	25 Vincent Drive, Edgbaston, B15 2FG	FR3	SSL	SSL	SSL
39	The Oleaster Centre	6 Mendelsohn Crescent, Edgbaston, B15 2SY	FR3	SSL	SSL	SSL
40	The Zinnia Centre	Showell Green Lane Sparkhill Birmingham, B11 4JP	FR3	SSL	SSL	SSL
41	Uffculme Centre	52 Queensbridge Road Moseley Birmingham, B13 8QY	FR4	SSL	SSL	SSL
42	Venture House	355 Slade Road Erdington Birmingham, B23 7JA	FR4	Amey	Amey	SSL
43	Warstock Lane Centre	Warstock Lane Billesley Birmingham, B14 4AP	FR4	SSL	SSL	SSL



	Property	Address	Functional Risk Category	Domestic Service Provider	Domestic Service Supervised/ Managed By	Domestic Service Monitored By
44	William Booth Centre	Homeless Health Exchange, William Booth Lane, B4 6HA	FR4	Amey	Amey	SSL

	Vacant land and buildings					
45	Hollyhill	Rubery Lane, Rubery, Birmingham, B45 9AY				
46	Land on former Highcroft site					
47	Land on Rubery Hill site					
48	Main House	201 Hollymoor Way, Northfield, Birmingham, B31 5HE				
49	Nightingale House	Hobmoor Road, Birmingham, B10 9JH				
50	Ross House	Sheldon Drive, Northfield, Birmingham B31 5EJ				

APPENDIX 4C



CLEANING FREQUENCY DEFINITIONS

Cleaning Frequency Definitions

Full Clean	Cleaning all elements using an appropriate method to remove all visible dust, dirt, marks, and contamination, leaving the item in accordance with the required performance parameters.
Spot Clean	Cleaning specific elements using an appropriate method to remove all visible dust, dirt, marks, and contamination, leaving the item in accordance with the required performance parameters.
Check Clean	A check to assess if an element meets the performance parameters. If it does not, a full or a spot clean should be undertaken (in line with the above) to bring the element up to the performance parameter level.
Periodic Clean	Full clean of an item at a set interval as part of routine environmental maintenance where daily or weekly activity is not required. This becomes periodic; fortnightly, monthly (four weeks), quarterly (12 weeks), six-monthly or annually. Periodic cleaning of items less frequently than fortnightly or monthly (e.g. carpet washing, floor stripping/polish/sealing and external window cleaning) is not considered routine and should form part of a planned and documented annual programme.
Touch Point Clean	Touch Point clean –a full clean of items that are frequently touched (see Section 3.2.4 and Appendix 5) using an appropriate method to remove contamination.

Source: National Standards of Healthcare Cleanliness 2021 (NHS England and NHS Improvement).



APPENDIX 5

EXAMPLES OF ENVIRONMENTAL HIGH FREQUENCY TOUCH POINTS

NOTE: The list below focuses on environmental cleaning and is not intended to capture items (i.e. patient equipment) that require cleaning between use, e.g. bloodpressure cuffs. For a full list of items that require cleaning between patient use, please refer to Appendix 3 and local protocols/policies.

<u>Wards and Departments</u>
<ul style="list-style-type: none">• light switches/plastic pulls• taps, dispensers, toilet flush handles• door handles and push plates• over-bed table and trays• bed rails• grab rails• patient chair arms and seat• relevant parts of notes, linen, drug and general-purpose trolleys• nurse call buttons• TV remote control• bedside drawers and locker handles• kitchen cupboard handles• patient entertainment system, including any TV remote controls• patient area multi-user phones and computer buttons and receivers• fridge and freezer handles• ice machines, hot water boiler and cold-water machine buttons/levers• cooker and microwave handles and buttons.
<u>Public Areas</u>
<ul style="list-style-type: none">• elevator plates and call buttons• light switches/plastic pulls• door handles and push plates – all areas• grab rails• taps, toilet flush handles, dispensers, and hand dryers in public toilets• chair arms and chair seat in waiting areas.

Source: The National Standards of Healthcare Cleanliness 2021: Appendices
(Appendix 4) (NHS England and NHS Improvement).



