

# The Newcastle Upon Tyne Hospitals NHS Foundation Trust

## Cleaning & Environmental Strategy

Effective: December 2011

Review: December 2014

### 1. Introduction

Providing a clean and high quality environment in which to deliver excellence in health care is a fundamental aspect of the Trust's service provision. A clean, well maintained environment is essential for the delivery of safe patient care and clinical practice. This document supports the Infection Prevention and Control Strategy in order to reduce the risk to patients from Health Care Associated Infection (HCAI).

All patients, staff and members of the public can be confident that the service provided is safe, and that it is delivered in an environment that inspires confidence through excellent standards of cleanliness and estates maintenance.

The National Specification for Cleanliness in the NHS: A Framework for Setting and Measuring Performance Outcomes (NPSA 2007) is a key priority for the NHS a key outcome of the essential standards of Quality and Safety (CQC 2010). The Health and Social Care Act (2008) and Code of Practice on the Prevention and Control of Infections and related guidance (DoH 2010), places further responsibility on NHS Trusts to ensure that local provision of cleaning services are adequately resourced and defined through strategic cleaning plans and schedules. This ensures that patients, the public and staff know what they can expect.

The Newcastle upon Tyne NHS Hospitals Foundation Trust's Cleaning and Environmental Strategy reflects these standards. This Strategy identifies high standards of cleanliness can only be achieved by all staff recognizing their own responsibilities, provision of appropriate training, clear specifications and regular monitoring of standards. It enables translation of this Strategy into practice and thereby provides assurance to the Trust Board, patients and public.

This strategy defines the Trust's current position and the future approach to ensuring compliance and a clean, safe patient environment.

There are a number of Trust documents which address a range of environmental and cleaning issues. This strategy should be read in conjunction with:

- [Policy for Decontamination of Healthcare Equipment following Patient Use and/or Prior to Service or Repair](#)
- [Cleaning and Disinfection Procedure](#)
- [Decontamination of the Patient Environment \( including Terminal Cleaning\)](#)
- [Health Care Associated Infections Prevention and Control Strategy](#)
- Decontamination Strategy

## 2. Strategy Overview

This strategy provides clear demonstration of management arrangements for environmental cleanliness linked to corporate and clinical governance.

The Trust has robust Operational and Strategic Cleaning plans, and this Strategy builds upon these to further embed the appropriate Trust aims into the culture of the organisation.

The following key documents provide the relevant context in which the Trust has to operate and deliver its services:

- **Towards cleaner hospitals and lower rates of infection (DoH 2004).**  
This report highlights the importance of cleanliness to patients and notes that “A clean environment provides the right setting for good patient care practice and good infection control. It is important for efficient and effective healthcare”.
- **A Matron’s Charter: An Action Plan for Cleaner Hospitals (DoH 2004).**  
This builds on the undertaking in “Towards Cleaner Hospitals and Lower Rates of Infection” to give Matrons, and nurses at ward level the practical advice and power to ensure high standards are maintained.
- **Essential Standards of Quality and Safety (Care Quality Commission 2010)**  
Trust Boards are required to maintain their assurance systems with regard to compliance with regulations and core standards. It defines two specific standards relevant to this strategy:

### **Outcome 8: Cleanliness and Infection Control**

“Providers of services comply with the requirements of regulation 12, with regard to the Code of Practice for health and adult social care on the prevention and control of infections and related guidance.”

### **Outcome 10: Safety and Suitability of Premises**

“People who use services and people who work in or visit the premises:

- Are in safe, accessible surroundings that promote their wellbeing.”

- **The Health and Social Care Act 2008 (Regulated Activities). Regulation 2012 (DoH 2010): Regulation 12: Cleanliness and Infection Control**  
Includes a duty to provide and maintain a clean and appropriate environment and specifically the appointment of a lead operational manager for cleaning which facilitates the prevention and control of HCAI.

