# ENVIRONMENTAL CLEANLINESS POLICY

## Policy Checklist

<table>
<thead>
<tr>
<th>Name of Policy:</th>
<th>Environmental Cleanliness</th>
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</thead>
<tbody>
<tr>
<td>Purpose of Policy:</td>
<td>To ensure that the Trust has in place suitable and robust governance arrangements to support the delivery and maintenance of the highest possible standards of environmental cleanliness.</td>
</tr>
<tr>
<td>Directorate responsible for Policy:</td>
<td>Acute Services</td>
</tr>
<tr>
<td>Name &amp; Title of Author:</td>
<td>Brenda Cullen, Locality Support Services Manager, Functional Support Services</td>
</tr>
<tr>
<td>Does this meet criteria of a Policy?:</td>
<td>Yes</td>
</tr>
<tr>
<td>Staff side consultation?:</td>
<td>Yes</td>
</tr>
<tr>
<td>Equality Screened by:</td>
<td>Brenda Cullen, Locality Support Services Manager, Functional Support Services</td>
</tr>
<tr>
<td>Date Policy submitted to RM&amp;PC:</td>
<td>12 December 2011</td>
</tr>
</tbody>
</table>

Members of RM&PC in Attendance: Vivienne Toal, Head of Employee Engagement & Relations (Chair), Anita Carroll, Assistant Director of Acute Services – Functional Support Services, Siobhan Hanna, Assistant Director of Informatics, Carmel Harney, Assistant Director of Allied Health Professionals, Governance & Workforce Planning, Mary McIntosh, Assistant Director of Social Work Services/Governance/Workforce Development & Training, Danny McKeveit, Head of Specialist Estate Services, Trevor Burns, Fire Safety Manager, (Specialist Estates), Stephen McNally, Director of Finance & Procurement, John Rafferty, Acting Head of Residential Care (for Brendan Whittle), Fiona Wright, Assistant Director of Nursing Services, Governance & Workforce Planning.

| Policy Approved/Rejected/Amended: | Approved |
| Communication Plan required?: | Place on Trust Intranet |
| Training Plan required?: | Yes/no/not applicable |
| Implementation Plan required?: | Yes/no/not applicable |
| Any other comments: | |
| Date presented to SMT: | 30th January 2008 |
| Director Responsible: | Director of Acute Services |
| SMT Approved: | 30th January 2008 |
| (Final approval by Trust Board 26 February 2008) |

SMT Comments

| Date received by Employee Engagement & Relations for database/intranet/internet: | 2 December 2011 |
### POLICY DOCUMENT – VERSION CONTROL SHEET

| Title | Title: Environmental Cleanliness Policy  
Version: 1_1  
Reference number/document name: |
|-------|---------------------------------------------------------------------------------------|
| Supersedes | Supersedes: Version 1  
Description of Amendments(s)/Previous Policy or Version: As below. |
| Originator | Name of Author: Brenda Cullen  
Title: Locality Support Services Manager, Functional Support Services |
| RM/Policy Committee  
& SMT approval | Referred for approval by:  
Date of Referral:  
RM/Policy Committee Approval (Date) 12 December 2011  
SMT approval (Date) 30<sup>th</sup> January 2008; Trust Board Approval: 26<sup>th</sup> February 2008 |
| Circulation | Issue Date:  
Circulated By:  
Issued To: |
| Review | Review Dates:  
January 2009 - Responsibility of (Name): Brenda Cullen  
Title: Locality Support Services Manager, Functional Support Services  
Nov 2011 - Responsibility of (Name): Brenda Cullen  
Title: Locality Support Services Manager, Functional Support Services |

**Circulation List:**
## Change Log

<table>
<thead>
<tr>
<th>Version</th>
<th>Date</th>
<th>Author</th>
<th>Notes on Revision/Modifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>January 2008</td>
<td>Brenda Cullen</td>
<td></td>
</tr>
<tr>
<td>1.0</td>
<td>January 2009</td>
<td>Brenda Cullen</td>
<td>No changes</td>
</tr>
<tr>
<td>1.1</td>
<td>November 2011</td>
<td>Brenda Cullen</td>
<td>Legislation/ Guidance updated</td>
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</table>
1.0 **Introduction**

1.1 The Southern Health and Social Care Trust (hereafter referred to as the “Trust”) Environmental Cleanliness Policy is based on the DHSSPS “Cleanliness Matters – A Regional Strategy for Improving the Standard of Environmental Cleanliness in HSS Trusts 2005-2008”.