APPENDIX 6

REQUIRED CLEANLINESS STANDARDS (AS SET OUT IN THE DOMESTIC SERVICES OUTPUT SPECIFICATION)

SERVICE ELEMENT	SPECIFICATION
ALL AREAS	
Sanitary Appliances Fixtures and Fittings	Free from dust, deposits, stains (removable), foreign matter, residue, scale and odour. Chrome accessories smear-free and shining.
Supplies	Plentiful supplies of hand soap, paper hand towels, paper rolls and toilet tissues/rolls in dispensers.
Floors (Hard, Soft and Mats)	Free from litter, dust, fluff, debris, residue, deposits, soil, stains (removable), spillages, build-up, smears and odour. Uniform matt finish including beneath and behind movable objects.
Furniture, Equipment, Objects, Fixtures and Fittings (including Wall Tiles and Mirrors)	Free from litter, dust, fluff, debris, residue, deposits, soil, stains (removable), spillages, build-up, smears and odour. Waste bins have correct coloured liners (in accordance with Trust Waste Disposal Policy).
Walls, Ceilings, Ledges, Rails, Door Frames, Window Frames	Free from build-up of dust, grease, grime, stains (removable) and smears.
Windows and Glass/Perspex Panels	Free from build-up of dust, grease, grime, stains (removable) and smears.
Curtains (Bed, Screen, Window, Shower) and Blinds	Free from soiling, deposits, residue and spillages and build-up of dust, grime and stains (removable). Fully hung and secured.
Waste Disposal	Refuse correctly bagged and removed to collection point.
Pest Control	Absence of pest activity or evidence of pest monitoring/treatment.
Washing up	The Service Provider will be responsible for washing up promptly after completion of each meal and beverage service – in all wards, day hospitals and the staff vending area and hospitality functions.
Cleaning and Maintenance of Kitchen, Vending and Dining Areas	<p>The Service Provider will ensure that kitchens and food preparation, storage and display areas and dining and vending rooms and contents are maintained to the highest standards of cleanliness as specified.</p> <p>The Service Provider will ensure</p> <ul style="list-style-type: none"> - floors and walls are free from dust, grease, debris, spillages, litter, grime, smears, removable stains, build up including underneath and behind movable objects and fittings and free from mal odour. - Interior and exterior of all surfaces, cupboards, drawers, sinks, surrounds, ledges, furniture, fixtures and fittings, window frames, wash hand basins, radiators, pipes, skirtings, blinds, waste bins and other items are free from dust, grease, debris, spillages, litter, grime, smears, removable stains and scale. - interiors and exteriors of all kitchen and vending equipment are free from dust, grease, debris, spillages, litter, grime, smears, removable stains and scale. - windows, ceilings, light fittings, vents and curtains are free from build up of dust, grease, grime, removable stains and smears. - refrigerators, freezers and chill cabinets are free from ice build up. <p>The Service Provider will ensure</p> <ul style="list-style-type: none"> - adequate supplies of disposable paper towels, paper towel rolls and hand soap in dispensers at wash hand basins and in kitchens



	<p>and dining/vending areas.</p> <ul style="list-style-type: none">- kitchen and vending equipment is maintained in full working order.- dishwasher detergent and rinse dispensers are adequately filled and working. <p>The Service Provider will ensure</p> <ul style="list-style-type: none">- waste food is disposed of in Waste Disposal Unit after each meal service. <p>Other waste is bagged correctly and removed to collection point after each meal service and clean liner placed in bin.</p>
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APPENDIX 7

CATEGORIES OF CLEANING PROCEDURES

The attached 5 categories of cleaning will assist ward nursing staff to request the correct cleaning regime from the Domestic Service Department.

Ward staff can access and view the 5 procedures and decide which procedure to request. Staff should also refer to the following policies: Standard Precautions, Isolation and Decontamination. If the ward is in doubt, they can obtain advice from the Infection Prevention and Control Department.

Once the procedure is decided then the ward can contact the Domestic Service Department on the following numbers;

Amey Serviced Buildings

Call Amey Helpdesk internally on #6200 or externally on 0844 701 6504 and raise an Event requesting the type of clean. You will then be contacted by Amey Domestic Service.

Ardenleigh

Call Facilities Department internally on ext. 4423.

Reaside

Call Facilities Department internally on ext. 3035

Tamarind Centre

Call Facilities Department internally on ext. 0527

All other buildings including Barberry, Oleaster and Zinnia

Call Facilities Department internally on ext. 2049/2051/5308

These duties are to be undertaken by the nursing staff when domestic staff are off duty e.g. out of hours discharge.