- (1) The registered person must, so far as reasonably practicable, ensure that—
  - (a) service users;

- (b) persons employed for the purpose of the carrying on of the regulated activity; and
  - (c) others who may be at risk of exposure to a health care associated infection arising from the carrying on of the regulated activity, are protected against identifiable risks of acquiring such an infection by the means specified in paragraph (2).
- (2) The means referred to in paragraph (1) are—
- (a) the effective operation of systems designed to assess the risk of and to prevent, detect and control the spread of a health care associated infection;
  - (b) where applicable, the provision of appropriate treatment for those who are affected by a health care associated infection; and
  - (c) the maintenance of appropriate standards of cleanliness and hygiene in relation to—
    - (i) premises occupied for the purpose of carrying on the regulated activity,
    - (ii) equipment and reusable medical devices used for the purpose of carrying on the regulated activity, and
    - (iii) materials to be used in the treatment of service users where such materials are at risk of being contaminated with a health care associated infection.

The Trust has a responsibility to provide induction and annual mandatory infection prevention and control education for all staff. Each member of staff has a responsibility to ensure they are appropriately trained to undertake their duties ensuring cleanliness standards are met. The Managers must facilitate and report attendance. Refer to Trust Mandatory Training Policy.

In complying with the Code of Practice assists the Trust in providing assurance that core standards are achieved.

- **The National Specifications for Cleanliness in the NHS (NPSA 2007)**  
National standards will be applied, adhered to and monitored. The Trust has in place local cleanliness strategies to enable a consistently high standard of environmental cleanliness in all Trust healthcare facilities. The National Patient Safety Agency (NPSA) Patient Environment Action Team (PEAT) assessment will be calculated against these specifications and the audit process that accompanies them.
- **Saving Lives: a delivery programme to reduce healthcare associated infections including MRSA and Clostridium Difficile (2007)**  
Saving Lives provides evidence-based, guidance to reduce HCAI and support staff to embed good infection prevention and control standards in to every day practice.

**High Impact Intervention 8** supports organizations to improve the cleaning and decontamination of clinical equipment. by incorporating cleaning in to the everyday work routine.

### **3. Aims of the Strategy**

- Ongoing development and review of education and training programmes for all staff to attain the objectives specified in the National Specification for Cleanliness in the NHS (2007).
- To demonstrate continuous commitment to meet and exceed the National Standards of Cleanliness in the NHS.
- To fully contribute to the Trust programme to implement Saving Lives (DoH 2007) and The Health and Social Care Act (DoH 2010).
- To sustain a culture of recognition that cleanliness and the environment is an individual responsibility for all staff, patients and visitors.
- To work in collaboration with patients, internal and external stakeholders in developing high standards of cleaning.
- To develop and foster a culture whereby Estates and Facilities teams are involved in activities that impact on the patient environment and work closely with Nursing/Midwifery and others in established areas of responsibility in delivering appropriate solutions. All staff responsibilities are clearly defined and incorporated within their objectives.
- To ensure robust monitoring and audit procedures which inform the Trust, from Board to ward and other staff that standards are being achieved.

### **4. Defining Roles and Responsibilities**

This strategy builds upon a well-established foundation of work already undertaken by many groups of staff to provide a clear forward plan and focus everyone's attention on this vital area of work supported by effective collaborative working between all staff groups in particular, Nursing and Midwifery, Estates and Facilities , and Infection Prevention and Control.

#### **4.1 Executive Level Responsibilities**

The National Standards for Cleanliness in the NHS (NPSA 2007) state that the Chief Executive of each NHS Trust is responsible for ensuring that there are effective arrangements for infection prevention and control throughout the Trust. This responsibility is supported by the Director of Infection Prevention and Control (DIPC) and the Nursing and Patient Services Director, who is identified as the Executive Director with responsibility for infection prevention and control.

## **4.2 All Staff – Cleanliness is Everyone’s Responsibility**

It is the responsibility of all staff to:

- i) Treat their working environment with respect, keeping it tidy and accessible for domestic staff and to refrain from littering or other careless activity likely to degrade the environment.
- ii) Report to their manager, or other appropriate staff, any concerns regarding cleanliness or tidiness standards in buildings or on sites occupied by the Trust.

Critical to the on-going achievement of the highest standards of cleanliness is the recognition of personal responsibility and accountability of all staff and service users. All Trust employees will reflect deliverable outcomes for cleanliness in their objectives and KSF outlines. This will ensure that it is incorporated into the Trust’s core business through performance management frameworks, and that staff are held to account for their elements of it. Responsibility for infection prevention and control is also included in the contracts of all employees. All staff complete mandatory IPC training which includes cleanliness.

