

# National Standards of Healthcare Cleanliness 2021- *The Journey So Far*



*Cleaning as a science!*

*#PowerofPartnership, #Cleaningforhelath*

**Emma Brookes** - Head of Soft FM Strategy & Operations

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# Our Environment, our challenges



- Fragile market
- Core Workforce – experience / innovative
- UK exit from the EU and global issues
- Variability in cost and quality of service
- Trust resource constraints and inflation
- Driving digital agenda
- Changing NHS landscape



# Cleaning in Numbers



More people sleep in our beds each night than there are hotel rooms in London



We clean an area the size of London almost 4 times per week



We use enough energy to power up 200,000 homes



We have 1 WTE cleaner to every 3.4 beds in England



We have 40,199 WTE cleaning staff, equivalent to the number of runners in the London Marathon

# Revised National Cleaning Standards Project

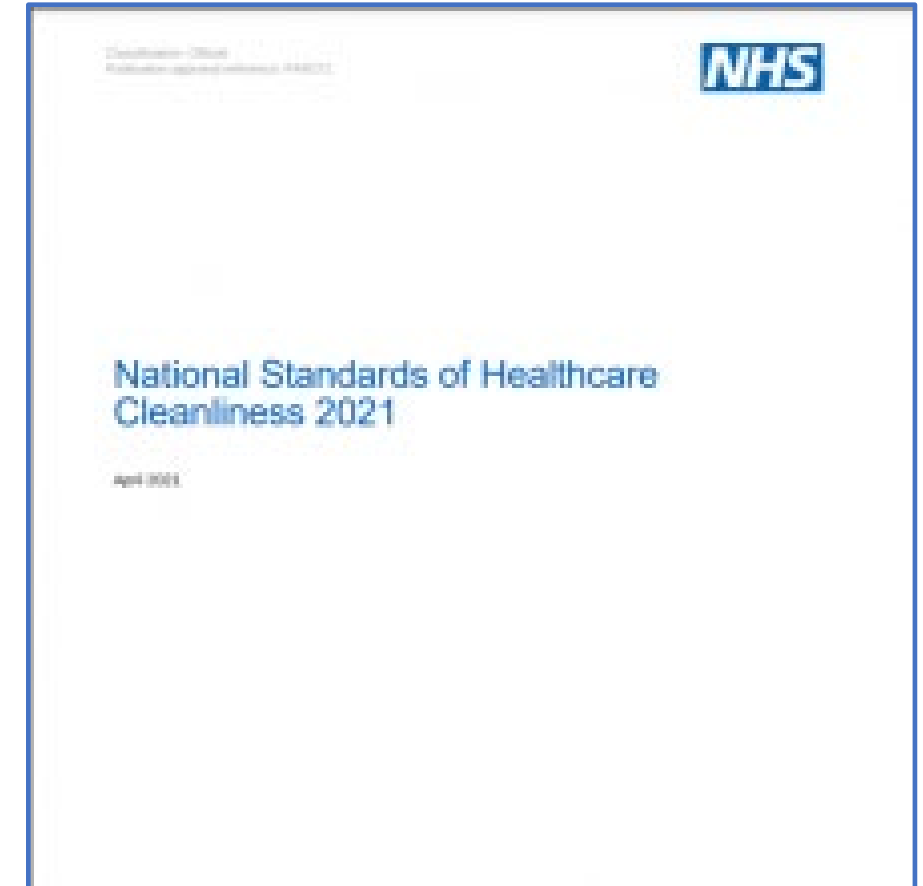


- Working party convened December 2017
- Pilot run from October 2018 – January 2019
- 30 trusts took part across England & Wales
- Comprehensive data received
- Amendments to document taken place from comments received
- Highlight changes – Changes to document to reflect the pilots and the working group meeting, in particular audit and risk categories



# National Standards of Healthcare Cleaning 2021

- In May 2021 New standards launched
- National Webinars ran throughout June
- Localised calls & presentations July - September
- Central support on going
- May 2022 1<sup>st</sup> compliance due
- November 4<sup>th</sup> final compliance due



# Document Ethos



## Collaboration

A collaborative approach is essential to continuously improve cleanliness: organisations should involve a board nominee, clinical colleagues, partner organisations and patients in setting and monitoring cleaning standards for consistently high levels of service.



