Addendum A **Equality Impact Assessment Summary**
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Policy/Service: Operational Cleaning Policy

Background

- Description of the aims of the policy
- Context in which the policy operates
- Who was involved in the Process

- **Description of the aims of the policy**

The cleanliness of any hospital environment is important for infection control and patient well being. Cleaning staff play an important role in quality improvement, in the confidence the public has in hospitals, and in reducing infection related risks.

The National standards for cleanliness in the NHS, published in 2001, were developed following consultation with experts and professionals in the fields of cleanliness and infection control in order to raise standards of cleanliness to an acceptable level throughout the NHS.

- **Context in which the policy operates**

The purpose of developing a plan for cleaning is to provide focus for this important initiative and this was first issued in 2003.

It was necessary to develop a plan to reflect the publication of the Matrons charter and the revised contract for cleaning (National specifications for cleanliness), issued in April and December 2004 respectively. The latter document replaced much of the original National standards for cleanliness in the NHS. The plan for cleaning details where we are, where we want to be and how we get there. As changes are put in place, and as new directives, initiatives and influences appear, we will update this document so that it continues to accurately reflect our progress.

The revised National specification for cleanliness recognises that, whilst many improvements in the standards of cleanliness have been made over recent years within in the NHS, there is still much work to be done. All too often, cleaning contracts (in-house or out-sourced) are driven by price, with insufficient focus and weighting being placed on quality. This new document clearly sets out the minimum cleaning frequencies in order for hospitals to achieve the national specifications.

- **Who was involved in the Process**

- Hotel Services Manager
- Housekeeping Manager
- Non Clinical risk committee
- Housekeeping Supervisors

Methodology

- A brief account of how the likely effects of the policy was assessed (to include race and ethnic origin, disability, gender, culture, religion or belief, sexual orientation, age)
- The data sources and any other information used
- The consultation that was carried out (who, why and how?)

The policy looks at the managerial aspects of cleanliness and does not impact on staff directly i.e. the national cleaning specification is adhered to.

The managerial aspect of the policy which includes auditing is conducted by band 3 staff and above, therefore they have the required competence and communication skills to undertake the role.

There is a requirement in the job descriptions and person specifications for band 3 employees and above to have good communication skills which are adequate for the task.

Consultation on the policy was carried out by first agreeing what staff groups were responsible for cleaning, as set out in the National Cleaning Specification guidance. Once agreement was achieved this policy was written to encompass the agreed standards required. The policy was then distributed for all the above staff to make further comment. Finally put on

the Trust intranet for all staff to see and make comment. Performance and monitoring of the policy is carried out by senior management who report to the Trust Board quarterly.
Key Findings • Describe the results of the assessment • Identify if there is adverse or a potentially adverse impacts for any equalities groups
No issues identified
Conclusion • Provide a summary of the overall conclusions
The policy is a management tool used to ensure the Department of Health guidelines on cleanliness and monitoring takes place and that the Housekeeping Department is adequately resourced. Staffs who use this policy as guidance are competent Supervisory/ Management employees who will have adequate communication skills to undertake the role but it is recognised that some staff will need additional support to access documents, for example, some staff where English is not a first language. The auditing tools used are produced in Plain English
Recommendations • State recommended changes to the proposed policy as a result of the impact assessment • Where it has not been possible to amend the policy, provide the detail of any actions that have been identified • Describe the plans for reviewing the assessment
The policy has a review date on which will include a more robust impact assessment.

Guidance on Equalities Groups

Race and Ethnic origin (includes gypsies and travellers) (consider communication, access to information on services and employment, and ease of access to services and employment)	**Religion or belief** (include dress, individual care needs, family relationships, dietary requirements and spiritual needs for consideration)
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)	**Sexual orientation including lesbian, gay and bisexual people** (consider whether the policy/service promotes a culture of openness and takes account of individual needs
Gender (consider care needs and employment issues, identify and remove or justify terms which are gender specific)	**Age** (consider any barriers to accessing services or employment, identify and remove or justify terms which could be ageist, for example, using titles of senior or

	junior)
Culture (consider dietary requirements, family relationships and individual care needs)	**Social class** (consider ability to access services and information, for example, is information provided in plain English?)