Patient Experience Reports, complaints and incidents and issues raised by Patient Advisory Liaison Service (PALS), or the Community Advisory Panel will be reviewed and fed back to Decontamination Group, Trust Board, Council of Governors and at clinical level. This informs the work of the Trust.

Whilst cleanliness and infection prevention and control are seen to be everyone’s responsibility there are key personnel, with more clearly defined responsibilities, that are critical to the success of effective policy implementation. This is dependent upon the active contribution and collaboration of the Matron, Nursing/Midwifery and Estates and Facilities.

In addition to these staff groups the Community Advisory Panel (CAP) and Governors are actively involved in Infection Prevention and Control Committee (IPCC) and will also be involved in the Decontamination Group. They will also be involved in the annual Patient Environment Action Team (PEAT) Self Assessment process.

## **4.3 The Matron**

The role of the Matron has been specifically identified as being key to the delivery of the cleanliness agenda and the responsibilities are defined in the Matrons Charter (2004) which identifies 10 key commitments:

- (i) Keeping the NHS clean is everybody’s responsibility.
- (ii) The patient environment will be well-maintained, clean and safe.

- (iii) Matrons will establish a cleanliness culture across their units.
- (iv) Cleaning staff will be recognized for the important work they do. Matrons will make sure cleaning staff feel part of the ward team.
- (v) Specific roles and responsibilities for cleaning will be clear.
- (vi) Cleaning routines will be clear, agreed and well publicised.
- (vii) Patients will have a part to play in monitoring and reporting on standards of cleanliness.
- (viii) All staff working in healthcare will receive education in infection control.
- (ix) Nurses and infection control teams will be involved in drawing up cleaning contracts, and Matrons have authority and power to withhold payment.
- (x) Sufficient resources will be dedicated to keeping hospitals clean.

Matrons take the lead, as defined in their role profile, reporting, via the Heads of Nursing, to the Nursing and Patient Services Director.

#### **4.4 Nursing and Midwifery**

Nurses have a key responsibility for ensuring the highest standards of environmental/equipment cleanliness in the clinical area. They are well placed to ensure timely reporting and action issues which prevent attainment of the required standard. They also have direct responsibility for a number of the patient equipment elements defined in the National Standards of Cleanliness (NPSA 2007). This is predominantly in relation to ward/departmentally based equipment such as commodes, drip stands, owned therapy bed products, oxygen points. (Appendix 1 defines a range of elements and those responsible for their cleaning).

The Ward Sister/Charge Nurse will be responsible for ensuring the application of these elements in their area of responsibility to ensure that the highest standards are maintained at all times.

All clinical users, including the Equipment Library, are responsible for ensuring appropriate decontamination of medical devices in accordance with Trust Policy "Decontamination of Healthcare Equipment following Patient Use and/or Prior to Service or Repair".

#### **4.5 Estates and Facilities**

The Director of Estates and Facilities has overall responsibility for all Estates and Facilities functions, and are responsible for ensuring the application of the strategy and associated policies. They act as the principle advisor to the Trust for premises matters reporting directly to Trust Board and the executive management team. The Director of Estates and Facilities is supported by the Estates and Facilities Senior Management Team and by service heads who have a shared responsibility for managing and maintaining the patient environment including:

- i) supporting the activities of the PEAT groups who audit standards with regard to cleanliness and all internal cleanliness audits.
- ii) responsibility for clinical and non-clinical waste.
- iii) performance monitoring of the Trust's Transforming Newcastle Hospitals PFI partners.
- iv) ensuring that Trust buildings and fixtures are maintained in an acceptable condition, which facilitates the effective and safe cleaning of the environment
- v) responsibility for internal and external planned and reactive maintenance services

## **Community Premises**

Community premises are currently managed by North of Tyne estates department and as landlords they have direct responsibility to ensure that these premises are clean and well maintained. North of Tyne estates manage and monitor these services which are provided by 3rd parties.

