

## **Equality Impact Assessment**

### **Section A: Assessment**

#### **Name of Policy – Cleaning Strategy**

**Person/persons conducting this assessment with Contact Details** – Neil Paul ext 46593

**Date** – 15 June 2015

#### **1. The Policy**

##### **Is this a new or existing policy?**

Existing

##### **What is the purpose of the policy?**

This strategy offers a clear direction for the organisation to take forward this important area of work. It will support the reduction of risk to patients and the UHB. The strategy updates the original cleaning strategy produced in 2010 and has been developed in conjunction with the Hospital Environment Steering Group (HESG) chaired by the Deputy Director of Nursing. In line with the requirements of the revised '*National Standards for Cleaning in NHS Wales (Oct 2009)*' a baseline assessment was carried out in 2010 this has been updated.

As detailed in the UHB Integrated Medium Term Plan '*Progressing Our Future, Caring for People Keeping People Well*' the UHB has an ambition to move resources from hospital services to community and primary care with the aim of providing services closer to home. The UHB intends to focus greater attention and capacity into this area to ensure that this is achieved. In addition, the South Wales Programme, and the South Wales Health Collaborative has commenced a review of acute medical and surgical services in the region. Any future changes to the configuration of these services will require collaborative working to ensure that cleaning services are flexible enough to respond to the change in direction.

##### **How do the aims of the policy fit in with corporate priorities? i.e. Corporate Plan**

Ensuring all clinical and non clinical areas are clean and safe is an essential component in the provision of effective healthcare. A clean and tidy environment is an outward demonstration of the quality of the service provided by the UHB and contributes to the right setting for good patient care.

The UHB has a significant and challenging Patient Quality, Safety and Experience agenda to progress across the organisation. However, it is recognised that like all NHS organisations there is a need to continue to pay increased attention to how we improve the quality and safety of the services we provide as well as ensuring an excellent patient experience. This applies equally to non patient as well as direct patient care. Therefore, **Organising for Excellence** has at its heart, arrangements to ensure services commissioned and provided by the Health Board have patients, their quality, safety and care experience at its centre and this strategy document aims to support the aims and values of the organisation by avoiding waste, harm and variation; offering excellent services; working better together and embedding in the team the values which the organisation expects from staff. To this end a clean and tidy environment is a fundamental expectation of patients and contributes to the prevention and control of healthcare acquired infections.

Cleanliness and infection control are closely linked in the public consciousness but whilst cleanliness contributes to infection control, preventing infections requires more than just simple cleanliness. In October 2009 a revised cleanliness standards document '*National Standards for Cleaning in NHS Wales (Oct 2009)*' identified a requirement to develop a cleaning strategy. It is also recognised in the standards, that the cleanliness of any hospital environment is important for infection control and patient well-being and that cleaning staff play an important role in quality improvement. In recent years improving cleanliness in hospitals has taken on a higher profile and is now a key element of how each hospital's performance is judged. This is assessed in a number of ways and features as part of the Hospital Patient Environment annual inspections, Community Health Council announced and unannounced visits, and Health Inspectorate Wales inspections. The revision also took account of changes occurring since the original Standards were published, specifically, but not restricted to '*Free to Lead Free to Care: Empowering Ward Sisters/Charge Nurses Ministerial Task and Finish Group (June 2009)*'. The Standards also reflect infection control best practice guidance contained in '*Healthcare Associated Infections – A Strategy for Hospitals in Wales*' and '*Healthcare Associated Infections – A Community Strategy for Wales*'. The standards of cleanliness are a standing agenda item of the HESG.

### **Who will benefit from the policy?**

The strategy applies to all patients, visitors, contractors, students, and staff employed by Cardiff and Vale UHB, including those with honorary contracts whilst working at or visiting UHB premises. Ensuring all clinical and non clinical areas are clean and safe is an essential component in the provision of effective healthcare. A clean and tidy environment is an outward demonstration of the quality of the service provided by the UHB and contributes to the right setting for good patient care.

Whilst independent contractors are not mandated to adhere to the strategy within their premises it does support a framework for good practice and may be complimentary to guidance already adopted within their setting.