The 5 cleaning procedures are attached.

Please note that Procedure 1:- Standard Daily Clean – does not need to be requested. This is automatically provided daily by your Domestic Staff.

The other procedures will need to be requested in the circumstances set out below.

Procedure 2 – Deep Clean carried out when bedroom/room/area has been unused e.g. under a refurbishment programme or as part of a scheduled deep clean programme.

Procedure 3 – Routine Discharge Clean (Non-Infectious Condition)

Clean of a bedroom when a discharged patient has been non-infectious and before the next patient moves in.

Procedure 4 – Isolation Clean (During Infection)

Isolation clean carried out daily whilst bedroom is occupied by a patient with an infectious condition.

Procedure 5:- Post-Infection Clean

Post-Infection Clean is to be carried out when a patient with an infectious condition has been discharged. This procedure will also be required when a period of infection is closed but the patient remains an inpatient.



APPENDIX 7A

ROOM CLEANING PROCEDURES 1

Standard Daily Clean

	TASK
1.	Empty (and wipe clean, as required) waste bins
2.	Damp dust all furniture and ledges
3.	Clean sanitary fittings
4.	Refill toilet tissue, paper hand towel and hand soap dispensers.
5.	Clean mirrors
6.	Anti-static dry mop and then damp mop hard floors
7.	Vacuum carpets
	<u>Weekly (1 weekly task per day)</u> <ul style="list-style-type: none">• Clean wall tiles• Spray clean/scrub hard floors• Damp dust skirting boards and radiators• High dust ledges and walls (in rotation so all areas are completed monthly)• All with General Purpose detergent• Damp dust bed frame (and mattress – mattress cleaned with GP detergent by nursing staff/housekeepers)• Using correctly coloured equipment and cloths for the areas (See below)

The above is checked for completion and quality by the Domestic Supervisor

Following the National Colour Coding Scheme for hospital cleaning materials and equipment

For general areas including wards, departments, offices and basins in public areas – **BLUE** colour coded cloths, mops, buckets, aprons and gloves.

For bathroom, washrooms, showers, toilets, basins and bathroom floors – **RED** colour coded cloths (reusable and disposable), mops, buckets, aprons and gloves.

For catering departments, ward kitchen areas and patient food service at ward level – **GREEN** colour coded cloths (reusable and disposable), mops, buckets, aprons and gloves.



APPENDIX 7B

ROOM CLEANING PROCEDURES – 2

Deep Clean

Room No ____

	TASK	COMPLETED
1.	Nursing/Housekeeping staff to strip bed. Mattress to be checked inside where there is a zip for cover leakage.	
Domestic Staff then undertake the following;		
2.	Empty waste bins	
3.	Take down curtains and send to be cleaned	
4.	Pull out removable furniture	
5.	Clean lockers and wardrobes inside and outside. Clean with general purpose detergent, Blue cloths and equipment (see below)	
6.	Damp dust all skirting boards, ledges, fixtures & fittings, door frames, window frames and windows, bed frame and mattress. Clean with general purpose detergent, Blue cloths and equipment (see below)	
7.	Steam clean walls, all fittings, vents, grilles and ceilings	
8.	Clean radiator covers and grids (covers removed by Estates staff) Clean all air vents (grills/covers removed by Estates staff) Clean lights and light fittings (Estates staff) Clean shower drain covers (covers removed by Estates staff)	
9.	Steam clean, soft furnishings	
10.	Clean hard furniture. Clean with general purpose detergent, Blue cloths and equipment (see below)	
11.	Wash waste bins	
12.	Steam clean all sanitary fittings and wall tiles and clean inside and outside of all dispensers. Using Red cloths and equipment	
13.	Refill toilet tissue, paper hand towel and hand soap dispensers	
14.	Steam clean all hard floors and shampoo all carpets	
15.	Put up returned clean curtains.	

Please complete tick box when completed

Domestic Staff Name

I confirm that the above clean has been satisfactorily completed

Ward Manager's Name.....

Date.....

Following the National Colour Coding Scheme for hospital cleaning materials and equipment

For general areas including wards, departments, offices and basins in public areas – **BLUE** colour coded cloths (re-usable and disposable), mops, buckets, aprons and gloves.

