STRATEGIC CLEANING PLAN

Author: William Britton, Head of Facilities Support Services

In consultation with: Linda Towey, Consultant Nurse, Infection Prevention & Control

Status: Approval date: August 2010

Ratified by: Non Clinical Risk Committee

Review date: April 2021
### History

<table>
<thead>
<tr>
<th>Issue</th>
<th>Date Issued</th>
<th>Brief Summary of Change</th>
<th>Approved by</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td></td>
<td>New policy</td>
<td>Non Clinical Risk Committee</td>
</tr>
<tr>
<td>2</td>
<td>Aug 2010</td>
<td>Updated in line with revised national guidance</td>
<td>Valerie Howell Linda Fairhead</td>
</tr>
<tr>
<td>3</td>
<td>Nov 2012</td>
<td>Title changes</td>
<td>Health &amp; Safety Committee</td>
</tr>
<tr>
<td>4</td>
<td>Sep 2015</td>
<td>Minor changes</td>
<td>Prodine Kubalalika</td>
</tr>
</tbody>
</table>

For more information on the status of this document, please contact: William Britton, Head of Facilities Support Services

Date of issue: November 2019

Review due: April 2021

Ratified by: Non Clinical Risk Committee

Audience: All staff
INTRODUCTION

This document describes the ASPH Trust’s policy and sets out a professional and effective approach, for NHS organisations to deliver a clean and safe environment for everyone using healthcare facilities, by contributing to and supporting the Trust Infection Prevention and Control policies and procedures and implementing a whole system approach that includes all healthcare and associated professionals.

STRATEGIC (HIGH-LEVEL) CLEANING PLAN

STATEMENT OF INTENT

This document includes information on cleaning strategy that must be implemented by all staff to protect the patients and the wider health care community.

ACCOUNTABILITY

Whilst final accountability for all aspects of cleanliness lies with the Chief Executive and the Trust Board, there is a designated board member, the Chief Operating Officer who is accountable for reporting to the Trust Board and ensuring, that proper systems and processes are in place to achieve high standards of cleanliness which will support the following:

- Strategic cleaning plan
- Operational cleaning plan
- Annual cleaning action plan
- Reporting progress
- Patient-Led Assessment Care of the Environment Action Group (Infection control committee)
- Trust board
- Annual Review

GOVERNANCE AND RISK

This strategic plan supported by the operational cleaning plan will enable the Trust to achieve compliance with all relevant legislation and guidance and fits within the trust’s organisational governance and risk management framework.

The operational cleaning plan must take account of:

- Compliance with safe practice notices and management action plans.
- Demonstrating due diligence.
- Evidence based practice.
• The Trust’s responsibility in ensuring competency, through training for all levels of individuals commensurate with their roles and responsibility in providing a clean environment.

Trusts need to be able to demonstrate that healthcare premises are clean and that risks from inadequate or inappropriate cleaning have been minimised. All cleaning related risks should be identified and managed on a consistent long-term basis, irrespective of where the responsibility for providing cleaning services lies and if necessary entered onto the risk register.

This outcome can be used as a basis for developing service level agreements; benchmarking; and establishing the right staffing levels.

PROCESS AND DELIVERY

The strategic plan must be reinforced and supported by:

- Senior level multi-disciplinary management group
- An operational cleaning plan
- Annual deep cleaning plan
- Performance management systems
- An accountability review

FINANCE AND RESOURCE

Many factors affect the investment needs of a particular area, including age, levels of maintenance, and clinical speciality. Sufficient resources should be allocated for cleaning and investment must recognise this. The Trust Board must also acknowledge that adequate
investment is required for additional cleaning if there is an outbreak of infection or contamination.

OUTCOME

“A clean environment provides the right setting for good patient care practice and good infection control. It is important for efficient and effective healthcare.”

The Trust’s board support of the strategic plan will ensure that the Trust complies with The Health and Social Care Act 2008 Code of Practice for health and adult social care on the prevention and control of infection and related guidance July 2015, so that the risk of HCAI is kept as low as possible. Additionally it will help reduce the risks associated with poor standards of cleanliness, demonstrate due diligence and promote a more consistent and high quality output that patients, public and staff will notice and appreciate.

Criterion 2 States that the registered provider (ASPH) “provides and maintains a clean and appropriate environment in managed premises that facilitate the prevention and control of infection.

EQUALITY IMPACT ASSESSMENT

A baseline equality impact assessment has been carried out (see Appendix 1). This has concluded that no further assessment is required.

MONITORING

This policy will be monitored by the PLACE Group and the Trust Infection Control Committee by reviewing the Trust’s performance in cleanliness audits internal and externally

DISSEMINATION AND IMPLEMENTATION

The policy has been written by the Hotel Services Team, agreed by the Patient-Led Assessment Care of the Environment Action Group and the Infection Control Committee and ratified by the Non Clinical Risk Committee.

The policy will be available on Trustnet and as a hard copy at ward level for ease of use

ARCHIVING

Responsibility for archiving trust-wide policies lies with the Quality Department, where all paper copies will be stored, and electronic folders have been set up to hold master copies.

Requests for retrieval of documents can be made to the Quality Department.

OTHER ASSOCIATED DOCUMENTS

Ashford & St. Peters NHS Foundation Trust documents:
Infection Control Policies
Occupational Health Department Policies
Health and Safety Policy
Risk Management Policy
Cleaning Responsibilities Definitions Manual
Operational Cleaning Policy
# Impact Assessment Tool

**Name:** William Britton  
**Policy/Service Strategic Cleaning Policy**

To be completed and attached to any policy when submitted to the appropriate committee for consideration and approval.

<table>
<thead>
<tr>
<th></th>
<th>Yes/No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Does the policy/guidance affect one group less or more favourably than another on the basis of:</td>
<td>For each category describe how you have involved stakeholders including service users and employees</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Strategic Cleaning Policy</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Race and Ethnic origin (include gypsies and travellers) (consider communication, access to information on services and employment, and ease of access to services and employment)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Disability (consider communication issues, access to employment and services, whether individual care needs are being met and whether the policy promotes the involvement of disabled people)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Gender (consider care needs and employment issues, identify and remove or justify terms which are gender specific)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Culture (consider dietary requirements and individual care needs)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Religion or belief (include dress, individual care needs and spiritual needs for consideration)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Sexual orientation including lesbian, gay and bisexual people (consider whether the policy/service promotes a culture of openness and takes account of individual needs)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Age (consider any barriers to accessing services or employment, identify and remove or justify terms which could be ageist)</td>
</tr>
<tr>
<td>2.</td>
<td>Is there any evidence that some groups are affected differently?</td>
<td>No</td>
</tr>
<tr>
<td>3.</td>
<td>If you have identified potential discrimination, for example, less than equal access, are any exceptions valid, legal and/or justifiable, for example a genuine occupational qualification?</td>
<td>No</td>
</tr>
<tr>
<td>4.</td>
<td>Is the impact of the policy/guidance likely to be negative?</td>
<td>No</td>
</tr>
<tr>
<td>5.</td>
<td>If so can the impact be avoided?</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Yes/No</td>
<td>Comments</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td><strong>6.</strong></td>
<td>What alternatives are there to achieving the policy/guidance without the impact?</td>
<td>N/A</td>
</tr>
<tr>
<td><strong>7.</strong></td>
<td>Can we reduce the impact by taking different action?</td>
<td>N/A</td>
</tr>
</tbody>
</table>

If you have identified a potential discriminatory impact of this policy, please refer it to the appropriate Action Group, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Emma Alderman, HR Manager, on extension 4328.