### **What outcomes are wanted from this policy?**

Ensuring all clinical and non clinical areas are clean and safe is an essential component in the provision of effective healthcare. A clean and tidy environment is an outward demonstration of the quality of the service provided by the UHB and contributes to the right setting for good patient care. Compliance with the '*National Standards for Cleaning in NHS Wales (Oct 2009)*' for all risk categories contained within the

Standards is paramount. Scoring of audits provides an objective relative assessment of the cleanliness of the healthcare facility. Audits will be regular and discussed with the Charge Nurse/Ward Manager/ departmental managers and reviewed as appropriate. The scores will be reported to the board through the Healthcare Environment Steering Group. The indicative aims for each of the four risk categories are;

- Very High Risk           98%
- High Risk                 95%
- Significant Risk         85%
- Low Risk                 75%

**Are there any factors that might prevent outcomes being achieved? (e.g. Training/practice/culture/human or financial resources)**

There are a number of factors that may prevent the outcomes being achieved and these include but are not limited to the following;

- **Internal major incident** – e.g. Flood, loss of power, industrial action
- **External major incident**
- **Poor state on the environment** - that prevents the housekeeping staff cleaning to the required standard
- **Ward teams** must ensure that there is no or minimum clutter on wards that prevents the housekeeping staff cleaning to the required standard
- **Delays in Recruitment** – Shared Services Recruitment must recruit on a timely basis and expedite reference and Occupational Health Checks. Housekeeping staff are only required to give one weeks notice therefore in order to avoid shortfalls in staffing levels vacant posts require filling as quickly as possible.
- **Opening of additional bed capacity** – There are times when it is necessary for the UHB to open additional bed capacity, as this is usually an interim arrangement it reduces the pool of housekeeping staff in real terms. The extra capacity is supported by taking housekeeping staff away from their normal ward area.
- **Back filling vacated areas** - The consequences of this action is the same as for opening additional bed capacity
- **IP&C Outbreak** – Whenever there is a C.Diff or Norovirus outbreaks the wards affected require deep cleaning and double cleans which reduces the availability of housekeeping staff in other areas.

## 2. Data Collection

What qualitative data do you have about the policy relating to equalities groups (e.g. monitoring data on proportions of service users compared to proportions in the population)?

What quantitative data do you have on the different groups<sup>16</sup> (e.g. findings from discussion groups, information from comparator authorities)?

Please indicate the source of the data gathered? (e.g. Concerns/Service/Department/Team/Other)

What gaps in data have you identified? (Please put actions to address this in your action plan?)

An internet search was conducted on 17<sup>th</sup> June 2015 included the following terms ; - “National Cleaning Standards for NHS Wales Impact Assessment”.

The examples below though not exhaustive, provide an overall view of the evidence that suggests that this strategy will have a positive impact as it is about keeping our patients safe regardless of who they are and what service the use.

[http://www2.nphs.wales.nhs.uk:8080/PHWPoliciesDocs.nsf/85c50756737f79ac80256f2700534ea3/3a9726e580ee321c80257752005293f5/\\$FILE/Environmental%20cleanliness%20policy%20final%20draft%2011.07.13.docx](http://www2.nphs.wales.nhs.uk:8080/PHWPoliciesDocs.nsf/85c50756737f79ac80256f2700534ea3/3a9726e580ee321c80257752005293f5/$FILE/Environmental%20cleanliness%20policy%20final%20draft%2011.07.13.docx)

[http://www.nelft.nhs.uk/documentbank/Strategic\\_Cleaning\\_Policy\\_RM023.pdf](http://www.nelft.nhs.uk/documentbank/Strategic_Cleaning_Policy_RM023.pdf)

The trust found no evidence to suggest that there would be any impact on any of the protected characteristics.

<http://nrls.npsa.nhs.uk/EasySiteWeb/getresource.axd?AssetID=60123&type=full&servicetype=Attachment>

<http://www.nhft.nhs.uk/documentHandler.cfm?dld=3649&pflag=docm93jjim4n3649>.

<http://www.somerset.nhs.uk/EasySiteWeb/GatewayLink.aspx?allId=10636>

<http://www.tsdhc.nhs.uk/publications/TSDHC/Cleaning%20Policy.pdf>

## Other evidence

[https://www.google.co.uk/search?hl=en-GB&source=hp&biw=&bih=&q=cleaning+materials+and+headaches%2Fmigraines&gbv=2&oq=cleaning+materials+and+headache%2Fmigraines&gs\\_l=heirloom-hp.12...2028.16240.0.18221.42.13.0.29.29.0.156.1328.6j7.13.0....0...1ac.1.34.heirloom-hp..19.23.1514.j5uctBEBYcs](https://www.google.co.uk/search?hl=en-GB&source=hp&biw=&bih=&q=cleaning+materials+and+headaches%2Fmigraines&gbv=2&oq=cleaning+materials+and+headache%2Fmigraines&gs_l=heirloom-hp.12...2028.16240.0.18221.42.13.0.29.29.0.156.1328.6j7.13.0....0...1ac.1.34.heirloom-hp..19.23.1514.j5uctBEBYcs)

The above overall search on Google on the 30 June 2015 produced numerous articles about cleaning products. Many cleaning products and materials can contain strong scents that cause headaches and migraines. Migraines can come under the Equality Act as a disability if it is on a daily basis. Some of the example links are provided below.