The Community IPC team carries out Community Environmental Action Team (CEAT) inspections in community premises that are accessed by patients and the general public. These inspections identify any areas of unacceptable standards in relation to the general maintenance and cleanliness of the environment. Findings and action plans are sent to North of Tyne estates for information and to progress actions. This process is facilitated by the Facilities and Capital Development Manager for NuTH.

### **Hotel Services**

Hotel Services are responsible for the provision and maintenance of a high quality and responsive service to patients, staff and visitors throughout a 24 hour period. The views of patients and the public on cleaning will be integrated into planning and operational processes. All new Domestic staff receive systematic training in all work methods and procedures.

Core to this work are defined **Service Standards and Levels of Services**. These documents outline:

- a) The frequency of cleaning within defined areas of risk e.g. those tasks to be undertaken on a daily, weekly or monthly basis. Cleaning schedules are publicly displayed in clinical areas and are therefore subject to scrutiny.
- b) All ward and departmental areas are categorised as High Risk, Clinical, Non-Clinical. This defines the frequency and standard of cleaning in the specified areas. It is acknowledged that these categories are not consistent with those defined in the National Standards of Cleanliness offering a more comprehensive risk assessment.

## **Portering and Security**

The Portering Services team recognises the importance of maintaining the hospital environment to a high standard of cleanliness. It will be the responsibility of the Portering and Security Services Team to check their respective sites regularly to ensure the hospital environment is maintained at a high standard of cleanliness with regard to the removal of waste, furniture and other items.

## **5. Defining Standards**

### **5.1 Nursing and Midwifery**

There are a wide range of measures in place, applied by Nurses/Midwives at all levels in the organization, and each with an expected standard of achievement. Where performance falls below expectations formal escalation and review processes are in place.

Nurses are responsible for thorough and timely cleaning of patient equipment as defined in Appendix 1

The Nursing Teams are also responsible for timely completion and monitoring of the following:

- (a) The Trust's Clinical Assurance Tool (CAT)/ Essential Steps
- (b) Compliance with the Trust's Hand Hygiene Policy
- (c) Monthly "spot checks" (Matrons) (Appendix 2).
- (d) Annual Head of Nursing Cleanliness Checks Visits (Appendix 3).
- (e) Quarterly Environmental Unannounced 'spot checks'

The aim of the CAT is to identify, measure and demonstrate compliance with national and local requirements including the Chief Nursing Officer's High Impact Actions for Nurses and Midwives (DH, 2009) and Saving Lives (DH, 2007).

Clinical Assurance Tool provides monthly audit data and underpins the commitment to cleanliness and environmental standards. Data is RAG rated and available via Infoview.

### **5.2 Estates and Facilities**

The Estates Department are governed by regulations and standards at either local NHS or National/International level, i.e. Health Technical Memorandums (HTMs), Health Building Notes (HBNs), British Standards and Approved Codes of Practice which specify the specification required to achieve regulatory compliance and meet necessary standards.

The Estates Department operates a Works Information Management System, which allows the work undertaken by the department to be planned and coordinated and the performance and quality to be monitored. A component of this system delivers Planned Preventative Maintenance (PPM) which identifies regular and essential maintenance works. This includes wall washing, cleaning mechanical ventilation supply diffusers and extract grilles and artificial lighting diffusers. The elements covered by the PPM state what is to be undertaken, i.e. job description, the frequency of the inspection (e.g. weekly/quarterly/yearly), the group of personnel who undertake the inspection/work, the location and the asset identification code. The system monitors the works completed, by carrying out a weekly reconciliation, therefore providing an essential tool to monitor standards across the Trust.

The Health & Safety at Work Act 1974 and the Construction Design Management Regulations 2007 indicate that all new and refurbishment works undertaken take into account aspects including good housekeeping, general tidiness and cleanliness on site during construction work.

### **Hotel Services**

The Hotel Services team are responsible for monitoring cleaning procedures and standards. A Quality Assurance Control system monitors the performance and effectiveness of the service being delivered.

The system has three objectives:

- (i) To maintain consistently high standards and meet the required specification by means of inspection analysis and action.
- (ii) To identify any failures to meet the required level of service.
- (iii) To rectify any such failures.

Details of the frequency of inspections and reporting mechanisms are also included.