For bathroom, washrooms, showers, toilets, basins and bathroom floors – **RED** colour coded cloths (reusable and disposable), mops, buckets, aprons and gloves.

For catering departments, ward kitchen areas and patient food service at ward level – **GREEN** colour coded cloths (reusable and disposable), mops, buckets, aprons and gloves.



APPENDIX 7C

ROOM CLEANING PROCEDURES – 3

Routine Discharge Clean (Non-Infectious Condition)

Room No _____

	TASK	COMPLETED
1.	Nursing/Housekeeping staff to strip bed. Mattress to be checked inside where there is a zip for cover leakage.	
2.	Empty and wash waste bins	
3.	Pull out removable furniture	
4.	Clean lockers and wardrobes inside and outside. Clean with General Purpose detergent with Blue cloths. (See below)	
5.	Damp dust all furniture, skirting boards, ledges, fixtures & fittings, door frames, window frames, bed frame. Clean with General purpose detergent including Mattress with Blue cloths	
6.	Clean sanitary fittings, steam clean if necessary. Clean inside and outside of dispensers. Using General purpose detergent and Red cloths and equipment. (See below)	
7.	Clean mirrors	
8.	Thoroughly mop and scrub hard floor Vacuum carpet (shampoo if required)	
9.	Refill toilet tissue, paper hand towel and hand soap dispensers	
10.	Nursing/Housekeeping Staff to remake bed.	

Please complete tick box when completed

Domestic Staff Name

I confirm that the above clean has been satisfactorily completed

Ward Manager's Name.....

Date.....

Following the National Colour Coding Scheme for hospital cleaning materials and equipment

For general areas including wards, departments, offices and basins in public areas – **BLUE** colour coded cloths (re-usable and disposable), mops, buckets, aprons and gloves.

For bathroom, washrooms, showers, toilets, basins and bathroom floors – **RED** colour coded cloths (reusable and disposable), mops, buckets, aprons and gloves.

For catering departments, ward kitchen areas and patient food service at ward level – **GREEN** colour coded cloths (reusable and disposable), mops, buckets, aprons and gloves.



APPENDIX 7D

ROOM CLEANING PROCEDURES – 4

Daily Isolation Clean (During Infection) Ward: _____ Room No _____

Confirm you have been trained in the safe use of chemicals and equipment to perform this task.	Sign: _____
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	TASKS (DAILY)	COMPLETED
1.	All PPE equipment will be put on outside of room in designated area Put on protective clothing (Yellow Apron and yellow disposable gloves, where required, fluid resistant surgical mask type IIR, visor)	
	Clean all touch points with Chlor-Clean. Using yellow disposable cloths.	
2.	Empty waste bins (and wipe clean, as required)	
3.	Damp dust all furniture, including bed frames and mattress – (mattress cleaned by nursing staff/housekeepers), ledges and mirrors with Chlor-Clean. Using yellow disposable cloths.	
4.	Clean all sanitary fittings with Chlor-Clean. Using yellow disposable cloths.	
5.	Anti-static dry mop hard floor and damp mop with Chlor-Clean solution. Using Yellow bucket, Disposable yellow mop	
6.	Vacuum carpet	
7.	Refill toilet tissue, paper hand towel and hand soap dispensers	
8.	Discard all gloves, plastic aprons, cloths, mop head into Clinical Waste bag. Visors are to be Chlor-Cleaned separately before re-using.	
	Wash hands	

Please complete tick box when completed

Domestic Staff Name

I confirm that the above clean has been satisfactorily completed

Ward Manager's Name.....

Date.....

N.B. This procedure should be followed in conjunction with the Isolation Policy

For isolation areas – YELLOW colour coded disposable cloths mops, aprons and gloves and yellow bucket and the use of Chlor-Clean tablets to clean Yellow bucket before and after use.



APPENDIX 7E

ROOM CLEANING PROCEDURES – 5

Post-Infection Clean

Room No _____

This is to be carried out when a patient with an infectious condition has been discharged. This procedure will also be required when a period of infection is closed but the patient remains an inpatient.