<http://www.nhs.uk/Livewell/headaches/Pages/Headachetriggers.aspx>

<http://www.everydayhealth.com/headache-migraine-pictures/top-10-migraine-triggers.aspx>

<http://www.joybauer.com/migraine-headaches/about-migraines.aspx>

<http://www.dailymail.co.uk/health/article-2530407/The-smells-migrane-Onions-fatty-foods-cleaning-products-trigger-horrendous-headaches.html>

### **3. Impact**

Please answer the following

Consider the information gathered in section 2 above of this assessment form, comparing monitoring information with census data as appropriate (see [www.ons.gov.uk](http://www.ons.gov.uk) Office National Statistics website) and considering any other earlier research or consultation. You should also look at the guidance in Appendix 1 with regard to the protected characteristics **stating the impact and giving the key reasons for your decision.**

**Do you think that the policy impacts on people because of their age?** (This includes children and young people up to 18 and older people)

Yes the strategy is consistent in its approach to providing a clean and welcoming environment for patients, visitors and staff while using the facilities within all UHB premises. From the information gathered any impact is positive. Clearly stated management

arrangements are required to ensure corporate and clinical governance is achieved. These will be achieved by Executive leadership, which will engender a culture of engagement from the Clinical Boards and with the Clinical Board Nurses working with Operational Services to ensure the best patient environment possible.

**Do you think that the policy impacts on people because of their caring responsibilities?**

Yes the strategy is consistent in its approach to providing a clean and welcoming environment for patients, visitors and staff while using the facilities within all UHB premises. From the information gathered any impact is positive. Clearly stated management arrangements are required to ensure corporate and clinical governance is achieved. These will be achieved by Executive leadership, which will engender a culture of engagement from the Clinical Boards and with the Clinical Board Nurses working with Operational Services to ensure the best patient environment possible.

**Do you think that the policy impacts on people because of their disability?** (This includes Visual impairment, hearing impairment, physically disabled, Learning disability, some mental health issues, HIV positive, multiple sclerosis, cancer, diabetes and epilepsy.)

The strategy is consistent in its approach to providing a clean and welcoming environment for patients, visitors and staff while using the facilities within all UHB premises. However from the evidence about the debilitating affect of some cleaning products as a cause of migraines it is recognised that there might be a low negative impact. Should the UHB be aware of the impact of cleaning products it will act to mitigate against this by using low odour or odour free products. Clearly stated management arrangements are required to ensure corporate and clinical governance is achieved. These will be achieved by Executive leadership, which will engender a culture of engagement from the Clinical Boards and with the Clinical Board Nurses working with Operational Services to ensure the best patient environment possible. Consideration has also been given to those with a visual impairment and clearly contrasted signs are provided.

**Do you think that the policy impacts on people because of Gender reassignment?** (This includes Trans transgender and transvestites)

Yes the strategy is consistent in its approach to providing a clean and welcoming environment for patients, visitors and staff while using the facilities within all UHB premises. From the information gathered any impact is positive. Clearly stated management arrangements are required to ensure corporate and clinical governance is achieved. These will be achieved by Executive leadership, which will engender a culture of engagement from the Clinical Boards and with the Clinical Board Nurses working with Operational Services to ensure the best patient environment possible.

**Do you think that the policy impacts on people because of their being married or in a civil partnership?**

Yes the strategy is consistent in its approach to providing a clean and welcoming environment for patients, visitors and staff while using the facilities within all UHB premises. From the information gathered any impact is positive. Clearly stated management arrangements are required to ensure corporate and clinical governance is achieved. These will be achieved by Executive leadership, which will engender a culture of engagement from the Clinical Boards and with the Clinical Board Nurses working with Operational Services to ensure the best patient environment possible.

**Do you think that the policy impacts on people because of their being pregnant or just having had a baby?**

Yes the strategy is consistent in its approach to providing a clean and welcoming environment for patients, visitors and staff while using the facilities within all UHB premises. From the information gathered any impact is positive. Clearly stated management arrangements are required to ensure corporate and clinical governance is achieved. These will be achieved by Executive Leadership, which will engender a culture of engagement from the Clinical Boards and with the Clinical Board Nurses working with Operational Services to ensure the best patient environment possible.