Credits for Cleaning (C4C), Audit is undertaken weekly to validate achievement of cleaning standards. Information provided ensures a proactive approach towards service delivery and future developments.

## **6. Audit of Strategy Application**

Cleanliness of the health care environment is also assessed by internal audit and action is taken as part of the process of continuous improvement. These facilitate further development of the established cleaning reviews lead by the Heads of Nursing, Hotel Services, Planned Preventative Maintenance Schedules (PPMS) and Department of Health visits. This physical inspection will ensure that the systems in place are effective and fit for purpose.

As defined several groups carry out audits across the Trust, which are related to the standards of cleanliness. Listed below are the audit processes to be applied:

- Cleanliness Audits (via the Heads of Nursing)
- Matrons monthly checks (Nursing)
- CAT (Nursing)
- Hand Hygiene Audits (Nursing)
- Credits for cleaning (Hotel Services)
- Waste Management Audits (Estates)
- Community Environmental Action Team (CEAT) inspections (CIPCN)
- PEAT (Inspection team – Nursing, Hotel Services and Patient Representative)

## **7. Monitoring**

Progress against the implementation of the Cleaning and Environmental Strategy will be monitored by Decontamination Group on behalf of IPCC.

A monthly CAT scorecard is submitted to Trust Board and IPCC to update and provide assurance against standards of cleanliness.

The responsibility for the ongoing development of operational policies and procedures for cleaning will remain a key responsibility of the Estates and Facilities Director (for Hotel Services) and Nursing and Patient Services Director for clinical services.

This strategy will be formally reviewed every three years, or more frequently in the case of national or local policy or procedural change.

Credits for cleaning (Hotel Services Audit) is presented to Trust Board monthly as part of Quality Accounts. The presentation of clinical audit data, e.g. CAT (including Hand Hygiene), will be submitted as part of the Monthly Performance Review process to Trust Board.

Comprehensive procedural requirements will be reviewed on an on-going basis, and re-defined, for the cleaning of all areas of the Trust and its equipment, and facilities.

## **8. References**

- Care Quality Commission (2010) Essential Standards of Quality and Safety.
- Department of Health (2004) A Matron's Charter: An Action Plan for Cleaner Hospitals.
- Department of Health (2004) Towards cleaner hospitals and lower rates of infection.
- Department of Health (2006) Saving Lives: A delivery programme to reduce healthcare associated infection including MRSA.

- Department of Health (2010) The Code of Practice on the Prevention and Control of Infections and Related Guidance.
- Department of Health (2010) Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.
- National Patient Safety Agency (2007) The National Specification for Cleanliness in the NHS: A Framework for Setting and Measuring Performance Outcomes.
- Health and Safety at Work Act 1974
- National Patient Safety Agency (2009) The Revised Healthcare Cleaning Manual.
- NHS Estates (1997). Health Building Note 4 In-Patient Accommodation: Options for Choice (HBN) 4.
- NHS Estates (2002). Infection Control in the Built Environment – Design and Planning. Health Facilities Note (HFN) 30.
- NHS Estates (1994). Health Technical Memorandum (HTM) 2025. Ventilation in Healthcare Premises.
- The NHS Cleaning Manual, National Patient Safety Agency. 2009
- Health and Safety at Work Act 1974

**Related Trust Policies:**

- [Decontamination of the Patient Environment including Terminal Cleaning.](#)
- [Decontamination of Health Care Equipment following Patient Use and Prior to Service or Repair.](#)