1.2 A high quality environment is essential for the delivery of health and social care services and needs to be supported by high standards of environmental cleanliness.

1.3 This policy has been developed in accordance with the Trust’s Key Principles for policy development.

1.4 This policy has been developed in consultation with the appropriate internal stakeholders.

2.0 **Purpose and Aims**

The purpose and aims of this policy are to:

2.1 Ensure that the Trust has in place suitable and robust governance arrangements to support the delivery and maintenance of the highest possible standards of environmental cleanliness. This will include the establishment of a Trust Environmental Cleanliness Committee.

2.2 Support the development and maintenance of a cleanliness matters culture within the Trust that recognises that cleanliness is everyone’s responsibility.

2.3 Ensure Board level responsibility for environmental cleanliness is clearly defined and there are clear lines of accountability throughout the Trust leading to the Board.

2.4 Support the development of appropriate systems and processes to co-ordinate and manage Trust wide environmental cleanliness issues to ensure consistency in approach and delivery of service standards.

2.5 Ensure that views of service users and staff on the quality of environmental cleanliness are taken into account and integrated into the planning, implementation and monitoring process for environmental cleanliness standards.

2.6 Adopt a risk based approach to environmental cleanliness to ensure that the most appropriate cleaning methods and frequencies are applied to each functional area proportionate to the relevant risks.
2.7 Ensure that Trust facilities and fixtures are maintained to an acceptable condition to enable the effective and safe cleaning of the service user environment and new facilities are designed to provide easier “cleanability”.

2.8 Support the development of Human Resource Strategies for cleaning staff to ensure that staff have the necessary knowledge, skills and capability to deliver the highest possible standards of environmental cleanliness.

2.9 Ensure that appropriate levels of monitoring, audit and benchmarking are undertaken.

3.0 Policy Statement

3.1 The Trust has a duty to ensure that high standards of environmental cleanliness are met and maintained.

3.2 The Trust will ensure that the highest possible standards of environmental cleanliness are achieved and will satisfy service users that health and social care facilities are clean and are being kept clean, thereby creating and sustaining a caring environment that supports the delivery of high quality health and social care.

4.0 Scope of the Policy

4.1 This policy applies to all sites across the Trust.

4.2 All Trust employees must adhere to this Environmental Cleanliness Policy and associated procedures as cleanliness is “everyone’s responsibility”.

5.0 Roles and Responsibilities

5.1 Chief Executive

5.1.1 The Trust’s Chief Executive, as “Accountable Officer” has overall responsibility for ensuring the aims of this policy are met.

5.1.2 The Chief Executive delegates the day to day responsibility for establishing and monitoring the implementation of this policy to Directors.

5.1.3 The Chief Executive is responsible for ensuring periodic review of the Trust Management of Environmental Cleanliness.
5.2 **Director of Acute Services**

5.2.1 The Director of Acute Services is the designated Executive Director with lead responsibility for Environmental Cleanliness.

5.2.2 The Director of Acute Services will report to SMT Governance Committee and Trust Board on matters relating to Environmental Cleanliness.

5.3 **Senior Management**

5.3.1 All Trust Directors, Assistant Directors, Heads of Service and Senior Managers including Ward Managers and Heads of Homes/Facilities have responsibility for ensuring the highest standards of environmental cleanliness within the areas of their remit and control and for ensuring that procedures are fully implemented and monitored as part of the Trust’s integrated governance arrangements.

5.3.2 Senior Managers, Ward Managers and Heads of Homes/Facilities have responsibility for ensuring that “departmental” audits are undertaken at the required frequency levels and they should lead the audit or delegate responsibility to an appropriate member of staff.

5.3.3 Locality Support Managers have responsibility for the day to day management and provision of domestic services and to liaise closely with senior colleagues to ensure high standards of environmental cleanliness in Trust facilities.

5.4 **Assistant Director of Acute Services – Functional Support Services**

5.4.1 The Assistant Director is responsible for ensuring that adequate staffing levels are maintained within domestic services and that staff are trained to an appropriate level to undertake cleaning tasks effectively.

5.4.2 The Assistant Director has responsibility for the monitoring of environmental cleanliness standards throughout the Trust.

5.4.3 The Assistant Director has responsibility for developing and advising on the implementation of the Trust policy and procedural arrangements for environmental cleanliness.