## Transparency and Assurance

The standards emphasise transparency to assure patients, the public and staff that safe standards of cleanliness have been met. The transparency of audit and reporting methods, display of audit results, and the commitment to cleanliness charter provides assurance that an organisation is serious about cleaning.



## Infection Prevention and Control

Cleaning is a vital part of the overall infection prevention and control process which aims to provide a clinically clean and safe environment for delivering patient care. Safe standards of cleanliness minimises risk to patient safety from inadequate cleaning. The new standards will be the measure by which we deliver cleaning services into the future.



## Continuous Improvement

To encourage continuous improvement the standards combine mandates, guidance, recommendations and good practice. The new standards will allow organisations to measure performance in a uniform way and to benchmark it against similar organisations.



# Highlights



## Our Commitment To Cleanliness

### Cleaning Summary

Keeping the NHS clean and preventing infection is everybody's responsibility from the Chief Executive to the healthcare cleaner. It is important for patients, visitors, the public and staff.

Cleanliness matters, and to ensure consistency throughout the NHS, and to support hospitals and healthcare services, this commitment has been adopted in every organisation.

This Charter sets out our commitment to ensure a consistently high standard of cleanliness is delivered in all of our healthcare facilities. It also sets out how we would like you to help us maintain high standards.

#### WE WILL:

- Treat patients in a clean and safe environment and minimise exposure to healthcare associated infections
- Provide a well maintained, clean and safe environment, using the most appropriate and up to date cleaning methods and frequencies
- Maintain fixtures and fittings to an acceptable condition to enable effective and safe cleaning to take place regularly
- Allocate specific roles and responsibilities for cleaning, linked to infection prevention and control, that are underpinned by strong, clear leadership that encourages a culture where cleanliness matters
- Have clinical leads who will establish and promote a cleanliness culture across their organisation
- Constantly review cleanliness and improve performance
- Take account of your views about the quality and standards of cleanliness by involving patients and visitors in reporting and monitoring how well we are doing
- Provide the public with clear information on any measures which they can take, to assist in the prevention and control of healthcare associated infections
- Provide the public with clear and precise information relating to the potential risk of contracting a healthcare associated infection. This will include highlighting other helpful information sources so that patients and public can access up to date local data
- Provide structured and pro-active education and training to ensure all our staff are competent in delivering infection prevention and control practices within the remit of their role
- Design any new facilities with ease of cleaning in mind

#### WE ASK PATIENTS, VISITORS AND THE PUBLIC TO:

- Follow good hygiene practices which are displayed in and around the organisation
- Tell us if you require any further information about cleanliness or prevention of infection
- Work with us to monitor and improve standards of cleanliness and prevention of infection

Chairman

Name / Signature

Chief Executive

Name / Signature

#### PROTECTED MEAL TIMES

The Trust places great importance upon the need to ensure patients receive appropriate nutritional intake and assistance at meal times. Therefore during 'Protected Meal Time periods' cleaning will be undertaken in areas which do not interrupt the patient's enjoyment or distract Nurses from assisting patients with eating.



#### ISOLATION AREAS

All areas identified as Isolation Areas are cleaned using yellow colour coded equipment in accordance with the Trust's Infection Control Policy requirements.

#### Star Rating For Cleanliness

The star rating system reflects the cleanliness of an area regardless of who has responsibility for cleaning.

- 5 Star Rating = Meets or exceeds the required standard.
- 4 Star Rating = A satisfactory standard has been met.
- 3 Star Rating = The standard is below expectation.
- 0 Star Rating = The standard is significantly below expectation.



#### CATEGORY: FR1 Operating Theatres

CLEANING TASK	CLEANING FREQUENCY	RESPONSIBILITY
<b>Sanitary Areas</b>		
Toilets, urinals, sinks and taps	1 x full daily, 2 x check daily	Healthcare Cleaning Professional (HCP)
Showers	1 x full daily, 2 x check daily	HCP
Mirrors	1 x full daily, 1 x check daily	HCP
<b>Operating Theatres and Recovery Areas</b>		
Operating tables and trolleys	1 x full daily and between each use	Theatre staff
Switches, sockets, data points, wall fixtures	1 x full daily	HCP
Walls (accessible up to 2m)	1 x full annually, 1 x check daily	HCP
Ceilings and walls (not accessible above 2m)	1 x full annually, 1 x check daily	Estates
Doors, including ventilation grilles	1 x full daily	HCP
Windows	1 x full every 6 months	External contractor
Internal glazing	1 x full daily	HCP
Ventilations grilles/extracts and inlets	1 x full weekly, 1 x check daily	HCP
Low surfaces	1 x full daily	HCP
Middle surfaces	1 x full daily	HCP
High surfaces	1 x full daily	HCP
Waste receptacles	1 x full daily, 1 x check daily	HCP
Replenishment of consumables	Check and replenish 3 x daily	HCP
<b>Floors</b>		
Floors hard	1 x full daily, 2 x check daily	HCP
Floors soft	1 x full daily, 2 x check daily	HCP
<b>Kitchen Areas</b>		
Fridges and freezers	1 x full weekly, 1 x check daily	HCP
Cupboards	1 x full monthly, 1 x check daily	HCP
<b>Medical Equipment</b>		
Medical equipment	Refer to local protocol	Clinical staff
<b>Cleaning Equipment</b>		
All cleaning equipment including trolley	Full clean after each use	HCP