**Policy Author:** Head of Nursing (RVI)

1. ELEMENT	REQUIREMENT	RESPONSIBILITY
<p>External features, fire exits and stairwells</p> <p>BUILDING</p>	<p>Landings, ramps, stairwells, fire exits, steps, entrances, porches, patios, balconies, eaves, external light fittings are free of dust, grit, dirt, chewing gum, leaves, cobwebs, rubbish, cigarette butts and bird excreta.</p> <p>Handrails are clean and free of stains.</p> <p>Garden furniture is clean and operational.</p>	<p>Estates</p> <p>Hotel Services</p> <p>Estates</p>
<p>Walls, skirting and ceilings</p> <p>BUILDING</p>	<p>Internal and external walls and ceilings are free of dust, grit, lint, soil, film and cobwebs.</p> <p>Walls and ceilings are free of marks caused by furniture, equipment or staff.</p> <p>Light switches are free of fingerprints, scuffs and any other marks.</p> <p>Light fittings are free of dust, grit, lint and cobwebs.</p> <p>Polished surfaces are of a uniform lustre.</p>	<p>Estates</p> <p>Estates</p> <p>Domestic</p> <p>Estates</p> <p>Domestic</p>
<p>Windows</p> <p>BUILDING</p>	<p>External and Internal surfaces of glass are clear of all streaks, chewing gum, spots and marks, including fingerprints and smudges.</p> <p>Window frames, tracks and ledges are clear and free of dust, grit, marks and spots.</p>	<p>Domestic (external surfaces cleaned by contractor)</p> <p>Domestic (over 3m high – Estates)</p>
<p>Doors</p> <p>BUILDING</p>	<p>Internal and external doors and doorframes are free of dust, grit, lint, chewing gum, soil, film, fingerprints and cobwebs.</p> <p>Doors and doorframes are free of marks caused by furniture, equipment or staff.</p> <p>Air vents, grilles and other ventilation outlets are kept unblocked and free of dust, grit, soil, film, cobwebs, scuffs and any other marks.</p> <p>Door tracks and door jambs are free of grit and other debris.</p> <p>Polished surfaces are of a uniform lustre.</p>	<p>Domestic</p> <p>Estates</p> <p>Estates</p> <p>Domestic</p> <p>Domestic</p>

2. ELEMENT	REQUIREMENT	RESPONSIBILITY
<p>Hard Floors</p> <p>BUILDING</p>	<p>The floor is free of dust, grit, litter, chewing gum, marks and spots, water or other fluids.</p> <p>The floor is free of polish or other build up at the edges and corners or in traffic lanes.</p> <p>The floor is free spots, scuffs or scratches on traffic lanes, around furniture and at pivot points.</p> <p>Inaccessible areas (edges, corners and around furniture) are free of dust, grit, lint and spots.</p> <p>Polished or buffed floors are of a uniform luster.</p> <p>Appropriate signage and precautions are taken regarding pedestrian safety on newly cleaned or wet floors.</p>	<p>Domestic – see note 1</p> <p>Domestic</p> <p>Domestic</p> <p>Domestic</p> <p>Domestic</p> <p>Domestic</p>
<p>Soft Floors</p> <p>BUILDING</p>	<p>The floor is free of dust, grit, litter, chewing gum, marks and spots, water or other liquids.</p> <p>The floor is free of stains, spots, scuffs, or scratches on traffic lanes, around furniture and at pivot points.</p> <p>Inaccessible areas (edges, corners and around furniture) are free of dust, grit, link and spots.</p> <p>Carpets are of an even appearance without flattened pile. After deep cleaning, there is no shrinkage, colour loss or embrittlement of fibres.</p>	<p>Domestic</p> <p>Domestic</p> <p>Domestic</p> <p>Domestic</p>
<p>Ducts, grills and vents</p> <p>BUILDING</p>	<p>All ventilation outlets are kept unblocked and free of dust, grit, chewing gum, soil, film, cobwebs, scuffs and any other marks.</p> <p>All ventilation outlets are kept clear and uncluttered following cleaning.</p>	<p>Estates</p> <p>Estates</p>

