Department of Health

Revised Guidance on Contracting for Cleaning

NHS Estates
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INTRODUCTION

1. Providing high quality cleaning services in healthcare facilities is a key component of delivering modern, effective healthcare. Cleanliness is also of paramount importance to patients and the public and has a role to play in the prevention and control of healthcare associated infections.

2. Following the introduction of compulsory competitive tendering, budgets for non-clinical services such as cleaning came under increasing pressure, and too often the final decision on the selection of the cleaning service provider was made on the basis of cost with insufficient weight being placed on quality outcomes. Since NHS service providers were in competition with private contractors, they too were compelled to keep their bids low in order to compete. The net effect of this was that budgets and therefore standards were vulnerable to being driven down over an extended period until, in some cases, they reached unacceptable levels.

3. Although improvements have been seen in recent years following the introduction of the Clean Hospitals Programme an the investment of an additional £68 million in cleaning, there remains concerns that price is still the main determinant in contractor selection.

4. When 'Towards Cleaner Hospitals and Lower rates of Infection' was published in July 2004, the Secretary of State undertook to produce guidance for the NHS to ensure that in future contracts for cleaning were driven by quality rather than price.

5. This document takes the first step in meeting that undertaking. It provides:-

- A best practice guide on evaluating and awarding contracts so that quality is considered alongside price;
- Revised National Specifications for Cleanliness (formerly the National Standards of Cleanliness) which set out clearly the standards which hospitals should provide as a minimum;
- The recommended minimum cleaning frequencies which need to be followed to achieve the National Specifications;
- A revised Healthcare Facilities Cleaning Manual which has been adapted into a web-based document and which will be updated regularly – and at least quarterly, to reflect changes in cleaning technologies and practices.

6. Further work will follow to supplement this Guidance and by Easter 2005 the following will also be available:-

    - A 'Ward-based cleaning management system' which will allow Matrons to be in charge of what and how often things get cleaned; set quality standards, make judgements about performance and be able to quickly put right anything that might be wrong;

- Guidance on setting performance parameters which will allow penalties for under-performance in the delivery of cleaning services to more closely reflect the issues which are of importance to linked to patients;
- Guidance on ensuring contract specifications enable contracts to be terminated as swiftly as possible in the event of serious under-performance;

7. Ministers have made it clear that it is their expectation that the guidance in this and subsequent documents will be followed by NHS Trusts, and that trusts will ensure adequate resources are provided to meet costs.

8. A wide range of people from the NHS and commercial organisations have been involved in providing expert advice for this document and we are especially grateful to the following organisations for their help in compiling various parts of this first volume;

   - The Association of Domestic Management;
   - The Infection Control Nurses Association;
   - The Hospital Infection Society;
   - The European Federation of Cleaning Industries;
   - The Cleaning and Support Services Association;
   - Commercial Organisations – Sodexho, Medirest and ISS;
   - The Patients' Association

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Chapter 1

NATIONAL CLEANING SPECIFICATIONS AND A GUIDE TO MEASURING CLEANLINESS IN HOSPITALS

Introduction

1. Hospitals need to be able to demonstrate that their wards and departments are clean – and kept clean. This evaluation is best done as a joint exercise between those who provide the service and those on the receiving end – ward staff and patients. It means that quality standards need to be set and an agreed way of measuring them put in place. Additionally hospitals need to be able to compare their performance and outcomes against others of a similar size and type. The importance of this kind of benchmarking cannot be underestimated in relation to continuous improvement and making sure that enough progress is being made against others who are the "best in class".

2. This chapter sets out a methodology by which those involved in cleaning services can establish the cleanliness of equipment, fixtures, fittings and buildings in a way which allows a whole hospital score to be calculated from a collection of area specific (e.g. ward) scores. It provides flexibility insofar that results can be established for the same equipment across a whole hospital site (e.g. all beds), parts of buildings (e.g. all stairwells), all wards or departments or groupings of wards etc. This allows any variations in quality across similar areas to be identified and the causes addressed.

3. It also sets out the quality standards expected in relation to 49 'Elements' (equipment, fixtures, fittings and buildings or parts thereof), which are assessed within a room or a range of rooms which form natural counting blocks (e.g. wards) which are known as Functional Areas. It also acknowledges the fact that different areas of the hospital have different levels of risk associated with them and for that reason four categories are defined;

    - Very High;
    - High;
    - Significant;
    - Low.

    Each has been assigned a different level of cleaning importance to deal with the varying clinical needs.

4. The methodology suggests the minimum frequency at which formal monitoring/auditing should take place relative to the above mentioned risk categories - which is in addition to informal monitoring systems of supervision taking place on a continuous basis:-

    Very high risk

    Over a period of a week all rooms within a very high risk functional area should be audited at least once.

    High risk

    Over a period of one month all rooms within a high risk functional area should be audited at least once.

Significant risk

Over a period of 3 months all rooms within a significant risk functional area should be audited at least once.

Low risk

Over a period of 12 months all rooms within a low risk functional area should be audited at least twice.