#### National Cleaning Colour Coding Scheme – National Patient Safety Agency

All cleaning items including cloths, mops, buckets, aprons and gloves should be colour coded as follows:



If you require further information regarding the star ratings or cleaning please contact:

Should you wish to comment about the cleanliness of this area please contact:



Website to Go Here



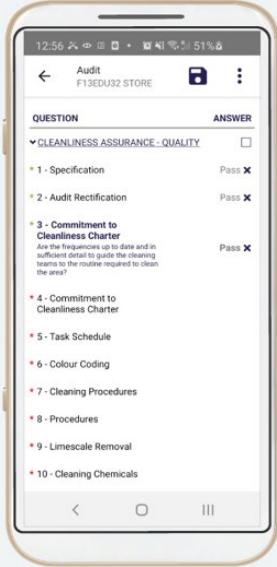
# Cleaning Ratings and Audit



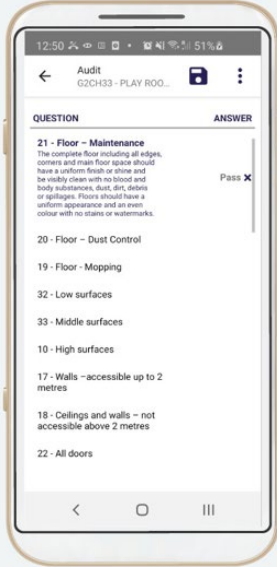
- 1. Star Ratings
- 2. Efficacy and Audit



Screenshot of the efficacy audit



Screenshot of the new elements





# Highlight Changes

## Technical Audit Percentages Expressed as Star Rating Scores

Audit target score	Functional risk category	Actual technical audit score	Star rating example	Audit target score	Functional risk category	Actual technical audit score	Star rating example
98%	FR1	98%	5 stars	95%	FR2	95%	5 stars
98%	FR1	97–95%	4 stars	95%	FR2	94–92%	4 stars
98%	FR1	94–92%	3 stars	95%	FR2	91–89%	3 stars
98%	FR1	91–89%	2 stars	95%	FR2	88–86%	2 stars
98%	FR1	≤88%	1 stars	95%	FR2	≤85%	1 stars
Audit target score	Functional risk category	Actual technical audit score	Star rating example	Audit target score	Functional risk category	Actual technical audit score	Star rating example
90%	FR3	90%	5 stars	85%	FR4	85%	5 stars
90%	FR3	89–87%	4 stars	85%	FR4	84–82%	4 stars
90%	FR3	86–84%	3 stars	85%	FR4	81–79%	3 stars
90%	FR3	83–81%	2 stars	85%	FR4	78–76%	2 stars
90%	FR3	≤80%	1 stars	85%	FR4	≤75%	1 stars
Audit target score	Functional risk category	Actual technical audit score	Star rating example	Audit target score	Functional risk category	Actual technical audit score	Star rating example
80%	FR5	80%	5 stars	75%	FR6	75%	5 stars
80%	FR5	79–77%	4 stars	75%	FR6	74–72%	4 stars
80%	FR5	76–74%	3 stars	75%	FR6	71–69%	3 stars
80%	FR5	73–71%	2 stars	75%	FR6	68–66%	2 stars
80%	FR5	≤70%	1 stars	75%	FR6	≤65%	1 stars



# Updated Cleaning Manual

**Healthcare Cleaning Operating Procedure**  
**Dust Control Mop Sweeping**

**NHS**

**Before you start**

1. Check appropriate Safe System or other cleaning equipment Safety Data Sheet, Clean Assessment Form, Risk Assessment Form, and cleaning task.
2. Identify area, where possible.
3. Clean your hands at per the local policy.
4. Check for signs and obstacles - consider risks in environment and cleaning if required.
5. Select a track and put on appropriate PPE as per the Risk Assessment.