3. ELEMENT	REQUIREMENT	RESPONSIBILITY
<p>Electrical fixtures and appliances</p> <p>FIXTURES</p>	<p>Electrical fixtures and appliances are free of grease, dirt, dust, deposits, marks, stains and cobwebs.</p> <p>Electrical fixtures and appliances are kept free from signs of use or non-use.</p> <p>Hygiene standards are satisfied where the fixture or appliance is used in food preparation.</p> <p>Motor vents, etc., are clean and free of dust and lint.</p> <p>Drinking fountains are plumbed water fountains are clean and free of stains, mineral build up and litter.</p> <p>Insect-killing devices are free of dead insects, and are clean and functional.</p>	<p>Domestic</p> <p>Domestic</p> <p>Domestic</p> <p>Estates</p> <p>Domestic</p> <p>Estates</p>
<p>Furnishings and fixtures</p> <p>FIXTURES</p>	<p>Hard surface furniture is free of spots, soil, film, dust, fingerprints and spillage.</p> <p>Soft furnishings are free from stains, soil, film and dust.</p> <p>Furniture legs, wheels and castors are free from mop strings, soil, film, dust and cobwebs.</p> <p>Inaccessible areas (edges, corners, folds and crevices) are free of dust, grit, lint and spots.</p> <p>All high surfaces are free from dust and cobwebs.</p> <p>Curtains, blinds and drapes are free from stains, dust, cobwebs, lint and signs of use or non-use. In good condition.</p> <p>Equipment is free of tapes/plastic, etc., which may compromise cleaning.</p> <p>Furniture has no unpleasant or distasteful odour.</p> <p>Shelves, bench tops, cupboards and wardrobes/lockers are clean inside and out and free of dust, litter or stains.</p> <p>Internal plants are free of dust and litter.</p> <p>Waste/rubbish bins or containers are clean inside and out, free of stains and mechanically intact.</p> <p>Fire extinguishers and fire alarms are free of dust, grit, dirt and cobwebs, and mechanically intact.</p> <p>All decorative plants are free of dust and debris.</p>	<p>Domestic</p> <p>Domestic</p> <p>Domestic/Estates/Nursing</p> <p>Domestic/Nursing</p> <p>Domestic</p>



5. ELEMENT	REQUIREMENT	RESPONSIBILITY
Patient Equipment PATIENT EQUIPMENT Hospedia TV monitors	Equipment is free from soil, smudges, dust, fingerprints, grease and spillages. Equipment is free of tapes/plastic etc., which may compromise cleaning. Equipment legs, wheels and castors are free from mop strings, soil, film, dust and cobwebs. Equipment has no unpleasant or distasteful odour. Equipment is free from dust and stains Head sets replaced for each new admission.	Nursing Nursing Nursing Hotel Services/Hospedia
Odour Control ENVIRONMENT	The area smells fresh. There is no unpleasant or distasteful odour. Room deodorizers are clean and functional.	Domestic Domestic Domestic
General tidiness ENVIRONMENT	The area appears tidy and uncluttered. Floor space is clear, only occupied by furniture and fittings designed to sit on the floor. Furniture is of a design and fashion that allows for cleaning and decontamination. Furniture is maintained in a fashion that allows for cleaning and decontamination. Fire access and exit doors are left clear and unhindered.	User of the area User of the area User of the area User of the area User of the area

## NOTES

Removal of body fluids in clinical areas is the responsibility of nursing staff.\*

Removal of body fluids in non individual areas is the responsibility of Hotel Services.\*

Removal of body fluids in external areas is the responsibility of Estates.\*

(\* For all of these it is expected that collaboration, co-operation and flexibility exists).

During day-to-day cleaning, this is the responsibility of Domestic staff. If furnishings and fixtures are undergoing maintenance by Estates Staff, estates will undertake this responsibility. If they are stained by body fluids nursing staff may if necessary undertake this responsibility as they have knowledge of risks and priority.

High surfaces under 3m are the responsibility of Domestic staff, those over 3m are the responsibility of Estates.

Curtains and drapes are the responsibility of Domestic staff. Blinds, where cleaned, are the responsibility of Estates.

The purchase of new curtains for patient areas is the responsibility of each ward or department through Hotel Services.

All plants within a ward/department are the responsibility of the management team of that ward or department.

Living plants in a common area are the responsibility of Estates Staff.

Artificial plants in common areas are the responsibility of Domestic Staff.

Domestic Staff are responsible for the cleanliness of waste/rubbish bins unless a local agreement exists stating otherwise. Their mechanical integrity is the responsibility of the department/ward they are on.

Waste/rubbish bins on common areas are wholly the responsibility of Domestic Staff

Domestic Staff are responsible for the cleanliness of fire extinguishers and fire alarms and fire chairs; their mechanical integrity is the responsibility of Estates Staff.

The cleaning and defrosting of drug fridges is the responsibility of Nursing Staff.