5. Typically the cleaning service provider is best placed to manage this monitoring system and will likely already be gathering some level of feedback and information to populate the system on a daily basis. It has been reported that when all cleaning staff are involved in using this kind of methodology, ownership for quality standards is enhanced – people like to be involved in making judgements about their performance and to receive feedback from others about how well they are doing. On the other hand it is crucial that Matrons and ward managers play an equal role. They need to be able to make decisions about how things are organised, what gets done (and when) and to make judgements about the outcomes. This system is a useful way in which to provide for both of these needs.

6. Technical Audits take place frequently and are the responsibility of both those providing the services and ward managers and their teams since there needs to be day to day agreement about the quality of outcomes. Managerial audits take place less often and act as a check by senior hospital management and clinicians that required quality standards are being provided, a comprehensive service is being delivered and resources are being deployed appropriately.

7. Taken together they provide a system whereby;

    - operational effectiveness of cleaning services can be planned for and tracked; and
    - cleaning services are properly connected to policies and procedures in other departments and the hospital as a whole at operational and strategic levels.

1. Overview

This document aims to provide a common understanding of the question ‘is this healthcare facility clean?’. The aim is to improve the quality of health service provision by ensuring that all cleaning-related risks are:

- identified;
- managed on a consistent, long-term basis, irrespective of where the responsibility for provision of cleaning services lies.

This document focuses on outcome rather than the method by which this is achieved. The use of outcome measures within similar risk categories allows direct comparison between healthcare facilities, regardless of the cleaning processes in use.

This document can be used as:

- a basis for developing specifications for service level agreements;
- a benchmark against which services can be measured;
- an aid to establishing correct staffing levels;
- part of an ongoing performance management process;
- a framework for auditing;
- a benchmark in the drive to reduce healthcare associated infection (HCAI);
- a useful support tool in improving healthcare facility users’ satisfaction levels.

2. Principles and objectives

This guidance has been developed by experienced cleaning services managers from both the NHS and private sectors along with Infection Control Nurses and are based on current best practice.

The national cleaning specifications:

- are patient and customer focused;
- provide clarity for staff responsible for healthcare cleanliness;
- enhance quality assurance systems;
- are consistent with infection control requirements;
- set clear outcome statements, which can be used as benchmarks and output indicators;
- have clear objectives that provide a foundation for service improvements.

Infection control

The Chief Executive of every trust is responsible for ensuring that there are effective arrangements for infection control throughout the trust in accordance with HSC 2000/002.

This document supports local management in planning to address risk by enabling the effectiveness of cleaning programmes to be assessed. Local Directors of Infection Prevention and Control and Infection Control committees should be involved in their use and regularly appraised of assessment findings.

Setting clear local policies

In order to ensure timely, effective action and achievement levels, policies should clearly set out the range and scope of work to be undertaken. Local policies should stipulate:

- attainment levels to be achieved;
- clear and measurable outcomes to be sought;
- systems to be used to measure outcomes;
- reports required and the managers who should receive them;
- working methods (including equipment, materials and frequencies);
- operational/training policies and procedures;
- risk assessment protocols;
- service level agreements (SLAs) for each Functional Area;
- how cleaning services operations and controls dovetail with infection control policies and procedures.

Unclear local cleaning specifications and policies could result in:

- risk to the health and safety of healthcare facility users;
- poor public image;
- lack of public confidence;
- clinical governance issues;
- poor value for money;
- poor infection prevention and control;
- litigation.

3. Identifying risk categories

All healthcare facilities should pose minimal risk to healthcare facility users. However, different functional areas represent different degrees of risk and therefore require different cleaning frequencies. For further guidance see the document of minimum cleaning frequencies issued as part of the Contract for Cleaning.

All Functional Areas should be assigned to one of four risk categories, set out below.

To ensure that auditing processes are appropriate, comprehensive and accurate, they should take place within the timeframes outlined below as a minimum.

In addition to formal auditing, informal monitoring should take place in areas where cleanliness levels are considered poor.

Very high risk functional areas

Required service level
Consistently high levels of cleanliness must be maintained. Required outcomes will only be achieved through intense and frequent cleaning.

Both informal monitoring and formal auditing of levels achieved should take place continuously. Over a period of a week, all rooms within a very high risk functional area should be audited at least once.

Functional areas
Very high risk functional areas may include operating theatres, critical care areas (or intensive care units), special care baby units, accident and emergency departments and other departments where invasive procedures are performed.

Additional internal areas
Bathrooms, staff lounges, offices and any other areas adjoining very high risk functional areas should receive the same intensive levels of cleaning.

High risk functional areas

Required service level
Outcomes should be maintained by regular and frequent cleaning with ‘spot cleaning’ in between.

Both informal monitoring and formal auditing of cleanliness levels attained should take place continuously. Over a period of one month all rooms within a high risk functional area should be audited at least once.

Functional areas
High risk functional areas may include general wards, sterile supplies, public thoroughfares and public toilets.

Additional internal areas
Bathrooms, staff lounges, offices and any other areas adjoining high risk functional areas should receive the same levels of cleaning.