**PLEASE REFER TO GLOVE USE AND REMOVAL SECTION OF THE HCCG 2016**

6. Assemble correct equipment and/or machinery.
7. Using appropriate PPE, ensure the equipment cleaning/sterilising agent according to manufacturer's instructions.
8. Place caution signs.
9. Remove cleaning equipment/machinery agents and liquid spills to avoid slipping or tripping hazards, including in bathroom lavatories.
10. Check for any damage to the area or equipment to be cleaned. If you notice any signs of poor maintenance/repairs or equipment

**Tools for Mop Sweeping**

1. Caution signs
2. Appropriate PPE as per the Risk Assessment
3. Mop handle and frame
4. Durable mop / mophead made on non-cotton

**How to Mop Sweep**

1. Make sure your work area is safe.
2. Attach mop head to the mop frame following the correct colour coding for the room.
3. Remove any obstructions of floor.
4. Select and use the correct edge throughout the task and ensure the floor surface is not over cleaned.

5. Starting at the furthest point from the work, mopping in long rows, work back towards the door using an overlapping figure of 8 pattern (avoid long rows).
6. Check mop head and ensure any fluid or debris has been or is being kept away.
7. Using the mopper 1/3 maximum cleaner volume and 2/3 water.

**When you have finished**

1. Check all signs are removed.
2. Correctly dispose of all cleaning materials used in your area (floor mop, mop head, bucket, water, mop water, etc.) as per local policy.
3. Dispose of any waste in the correct place.
4. If you're using disinfectant, ensure you're using it safely.
5. Check and tidy up equipment.
6. Clean & remove water from mop and dry.
7. Store equipment safely. Please refer to the manufacturer's instructions.
8. Correctly dispose of all PPE.
9. Clean your hands.
10. Clean equipment where necessary.



Documentation Now Available on the NHS Hub



# Ambulance Cleaning Standards

- Working Group led by Phil Shelley
- Building on the work of the National Cleaning Standards, work is now underway with Ambulance Trusts to develop bespoke Cleaning Standards
- Clear areas of work identified
- Stakeholders holding sub groups to ensure to Ambulance Cleaning Standards are workable
- Themes include:
  1. Cleaning standards (vehicles)
  2. Cleaning standards (premises)
  3. Auditing and governance
  4. Make ready and supplies
  5. Training and methodology guidance
  6. Deep cleaning specialist decontamination
- Time frame for Ambulance Cleaning Standards, November 2022, launch anticipated April 2023



# Primary Care Work



- GP Cleaning / Care Home and GP Surgery.
- On going work with GP Providers network, CCGs and PC teams to develop bespoke tools for the sector with a view to support future compliance with an anticipated launch of April 2023



# Exemplar Trust – "Platform for ambition"

- There needs to be a “Whole Organisation Approach” – full support from the board
- Able to be challenged and provide assistance with pilots and innovation.
- You will be a flagship trust, as well as being a representative of the central team at NHS England
- The relationship between clinical, catering, domestics, estates and other MDTs
- Having a set of trusts that have stepped forward to regularly be involved in conversations will strengthen the partnership working with colleagues involved in healthcare Soft FM



# National Cleaning Standards implementation Royal Surrey Exemplar Trust



Royal Surrey team and Medirest team engaged with infection control to look at:

- Developing a cleaning policy document and getting it signed off including
  - Board sponsor
  - Risk category migration
  - Cleaning frequency
  - Responsibilities framework
  - Cleanliness charters
- Standards fully implemented from 1<sup>st</sup> April 2022



# National Cleaning Standards

## Lessons Learnt

- Level of engagement with E&F and IPC. Where there is engagement from the Trust and all parties then the cleaning standards discussions and implementation have been very smooth.
- Where engagement has been more challenging, it has been more difficult to implement the standards.
- There has also been issues around COVID especially for trusts really in the thick of it, as this has been their main the priority delaying some trusts implementation and engagement.
- It also depends very much on Trusts approach and whether Trusts are undertaking a route and branch review or migrating their current cleaning standards to the new standards, if they were already on the 2007 NoSC.



**Thank you for listening**

**Any Questions?**