	TASK	COMPLETED
1. 1.	Put on protective clothing (yellow apron and disposable gloves)	
2. 2.	Take curtains down. Place curtains in Red alginate bag.	
3. 3.	Nursing/Housekeeping staff to strip bed. Mattress to be checked inside where there is a zip for cover leakage.	
4. 4.	Empty toilet tissue and paper hand towel dispensers	
5. 4.	Empty waste bins and damp wipe with Chlor-Clean. Using Yellow disposable cloths	
6. 5.	Pull out removable furniture	
7. 6.	Clean lockers and wardrobes inside and outside with Chlor-Clean. Using Yellow disposable cloths	
8. 7.	Damp dust all furniture including bed frame and mattress with Chlor-Clean. Using Yellow disposable cloths	
9. 8.	Damp dust walls, high ledges, skirting boards, radiators, ledges, fixtures and fittings and mirrors with Chlor-Clean. Using Yellow disposable cloths	
10. 9.	Chlor-Clean all sanitary fittings. Using Yellow disposable cloths, mop head and a Yellow bucket and Yellow mop stale	
11. 10.	Chlor-Clean all wall tiles using Yellow disposable cloths	
12. 11.	Anti-static dry mop hard floor, steam clean and scrub with machine	
13. 12.	Vacuum carpet and shampoo	
14. 13.	Refill with new toilet tissue, paper hand towel and hand soap dispensers having cleaned dispensers inside and outside with Chlor-Clean using Yellow disposable cloth	
15. 14.	Replace curtains with clean curtains.	
16. 15.	Discard all gloves, plastic aprons, cloths, mop head into Clinical Waste bag	

Please complete tick box when completed

Domestic Staff Name

I confirm that the above clean has been satisfactorily completed

Ward Manager's Name

Date

For isolation areas – YELLOW colour coded disposable cloths mops head, aprons and gloves and the use of Chlor-Clean tablets to clean



APPENDIX 8

Safer Practice Notice 15 Colour Coding Hospital Cleaning Materials and Equipment



Safer practice notice 15

Colour coding hospital cleaning materials and equipment

Page 3 of 4



National Colour Coding Scheme

Red Bathrooms, washrooms, showers, toilets, basins and bathroom floors	Blue General areas including wards, departments, offices and basins in public areas
Green Catering departments, ward kitchen areas and patient food service at ward level	Yellow Isolation areas



APPENDIX 9

CLEANING AUDIT SCORE SHEET



16 - Audit Score
Sheet - 270421.xlsx

Source: National Standards of Healthcare Cleanliness 2021 (NHS England and NHS Improvement)



APPENDIX 10

CLEANLINESS STAR RATING DISPLAYS



Source: National Standards of Healthcare Cleanliness 2021 (NHS England and NHS Improvement)



APPENDIX 11

EFFICACY AUDIT CHECKLIST AND SCORE SHEET



13 - Efficacy Checklist
- 270421.xlsx



Template efficacy
audit score sheet.xlsx

Source: National Standards of Healthcare Cleanliness 2021 (NHS England and NHS Improvement)



APPENDIX 12

SCOPE OF THE EXTERNAL ASSURANCE AUDIT

The scope of the External Assurance Audit will include (but not be limited to) a review of the following;	
1.	That the Trust has a board member appointed with responsibility for cleaning
2.	That the Trust has a Cleaning Policy in place that reflects the National Standards of Healthcare Cleanliness 2021 (and any amendments/updates to these) and any specific local requirements.
3.	That functional areas have been categorised according to the Trust's Cleaning Policy.
4.	That Commitment to Cleanliness Charter Posters are displayed in all required areas.
5.	That the Trust's cleaning frequencies meet or exceed the safe standards.
6.	There is evidence that the designated cleaning frequencies are being adhered to (Commitment to Cleanliness Charters, Checklists etc).
7.	In date Star Ratings are displayed in all required areas.
8.	The cleaning standard seen on inspection is consistent with the Star Ratings displayed.
9.	That the Trust is undertaking Efficacy Audits.
10.	That the Efficacy Audit results are consistent with the standard seen during the External Assurance Audit.
11.	That the Trust is undertaking trend analysis to support continuous improvement.
12.	There is evidence that failings have been rectified.
13.	Rectifications are being made in a timely manner.
14.	There is evidence that the introduction of the National Standards of Healthcare Cleanliness 2021 has improved the cleanliness delivered by all responsible staff groups in the Trust.
15.	Any actions will be recommended as a result of the External Assurance Audit.

Source: The National Standards of Healthcare Cleanliness 2021 (NHS England and NHS Improvement).