**Do you think that the policy impacts on people because of their race? (This includes colour, nationality and citizenship or ethnic or national origin such as Gypsy and Traveller Communities.)**

Yes the strategy is consistent in its approach to providing a clean and welcoming environment for patients, visitors and staff while using the facilities within all UHB premises. From the information gathered any impact is positive. Clearly stated management arrangements are required to ensure corporate and clinical governance is achieved. These will be achieved by Executive leadership, which will engender a culture of engagement from the Clinical Boards and with the Clinical Board Nurses working with Operational Services to ensure the best patient environment possible.

**Do you think that the policy impacts on people because of their religion, belief or non-belief? (Religious groups cover a wide range of groupings the most of which are Buddhist, Christians, Hindus, Jews, Muslims, and Sikhs. Consider these categories individually and collectively when considering impacts)**

Yes the strategy is consistent in its approach to providing a clean and welcoming environment for patients, visitors and staff while using the facilities within all UHB premises. From the information gathered any impact is positive. Clearly stated management arrangements are required to ensure corporate and clinical governance is achieved. These will be achieved by Executive

leadership, which will engender a culture of engagement from the Clinical Boards and with the Clinical Board Nurses working with Operational Services to ensure the best patient environment possible.

**Do you think that the policy impacts on men and woman in different ways?**

No the strategy is consistent in its approach to providing a clean and welcoming environment for patients, visitors and staff while using the facilities within all UHB premises. From the information gathered any impact is neutral and at best positive. Clearly stated management arrangements are required to ensure corporate and clinical governance is achieved. These will be achieved by Executive leadership, which will engender a culture of engagement from the Clinical Boards and with the Clinical Board Nurses working with Operational Services to ensure the best patient environment possible.

**Do you think that the policy impacts on people because of their sexual orientation?** (This includes Gay men, heterosexuals, lesbians and bisexuals)

Yes the strategy is consistent in its approach to providing a clean and welcoming environment for patients, visitors and staff while using the facilities within all UHB premises. From the information gathered any impact is positive. Clearly stated management arrangements are required to ensure corporate and clinical governance is achieved. These will be achieved by Executive leadership, which will engender a culture of engagement from the Clinical Boards and with the Clinical Board Nurses working with Operational Services to ensure the best patient environment possible.

**Do you think that the policy impacts on people because of their Welsh language?**

Yes the strategy is consistent in its approach to providing a clean and welcoming environment for patients, visitors and staff while using the facilities within all UHB premises. From the information gathered any impact is positive. Clearly stated management arrangements are required to ensure corporate and clinical governance is achieved. These will be achieved by Executive leadership, which will engender a culture of engagement from the Clinical Boards and with the Clinical Board Nurses working with Operational Services to ensure the best patient environment possible. In order for the organisation to inform patients, visitors, and staff about cleaning signs should be bilingual.

**4. Summary.**

Which equality groups have positive or negative impacts been identified for (i.e. differential impact).

- There is a positive impact on all patients, visitors and staff from having a clean environment.



Is the policy directly or indirectly discriminatory under the equalities legislation?

- The strategy does not appear to be directly or indirectly discriminatory but we are aware that there might be issues around disability that we take account of in the Action Plan

If the policy is indirectly discriminatory can it be justified under the relevant legislation?

- Not applicable

## Appendix 3

### Cardiff and Vale University Health Board Action Plan

#### Section B: Action

##### 5. Please complete your action plan below. Issues you are likely to need to address include

- What **consultation** needs to take place with equality groups (bearing in mind any relevant consultation already done and any planned corporate consultation activities?)
- What **monitoring/evaluation** will be required to further assess the impact of any changes on equality target groups?

The Equality Manager and Welsh Language Officer will be consulted with re this EQIA

The Strategy has been discussed at the Healthcare Environment Strategy Group (HESG) and all comments were incorporated into the strategy. Membership of the HESG consists of;