Significant risk functional areas

Required service level
In these areas high levels of cleanliness are required for both hygiene and aesthetic reasons. Outcomes should be maintained by regular and frequent cleaning with 'spot cleaning' in between.

Both informal monitoring and formal auditing of cleanliness levels should take place continuously. Over a period of three months all rooms within a significant risk functional area should be audited at least once.

Functional areas
Significant risk functional areas may include pathology, out-patient departments, laboratories and mortuaries.

Additional internal areas
Bathrooms, staff lounges, offices and any other areas adjoining significant risk functional areas should receive the same intensive levels of cleaning.

Low risk functional areas

Required service level
In these areas high levels of cleanliness are required for aesthetic and, to a lesser extent, hygiene, reasons. Outcomes should be maintained by regular and frequent cleaning with 'spot cleaning' in between.

Both informal monitoring and formal auditing of cleanliness levels should take place continuously. Over a period of 12 months all rooms within a low risk functional area should be audited at least twice.

Functional areas
Low risk functional areas may include administrative areas, non-sterile supply areas, record storage and archives.

Additional internal areas
Bathrooms, staff lounges, offices and any other areas adjoining low risk functional areas should receive the same level of cleaning.

Timeframe for rectifying problems

The table below can be used to measure the importance of cleaning each element in any particular functional area. For example, a toilet in an operating theatre and a toilet in a waiting room should be equally clean. However the floor of a plant room requires less attention than the floor in a critical care area.

Elements in every room should be assigned one of the three levels of priority below.

Priority	Time frame for rectifying problems
A Constant Cleaning critical (very high risk and high risk functional areas).	Immediately, or as soon as is practically possible. Where domestic/cleaning staff are not on duty this should be the responsibility of other ward or department personnel and these responsibilities should be clearly set out and understood.

B Frequent Cleaning important and requires maintaining (significant risk functional areas).	0–3 hours for patient areas (to be rectified by daily scheduled cleaning service for non-patient areas).
C Regular On a less frequent scheduled basis, and as required between cleans (low risk functional areas).	0–48 hours.

4. Auditing

The audit process should encourage quality improvements and should not be punitive. Two levels of audit should be employed:

- technical;
- managerial;

In assessing outcomes, local decisions should be made regarding setting percentage achievement targets for:

- the overall facility(s) and trust;
- each of the risk categories;
- each of the functional areas.

Technical audits are regular audits by appropriately qualified staff which form a continuous, and inseparable part of the day-to-day management and supervision of the cleaning services.

Technical audits should be conducted as a joint exercise between the staff responsible for cleanliness and the users of the service and should include an individual nominated for this purpose by the Director of Infection Prevention and Control.

Managerial audits are planned audits that should verify cleaning outcomes of technical audits and identify areas for improvement. The audit team should consist of senior trust management, nurses and modern matrons with responsibility for:

- cleaning;
- infection control;
- board support;
- patient representation.

Audit principles

Issues to be considered when designing and implementing an audit process include:

- frequency;
- personnel;
- methodology;
- sampling;
- scoring;
- action;
- external validation;
- arbitration.

Frequency

In healthcare facilities where cleanliness levels are deemed acceptable, the following frequencies of audit are recommended:

- **technical** – in accordance with the relevant risk category;
- **managerial** – at least quarterly (usually best undertaken as rolling programme so that all aspects are reviewed in a twelve month period);

Personnel

Audits (particularly technical audits) should not be solely the responsibility of the cleaning services department. The task should be shared amongst all of the relevant stakeholders in the healthcare facility.

Managers and staff involved with audits should:

- have a detailed knowledge of healthcare facilities and procedures (with the exception of patients and patient representatives);
- be professionally competent to judge what is ‘acceptable’ in terms of cleanliness and infection prevention/control;
- be able to make discriminating judgements on risk in relation to the areas being cleaned;
- be able to make informed judgments on the extent to which existing cleaning frequencies may be insufficient.

Methodology

Audits should involve three interrelated levels of score:

- room score;
- functional area score;
- overall hospital score.

The following methodology is recommended in establishing scores for these levels:

- auditors assign a score to each individual room in the Functional Area (the room score);
- the room scores in any Functional Area are averaged to establish the score for the Functional Area itself (the Functional Area score);
- the scores of all the Functional Areas are averaged to give the overall hospital score.

Sampling

Technical audits

Technical audits should be ongoing. The regularity of reviews of Functional Areas and rooms should be undertaken in accordance with the relevant risk category. Each quarter the Functional Area scores should be collated and averaged to form the quarterly summary score.

This may require some room and/or Functional Area scores to be brought-forward if they are not scheduled for audit in the corresponding review period.

The healthcare facility’s overall score is the most recent quarterly summary score.

Where an overall trust score is required, or there is a need to group facilities within a trust, an aggregated can be used to form the overall score for cleanliness. However, account must be taken of the relative size of each of the healthcare facilities being aggregated.