The cleaning and defrosting of fridges used for patient supplies on wards are the responsibility of Domestic Staff.

The cleaning and defrosting of fridges and freezers in main kitchens is the responsibility of Catering Staff.

Fridges in rest rooms on departments must be emptied, defrosted and cleaned by department staff on a weekly basis.

Domestic Staff are responsible for the day-to-day cleaning of wall tiles to hand height; Estates Staff are responsible for cleaning high areas and the removal of severe build-up.

At ward/department level very specific cleaning specification is provided to guide and support staff – this is prominently displayed in ward sluice and updated by IPCN team.

Bins lined with clinical waste bags in use as sanitary disposal units are the responsibility of Domestic Staff. Serviced Sanitary Units are available on contract via supplies. Each department or ward is responsible for their own contract if they wish to have these units. Any problems with Services Sanitary Units should be reported to Domestic Staff.

The replenishment of consumable items is the responsibility of Domestic Staff. The purchase and supply of consumable items to a ward or department is the responsibility of that ward or department, unless a special local arrangement has been made.

Where patient equipment is held in a central pool or library area (medical equipment, wheelchair pool), those responsible for the administration of the service are responsible for ensuring that it is loaned out in a condition which complies with the standards defined within these elements. It is the responsibility of the ward/department using the equipment to return it in a condition that complies with the standards. Where patient equipment is the property of a ward or department, that ward or department is responsible for keeping it in a condition that complies with the standards.

Domestic Staff will work with the involvement of Estates Staff to eliminate odours when they are the product of inadequate or faulty extraction or drainage.

To consider:

Clinical equipment at high level e.g. hoist tracking, ITU pendants, scanners

Porters are responsible for wheelchairs, does this fit here or not?

**THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST**  
**IMPACT ASSESSMENT – SCREENING FORM A**

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Policy Title:	<b>Cleaning &amp; Environmental Strategy</b>	Policy Author:	E J Harris, Head of Nursing, RVI
		Yes/No?	You must provide evidence to support your response:
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of the following: (* denotes protected characteristics under the Equality Act 2010)	No	
	• Race *	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender *	No	
	• Culture	No	
	• Religion or belief *	No	
	• Sexual orientation including lesbian, gay and bisexual people *	No	
	• Age *	No	
	• Disability – learning difficulties, physical disability, sensory impairment and mental health problems *	No	
	• Gender reassignment *	No	
	• Marriage and civil partnership *	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination which can include associative discrimination i.e. direct discrimination against someone because they associate with another person who possesses a protected characteristic, are any exceptions valid, legal and/or justifiable?	N/A	
4(a).	Is the impact of the policy/guidance likely to be negative? (If “yes”, please answer sections 4(b) to 4(d)).	N/A	
4(b).	If so can the impact be avoided?	N/A	
4(c).	What alternatives are there to achieving the policy/guidance without the impact?	N/A	
4(d).	Can we reduce the impact by taking different action?	N/A	

<b>Comments:</b> Environmental cleaning & monitoring are required across the trust and apply to each and every care setting regardless of any individual beliefs, values etc.	<b>Action Plan due (or Not Applicable):</b>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------

Name and Designation of Person responsible for completion of this form: ..... E J Harris Head of Nursing..... Date: ..... 28/12/2011.....

Names & Designations of those involved in the impact assessment screening process: ..... as above.....

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified on this form, please refer to the Policy Author identified above, together with any suggestions for the actions required to avoid/reduce this impact.)

*For advice on answering the above questions please contact Frances Blackburn, Head of Nursing, Freeman/Walkergate, or, Christine Holland, Senior HR Manager. On completion this form must be forwarded electronically to Steven Stoker, Clinical Effectiveness Manager, (Ext. 24963) [steven.stoker@nuth.nhs.uk](mailto:steven.stoker@nuth.nhs.uk) together with the procedural document. If you have identified a potential discriminatory impact of this procedural document, please ensure that you arrange for a full consultation, with relevant stakeholders, to complete a Full Impact Assessment (Form B) and to develop an Action Plan to avoid/reduce this impact; both Form B and the Action Plan should also be sent electronically to Steven Stoker within six weeks of the completion of this form.*