#### **Nursing Representation**

Deputy Executive Nurse Director

Nurse Representatives from all Clinical Boards

#### **Other Representatives**

Operational Services Managers

Community Health Council Representative

Staff Side Representative

Assistant Director of Patient Experience

#### **Clinical Board Nurses**

All Clinical Board Nurses were invited to comment

## Equalities Impact Assessment Implementation Mitigation/Action Plan

Issue to be addressed	Responsible Officer	Action Required	Timescale for completion	Action Taken	Comments
The strategy will be available on the UHB Intranet site	Head of Corporate Rusk and Governance	Strategy to go on Intranet	Once the strategy has been approved		
PFI partner will be made aware of the strategy, their role and responsibilities via the bi monthly service committee meetings.	Head of Operational Services	Will be a formal agenda item at St David's PFI Service Committee	Next available service committee once the strategy has been approved		
Full copies of the strategy will be made available on request and made available in the Welsh Language medium if required.	Head of Operational Services	Copies produced upon request once the strategy approved	Once the strategy has been approved		
Potential disability issue re Migraines and sensory loss	Head of Operational Services	Use of odour free or low odour cleaning products	As appropriate to any individual request/circumstance		
All warning signage with regard to cleaning to be bilingual in both English and Welsh	Head of Operational Services	Bi lingual signs to be in place	Once the strategy has been approved		

**6. Report, publication and Review**

**Please record details of the report or file note which records the outcome of the EQIA together with any actions / recommendations being pursued (date, type of report etc)**

Quality Safety and Experience Committee -

**Please record details of where and when EQIA results will be published**

Once the strategy has been approved the documentation will be placed on the Internet and the Intranet

**Please record below when the EQIA will be subject to review.**

2018 – Three years after the approval date

**Name of person completing: Neil Paul**

**Signed** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Name of Responsible Executive/Clinical Board Director Authorising Assessment and Action Plan for publication**

\_\_\_\_\_

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## **Format for publication of EQIA results**

### **Executive Summary**

Cardiff and Vale UHB, its patients, visitors, and staff expect its healthcare facilities to be clean and welcoming. Patients in particular have a right to expect a clean welcoming environment at all times, but particularly when they are in pain and feel threatened by unfamiliar surroundings. A healthcare facility that appears dirty, untidy, and uncared for may lead patients to think that the care it offers is also poor. Staff may also feel demoralised and not give of their best. The strategy sets out the National Standards of Cleanliness that applies to all of the UHB premises where patient services are delivered. It is recognised that the nature of the facilities vary widely according to local circumstances and services provided at the venue, (patient mix, age, disability etc). Based on the research found and the Equality Impact Assessment looked at the strategy has an overall positive or neutral impact on all of the protected characteristics. Welsh language issues will be addressed by the policy being made available in the language upon request. There is no equality based reason as to why the strategy could not or should not go ahead.

### **Background**

This strategy offers a clear direction for the organisation to take forward this important area of work. It will support the reduction of risk to patients and the UHB.

A major theme of the three year plan is a focus on primary care with a shift of resources out of secondary care with the intention of maximising the opportunities of integration. Further progress will be made in respect of this in 2015/16, with work ongoing during the year to make significant transformational changes in 2016/17. As detailed in the UHB Integrated Medium Term Plan *'Progressing Our Future, Caring for People Keeping People Well'* the UHB has an ambition to move resources from hospital services to community and primary care with the aim of providing services closer to home. The UHB intends to focus greater attention and capacity into this area to ensure that this is achieved. In addition, the South Wales Programme, and the South Wales Health Collaborative has commenced a review of acute medical and surgical services in the region. Any future changes to the configuration of these services will require collaborative working to ensure that cleaning services are flexible enough to respond to the change in direction

In April 2015 the Minister for Health and Social Services launched the 'Health and Care Standards', these replaced 'Doing Well, Doing Better' Standards for Health Services in Wales. The Health and Care Standards set out what the population can expect from their health service and applies to all types of services regardless of size and settings. These standards are used to plan, design, develop and improve services across all healthcare settings.

## **The scope of the EQIA**

The strategy is consistent in its positive approach to providing a clean and tidy environment to patients, visitors, and staff using the UHB premises. Information was sourced from legal documentation, Google search engine and Welsh government directives as well as consultation via the Healthcare Environment Steering Group, staff side, CHC members and other staff members.

Executive Board Members including the Nurse Director were also consulted with and the Executive Director of Planning inputted into the strategy.

## **Key findings**

The key finding is that there is a beneficial impact on all users of our services. There is a particular benefit for those who could be long term users or inpatients.

It is noted that there is a lack of research in regard to specific areas of equality. However, any gaps in the research are not the responsibility of the health board.

## **Recommendations**

In conclusion, there is nothing from an equality perspective that should prevent the strategy going ahead. The positive impact of the strategy clearly expresses its intent to facilitate a clean and tidy environment for all patients, visitors, and staff irrespective of their age, caring responsibilities, disability, gender, medical condition, religious belief, and Welsh language requirements. As with any other controlled document it should be reviewed three years after receiving approval by the appropriate Committee.