Example - within a trust, facility A has 200 beds and a score of 86%, facility B has 1000 beds and a score of 42%. The trust overall score must be calculated by weighting the individual scores by the bed numbers.

$$\frac{(86\%x200) + (42\%x1000)}{1200}$$

= 49%

Managerial audits

The managerial audit review team should validate a sample of audit information arising from the technical audits.

For example, at least each quarter, the managerial audit team may decide to review:

- some elements across all functional areas;
- some room type;
- one or more functional areas.

The decision concerning the scale of the review should be based upon:

- the cleanliness levels already being achieved;
- where local trust managers feel emphasis should be placed;
- randomly chosen elements, rooms or functional areas.

The frequency of reviews, what to sample and the sample size should also be appropriate to the risk category (e.g. high risk areas should be audited more frequently and comprehensively than low risk areas).

Where there are particular problems, the sample size should be increased to better inform the audit process.

Scoring

The auditor should decide the cleanliness of each element in a room using the element specification criteria (see Appendix 1) as “acceptable” (score 1) or “unacceptable” (score 0). Elements are categorised under four headings and comprise 49 element specifications.

Each room should first be reviewed for those elements not present and these should be discounted on the audit score sheet as “not applicable”. An example of a completed audit score sheet for use in scoring rooms in Functional Areas is set out in Appendix 2.

An Excel version of the audit score sheet (and 13-week format for monitoring functional areas over a quarter period) are available from www.cleanhospitals.com.

The score sheets also provide the opportunity to assign general responsibility for elements within a Functional Area to cleaning, nursing or estates services. This is achieved by entering C (cleaning), N (nursing) or E (estates) in the row marked ‘responsibility’.

The electronic version of the score sheet will calculate the percentage score achieved for each of the departments, in addition to the overall Functional Area percentage score.

The score sheet allows for calculations to be made horizontally (outcome per room) and vertically (outcome per element) along with the totals referred to above.

Thereafter, each element should be scored in accordance with the principles (either a 1 or a 0) set out above.

Where an element is assigned a score of 0 (unacceptable) then it is recommended that the reason for failure along with an appropriate time for remedial action to be taken as set out above should be into a formal records system for follow-up purposes.

Once all elements in the room have been scored, the total number of acceptable scores should be expressed as a percentage of the total possible number of 'acceptable' scores in that room. For example, if the sanitary area had a maximum of 12 elements and 10 were acceptable, the overall percentage would be calculated as 10/12 or 83%.

The Functional Area score is calculated by taking an average of the individual room scores as follows:

Ward 12

Bay A	70%
Bay D	80%
Sanitary area 2	90%
Ward office	100%
Side room6	90%

Overall ward 86%
70 +80+90+100+90 = 86%

Auditors need to exercise discretion in judging the acceptability of any element. For example, one or two scuff marks on a floor or an isolated smudge on a window should not indicate that the element should necessarily be scored as unacceptable.

The auditor should also take into account the physical condition of the infrastructure when making the assessment. For example, it may not be possible to obtain a uniform lustre on a damaged floor surface.

However, poorly maintained buildings are no excuse for low levels of cleanliness and auditors should not be overly generous with their discretion in most of these situations.

Action

Regular audits should form part of the cleaning services quality assurance programme. Issues raised should be followed up according to their magnitude and location and lead times identified for remedial action. For example, a problem in an operating theatre will need to be resolved immediately, while one in a stationery storeroom may require checking in a week or during the next scheduled audit.

Appendix 1 Element Specifications

ENVIRONMENT

Element	Specification
1. Overall appearance	The area should be tidy, ordered and uncluttered with only appropriate, cleanable, well-maintained furniture used. Any presence of blood or body substances is unacceptable.
2. Odour control	The fabric of the environment and equipment should smell fresh and pleasant. Any deodorisers should be clean and functional.

PATIENT EQUIPMENT

Patient equipment – direct contact

Element	Specification
3. Commodes, weighing scales, manual handling equipment	All parts including underneath should be visibly clean, with no blood or body substances, dust, dirt, debris and spillages.
4. Medical equipment including intravenous infusion pumps drip stands and pulse oximeters	All parts, including underneath, should be visibly clean, with no blood or body substances, dust, dirt, debris and spillages.
NOT CONNECTED TO A PATIENT	
5. Medical equipment including intravenous infusion pumps, drip stands and pulse oximeter	All parts, including underneath, should be visibly clean, with no blood or body substances, dust, dirt, debris and spillages.
CONNECTED TO PATIENT	
6. Patient washbowls	All parts, including underneath, should be visibly clean, with no blood or body substances, dust, dirt, debris and spillages. Patient washbowls should be decontaminated appropriately between patients and should be stored clean, dry and inverted. Badly scratched bowls should be replaced.
7. Bedside oxygen and suction connectors, earpiece for bedside entertainment system	All parts, including underneath, should be visibly clean, with no blood or body substances, dust, dirt, debris and spillages.
8. Patient fans	All parts, including the blades/fins and the underside, should be visibly clean, with no blood or body substances, dust, dirt, debris and spillages.