5.4.4 The Assistant Director will chair the Environmental Cleanliness Committee.
5.5 **Director of Performance and Reform**

5.5.1 The Director has responsibility for ensuring that Trust facilities and fixtures are maintained to an acceptable condition to enable the effective and safe cleaning of the environment. Where resources are scarce, a risk based approach should be adopted.

5.5.2 The Director has responsibility for ensuring that the design of new and refurbished facilities takes account of environmental cleanliness.

5.6 **Trust Environmental Cleanliness Committee**

The remit of the Environmental Cleanliness Committee is to ensure that a high level of environmental cleanliness is achieved and maintained throughout the Trust.

The Trust Environmental Cleanliness Committee is responsible for:-

5.6.1 The development and implementation of the Environmental Cleanliness Policy and supporting procedures and guidelines.

5.6.2 Ensuring periodic review of compliance with the Environmental Cleanliness Controls Assurance Standard.

5.6.3 The development and implementation of an annual Environmental Cleanliness action plan.

5.6.4 Monitor and review of Environmental Cleanliness audit arrangements and outcomes to ensure they are working effectively and that high standards are being delivered.

5.6.5 Ensuring there are sufficient resources to support the delivery of a high level of Environmental Cleanliness.

6.0 **Legislative Compliance, Relevant Policies, Procedures and Guidance**

6.1 Staff must comply with relevant guidance and other DHSSPS publications including the following:-


• DHSSPS Controls Assurance Standard on Environmental Cleanliness (April 2010).


• Medicines and Healthcare Products Regulatory Agency (MHRA): Sterilisation, Disinfection and Cleaning of Medical Equipment: Guidance on Decontamination from the Microbiology Advisory Committee to Department of Health. MHRA (MAC Manual)

• Revised Healthcare Cleaning Manual (2009)

• NPSA recommended cleaning frequencies

• DHSSPS Regional Healthcare Hygiene and Cleanliness Standards and Audit Tool (2011)

• All other Statutory guidance and circulars relevant to this policy are listed in the HPSS Controls Assurance Standard for Environmental Cleanliness and can be located at http://www.dhsspsni.gov.uk/index/hss/governance/governance-controls.htm

7.0 Equality and Human Rights Considerations

7.1 This policy has been screened for equality implications as required by Section 75, Schedule 9, of the Northern Ireland Act, 1998. Equality Commission for Northern Ireland guidance states that the purpose of screening is to identify those policies which are likely to have a significant impact on equality of opportunity so that greatest resources can be targeted at them.

7.2 Using the Equality Commission’s screening criteria, no significant equality implications have been identified. This policy will therefore not be subject to an equality impact assessment.

7.3 This policy has been considered under the terms of the Human Rights Act, 1998, and was deemed to be compatible with the European Convention Rights contained in that Act.

7.4 This policy will be included in the Trust’s register of screening documentation and maintained for inspection whilst it remains in force.
7.5 This document can be made available on request in alternative formats, eg Braille, disc, audio cassette and in other languages to meet the needs of those who are not fluent in English.

8.0 **Policy Approval**

8.1 During development, this policy was considered in draft form by the Assistant Director of Acute Services – Functional Support Services and the Lead Infection Control Nurse, and circulated for consultation to Trust Directors and Assistant Directors.

8.2 This policy was presented in final draft and approved by the Trust Records Management and Policy Committee on 14th January 2008.

8.3 This policy was presented in final draft and approved by the Trust Senior Management Team at its meeting on 30th January 2008.

9.0 **Policy Implementation, Training and Education**

9.1 The Assistant Director of Acute Services – Functional Support Services will ensure the provision of any necessary training with regard to this policy.

9.2 A copy of version 1.0 of this policy was placed on the Trust’s intranet on 23rd June 2008.

9.4 All Trust Managers must ensure that their staff have access to this policy, understand its content and are aware of its aims and purpose immediately upon its release.

9.5 All Trust staff must comply with this policy.

10.0 **Review of Policy**

10.1 The Trust is committed to ensuring that all policies are kept under review to ensure that they remain compliant with relevant legislation.

10.2 This policy will be reviewed by the Environmental Cleanliness Committee in November 2013, or earlier if relevant guidance is issued. That review will be noted on a subsequent version of this policy, even where there are no substantive changes made or required.

11.0 **Sources of Advice and Further Information**

11.1 Further advice and information regarding this document can be obtained from the Assistant Director of Acute Services – Functional Support Services.