Patient equipment – close contact

Element	Specifications
9. Bedside alcohol hand-wash container, clipboards and notice boards	All parts, including holder of the bedside alcohol hand-wash container, should be visibly clean, with no blood or body substances, dust, dirt, debris and spillages. Hand-wash dispensers should be free of product build-up around the nozzle. Splashes on the wall, floor, bed or furniture should not be present
10. Notes and drugs trolley	All parts, including underneath and inside of the notes trolley, should be visibly clean, with no blood or body substances, dust, dirt, debris and spillages.
11. Patient personal items including cards and suitcases	All parts of the items should be visibly clean, with no blood or body substances, dust, dirt, debris and spillages Loose items, such as clothing, should be stored away either in the locker or bag.
12. Linen trolley	All parts, including underneath, should be visibly clean, with no blood or body substances, dust, dirt, debris and spillages

BUILDING

External and internal features

Element	Specifications
13. Entrance/exit	All entrance/exit areas (including fire exits) should be visibly clean with no blood or body substances, dust, dirt, debris and spillages.
14. Stairs (internal and external)	The complete stair environment (including the treads and banisters) should be visibly clean with no blood or body substances, dust, dirt, debris and spillages.
15. External areas	The complete external areas and fixtures should be visibly clean with no blood or body substances, dust, dirt, debris and spillages.

Fixed assets

Element	Specifications
16. Switches, sockets and data points	All wall fixtures such as switches, sockets or data points should be visibly clean with no blood or body substances, dust, dirt, debris, cello tape and spillages.
17. Walls	All wall surfaces (including skirting) should be visibly clean with no blood or body substances, dust, dirt, debris, adhesive tape and spillages.
18. Ceiling	All ceiling surfaces should be visibly clean with no blood or body substances, dust, dirt, debris and spillages.
19. All doors	All parts of the door structure should be visibly clean so that all door surfaces, vents, frames and jambs have no blood or body substances, dust, dirt, debris, adhesive tape and spillages.
20. All glazing, including partitions	All internal glazed surfaces should be visibly clean and smear free with no blood or body substances,

	dust, dirt, debris, adhesive tape and spillages visibly present and have a uniform shine appearance.
21. Mirrors	Mirrors should be visibly clean and smear free with no blood or body substances, dust, dirt, debris, adhesive tape and spillages.
22. Bedside patient TV	All parts of the bedside patient TV should be visibly clean with no blood or body substances, dust, dirt, debris, adhesive tape and stains.
23. Radiators	All parts of the radiator (including between panels) should be visibly clean with no blood or body substances, dust, dirt, debris, adhesive tape and spillages.
24. Ventilation grilles extract and inlets	The external part of the ventilation grille should be visibly clean with no blood or body substances, dust, dirt, debris, and cobwebs.

Hard floors

Element	Specifications
25. Floor – polished	The complete floor, including all edges, corners and main floor spaces, should have a uniform shine and be visibly clean with no blood or body substances, dust, dirt, debris, spillages and scuff marks.
26. Floor – non-slip	The complete floor, including all edges, corners and main floor space, should have a uniform finish and be visibly clean with no blood or body substances, dust, dirt, debris and spillages.

Soft floors

Element	Specifications
27. Soft floor	The complete floor, including all edges and corners, should be visibly clean with no blood or body substances, dust, dirt, debris and spillages. Floors should have a uniform appearance and an even colour with no stains or watermarks.

FIXTURES

Electrical fixtures and appliances

Element	Specifications
28. Pest control devices	The pest control device should be free from dead insects, animals or birds and visibly clean.
29. Electrical Items	The casing of any electrical Item should visibly clean with no blood or body substances, dust, dirt, debris, adhesive tape.
30. Cleaning equipment	The cleaning equipment should be visibly clean with no blood or body substances, dust, dirt, debris or moisture.

Furnishings, fixtures and fittings

Element	Specifications
31. Low surfaces	All surfaces should be visibly clean with no blood or

	body substances, dust, dirt, debris, adhesive tape and spillages.
32. High surfaces	All surfaces should be visibly clean with no blood or body substances, dust, dirt, debris, adhesive tape and spillages.
33. Chairs	All parts of the furniture should be visibly clean with no blood or body substances, dust, dirt, debris, adhesive tape, stains and spillages.
34. Beds	All parts of the bed, including mattress, bed frame and wheels/castors, should be visibly clean with no blood or body substances, dust, dirt, debris, adhesive tape and spillages.
35. Lockers	All parts of the locker, including wheels/castors and inside, should be visibly clean with no blood or body substances, dust, dirt, debris, adhesive tape, stains and spillages.
36. Tables	All parts of the table, including wheels/castors and underneath, should be visibly clean with no blood or body substances, dust, dirt, debris, stains, adhesive tape and spillages visibly present.
37. All dispensers and holders	All part of the surfaces of hand soap, paper towel and toilet tissue should be visibly clean with no blood or body substances, dust, dirt, debris, adhesive tape and spillages.
38. Waste receptacles	The waste receptacle should be visibly clean, including lid and pedal, with no blood or body substances, dust, dirt, debris, stains and spillages.
39. Curtains and blinds	Curtains and blinds should be visibly clean with no blood or body substances, dust, dirt, debris, stains and spillages visibly present.

Kitchen fixtures and appliances

Element	Specifications
40. Dishwasher	Dishwashers should be visibly clean with no blood or body substances, dust, dirt, debris, stains and spillages and food debris.
41. Fridge and/or freezer	The fridge and/or freezer should be visibly clean with no blood or body substances, dust, dirt, debris and spillages, food debris, build up of ice
42. Ice machine and/or hot water boiler	The ice machine and/or hot water boiler should be visibly clean with no blood or body substances, dust, dirt, debris and spillages
43. Kitchen cupboards	The kitchen cupboards should be visibly clean with no blood or body substances, dust, dirt, debris, stains and spillages and food debris.
44. Microwave	All microwave surfaces should be visibly clean with no blood or body substances, dust, dirt, debris and spillages and food debris.

Toilets, sinks, hand-wash basins and bathroom fixtures

Element	Specifications
45. Shower	The shower, and equipment such as wall-attached shower chairs, should be visibly clean with no blood or

	body substances, scum, dust, lime scale, stains, deposit and smears.
46. Toilets and bidet	The toilet and bidet should be visibly clean with no blood or body substances, scum, dust, lime scale, stains, deposit and smears.
47. Replenishment	There should be plenty of all consumables such as soap available.
48. Sinks	The sink, and items such as wall-attached dispensers, should be visibly clean with no blood or body substances, dust, dirt, debris, lime scale, stains and spillages. Plugholes and overflow should be free from build-up.
49. Bath	The bath should be visibly clean with no blood or body substances, dust, dirt, debris, lime scale, stains and spillages. Plugholes and overflow should be free from build-up.

Appendix 2

Sample cleaning audit score sheet –without and including example scores

CLEANING AUDIT SCORE SHEET

Functional Area: **Auditors:** **Audit Date:**

ROOM NAME	1. Overall appearance	2. Odour control	3. Commodes, weighing	4. Medical equipment	5. Medical equipment	6. Patient washbowls	7. Bedside oxygen and	8. Patient Fans	9. Bedside alcohol hand	10. Notes & drugs trolley	11. Patient personal	12. Linen trolley	13. Entrance/Exit	14. Stairs (internal &	15. External areas	16. Switches, sockets &	17. Walls	18. Ceiling	19. All doors	20. All glazing including	21. Mirrors	22. Bedside patient TV	23. Radiators	24. Ventilation grilles	25. Floor - Polished	26. Floor – Non slip	27. Soft floor	28. Pest control devices	29. Electrical items	30. Cleaning equipment	31. Low surfaces	32. High surfaces	33. Chairs	34. Beds	35. Lockers	36. Tables	37. All dispensers and	38. Waste receptacles	39. Curtains & blinds	40. Dishwasher	41. Fridge & freezer	42. Ice machine and hot	43. Kitchen cupboards	44. Microwave	45. Shower	46. Toilets & bidet	47. Replenishment	48. Sinks	49. Bath	Actual Score	Percentage Attained
Responsibility																																																			
	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	0	
	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	0	
	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	0	
	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	0	
	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	0	
	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	0	
	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	0	
	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	0	
	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	0	
	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	0	
	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	0	
	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	0	
	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	0	
	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	0	
	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	0	
	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	0	
	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	0	
	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	x	0	
Achievable Score	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Total Score	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	

Percentage Score Achieved

Cleaning Service	Nursing	Estates
####	####	####

Functional Area Overall Percentage Score #####

CLEANING AUDIT SCORE SHEET

Functional Area: Area 1 **Auditors:** A N Other **Audit Date:** 01.12.04

Responsibility	N	N	N	N	N	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C		
ROOM NAME	1. Overall appearance	2. Odour control	3. Commodes, weighing scales, manual	4. Medical equipment e.g. intravenous	5. Medical equipment e.g. intravenous	6. Patient washbowls	7. Bedside oxygen and suction connectors,	8. Patient Fans	9. Bedside alcohol hand wash container,	10. Notes & drugs trolley	11. Patient personal items e.g. cards,	12. Linen trolley	13. Entrance/Exit	14. Stairs (internal & external)	15. External areas	16. Switches, sockets & data points	17. Walls	18. Ceiling	19. All doors	20. All glazing including partitions	21. Mirrors	22. Bedside patient TV	23. Radiators	24. Ventilation grilles extract and inlets.	25. Floor - Polished	26. Floor – Non slip	27. Soft floor	28. Pest control devices	29. Electrical items	30. Cleaning equipment	31. Low surfaces	32. High surfaces	33. Chairs	34. Beds	35. Lockers	36. Tables	37. All dispensers and holders	38. Waste receptacles	39. Curtains & blinds	40. Dishwasher	41. Fridge & freezer	42. Ice machine and hot water boiler	43. Kitchen cupboards	44. Microwave	45. Shower	46. Toilets & bidet	47. Replenishment	48. Sinks	49. Bath	Actual Score	Percentage Attained
room 1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	1	1	1	1	1	1	1	0	1	47	96%
room 2	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	0	0	1	0	45	92%
room 3	1	0	1	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	1	0	34	69%
room 4	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	x	1	0	1	0	1	1	1	1	1	1	1	1	0	1	1	1	1	1	0	1	1	1	1	1	x	x	x	x	0	1	0	37	86%
room 5	1	0	1	0	1	1	1	1	1	1	1	1	1	1	1	x	x	1	x	1	1	1	1	0	0	1	1	1	x	1	1	0	1	x	1	1	1	0	1	1	1	1	1	x	0	1	0	35	81%
room 6	1	0	1	1	1	1	1	1	1	1	1	1	1	1	x	1	x	1	1	1	1	1	x	1	1	1	1	x	0	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	x	x	0	1	0	38	88%
room 7	1	0	0	0	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	x	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	0	1	1	1	1	1	1	1	0	1	0	41	85%
room 8	1	0	0	1	0	1	1	1	1	1	1	1	1	1	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	x	0	1	1	0	0	1	1	1	1	1	1	1	1	1	1	0	1	0	25	52%
room 9	x	0	x	x	1	1	1	1	1	1	1	1	1	1	1	1	x	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	1	1	1	1	x	1	0	1	1	1	1	1	1	0	1	0	39	89%
room 10	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	0	1	0	47	96%
Achievable Score	9	10	9	9	10	10	10	10	10	10	10	10	10	10	9	8	7	10	9	10	10	9	9	10	10	10	10	9	10	8	10	10	10	10	9	10	10	9	10	10	10	9	9	9	8	7	10	10	10	465	
Total Score	9	4	7	6	9	10	10	10	10	10	10	10	10	10	8	7	6	8	8	8	9	8	8	9	8	8	9	8	8	7	8	9	9	9	8	8	8	7	7	9	8	8	8	6	5	1	9	1	388	

Percentage Score Achieved

Cleaning Service	1	Nursing	74	Estates	####

Functional Area Overall Percentage Score 83

Useful sources of information

Cleaning standards for Victorian Public Hospitals. Acute Health Division, Department of Human Services, Victorian Government Publishing Services, 2000 http://infectioncontrol.health.vic.gov.au/cleaning/

A First Class Service: Quality in the NHS. Department of Health, 1998. http://www.doh.gov.uk/newnhs/quality.htm

British Institute of Cleaning Science (BICS)

Electricity At Work Regulations Act. 1989

Health And Safety At Work Act. 1974

Hotel Services for Healthcare Cleaning Services Operational Manual. South Durham Healthcare NHS trust

Management Of Health And Safety At Work Regulations. 1992

Standards for Environmental Cleanliness in Hospitals. NHS Estates and the Association of Domestic Management, The Stationery Office, 2000. (http://www.adom.demon.co.uk/standards.html)

The Management And Control Of Hospital Infection: action for the NHS for the management and control of infection in hospitals in England (HSC 2000/002). London: Department of Health, 2000. (Health Service Circular: HSC 1999/002).

The NHS Performance Assessment Framework. Department of Health, 1999. (http://www.doh.gov.uk/nhsexec/nhspaf.htm)

The NHS Plan. Department of Health, The Stationery Office, 2000. (http://www.doh.gov.uk/nhsplan/default.htm)

Winning Ways – Working together to reduce Healthcare Associated Infection I England, Department of Health 2003

The NHS Healthcare Cleaning Manual, Department of Health 2004

Audit Tools for Monitoring Infection Control Standards, The Infection Control Nurses Association in partnership with the Department of Health, 2004

Towards cleaner hospitals and lower rates of ifection – A summary of action, Department of Health 2004

A Matron's Charter: An Action Plan for Cleaner Hospitals, Department of Health 2004

WEBLINKS

Clean Hospitals Programme http://www.cleanhospitals.com

Controls Assurance Standard for Infection Control http://www.casu.org.uk/

NHS Estates http://www.nhsestates.gov.uk

Chapter 2

CLEANING FREQUENCIES IN HOSPITALS

1. The use of cleaning frequencies in hospitals has been a matter for local consideration since the move away from input specifications in the 1980s. It has been argued that so long as the framework within which service providers operate is clearly defined then it should be left to their professional judgement as to how often things need to be cleaned to meet the overall need.

2. However this has contributed towards ward staff not knowing how often things should be cleaned or how to arrange extra cleaning when necessary both of which have caused Matrons difficulty when making judgements about the level and quality of performance on behalf of their patients.

3. The challenge in setting out recommendations about cleaning frequencies is that hospitals differ substantially in terms of their cleaning needs. Older hospitals tend to take more looking after and the layout/design of wards can impact significantly on the cleaning hours needed. Additionally, the presence of an Emergency Department will have a noticeable effect of the number of patients using the hospital – and the time of day when things are at their busiest.

4. It is therefore important to note that the schedule set out in this chapter is a recommendation based on an average taken across the whole of the NHS. It should be used as a benchmark against which to compare current activity and future specifications. The following variables need to be accounted for locally;

    - age/maintenance of the hospital;
    - cleaning staff productivity/motivation;
    - issues concerning the recruitment and retention of staff;
    - adequate supervision;
    - the right kind of (and amount of) cleaning equipment;
    - the use of conventional cleaning techniques;
    - size (usage/footfall) of the hospital;
    - type of hospital - acute (with and/or without an Emergency Department), PCT, mental health unit.

5. In general, hospitals that have high levels of usage will need more cleaning than those that do not. Further work is currently being undertaken to refine the recommendation set out here to take account of variable rates of “footfall” relative to the size of the location.

6. Modelling the activity rates and cleaning frequencies of the recommendation against current schedules at Leeds Teaching Hospitals NHS Trust and County Durham & Darlington NHS Trust shows that an increase in activity of 9% and 7% respectively would be required to implement the recommendations.

7. Different parts of a hospital (Functional Areas) will require cleaning at different frequencies depending on the level of risk posed from them not being or being inadequately cleaned. There are four such risk categories and these are:-

    - Very High;
    - High;
    - Significant;
    - Low.

8. Each has been assigned a different level of cleaning importance to deal with the varying clinical needs. The definitions are;

A) Very high risk functional areas

Required service level
Consistently high cleaning quality standards must be maintained throughout the day. Required outcomes will only be achieved through intense and frequent cleaning.

Functional areas
Very high risk functional areas may include operating theatres, ICUs, Accident and Emergency (A&E) departments, special care baby units and other departments where invasive procedures are performed.

B) High risk functional areas

Required service level
Outcomes should be maintained by regular and frequent cleaning with 'spot cleaning' in between.

Functional areas
High risk functional areas may include general wards, sterile supplies, public thoroughfares and public toilets.

C) Significant risk functional areas

Required service level
In these areas high quality standards are required for both hygiene and aesthetic reasons. Outcomes should be maintained by regular and frequent cleaning with 'spot cleaning' in between.

Functional areas
Significant risk functional areas may include pathology, outpatient departments, laboratories and mortuaries.

D) Low risk functional areas

Required service level
In these areas high quality standards are required for aesthetic, and to a lesser extent, hygiene, reasons. Outcomes should be maintained by regular and frequent cleaning with 'spot cleaning' in between.

Both informal monitoring and formal auditing of quality standards should take place continuously. Over a period of a year all rooms within a low risk functional area should be audited at least twice.

Functional areas
Low risk functional areas may include administrative areas, non-sterile supply areas, record storage and archives.

9. Each Functional Area is made up of a number of elements – floors, ceilings, equipment etc and there are 49 such elements. Each risk category has been assigned a different level of cleaning frequency across the elements.

10.

Element	Minimum Cleaning Frequency			
	Very High Risk	High Risk	Significant Risk	Low Risk
1. Overall appearance	N/A	N/A	N/A	N/A
2. Odour control	N/A	N/A	N/A	N/A
3. Commodes, weighing scales, manual handling equipment	Clean Contact points each use	Clean Contact points each use	Clean Contact points each use	N/A
	1 full clean daily and between patient use	1 full clean daily and between patient use	1 full clean daily and between patient use	
4. Medical equipment e.g. intravenous infusion pumps drip stand, pulse oximeters, etc. NOT CONNECTED TO A PATIENT	1 full clean daily and between patient use	1 full clean daily and between patient use	1 full clean daily and between patient use	N/A
5. Medical equipment e.g. intravenous infusion pumps drip stand, pulse oximeters, etc. CONNECTED TO PATIENT	1 full clean daily and between patient use	1 full clean daily and between patient use	1 full clean daily and between patient use	N/A
6. Patient washbowls	1 full clean daily and between patient use	1 full clean daily and between patient use	1 full clean daily and between patient use	N/A
7. Bedside oxygen and suction connectors, earpiece for bedside entertainment system.	1 full clean daily and between patient use	1 full clean daily and between patient use	1 full clean daily and between patient use	N/A
8. Patient fans	Case daily	1 full clean daily and between patient use (Case only)	Case daily	N/A
	1 full clean weekly	1 full clean monthly	1 full clean quarterly	
9. Bedside alcohol hand wash container, clipboards & notice boards.	1 full clean daily and between patient use	1 full clean daily and between patient use	1 full clean daily and between patient use	N/A
10. Notes & drugs trolley	1 full clean weekly	1 full clean weekly	1 full clean weekly	N/A
11. Patient personal items e.g. cards, suitcase and personal use items e.g. soft toys and games consoles.	1 full clean daily and between patient use	1 full clean daily and between patient use	1 full clean daily and between patient use	N/A
12. Linen trolley	Contact points daily	Contact point clean daily	Contact points daily	N/A
	1 full clean weekly	1 full clean weekly	1 full clean weekly	
13. Entrance/Exit	Dust removal 2 full clean daily	Dust removal 2 full clean daily	Dust removal 2 full clean daily	N/A
	Wet mop 2 full clean daily	Wet mop 2 full clean daily	Wet mop 2 full clean daily	
	Machine clean weekly	Machine clean weekly	Machine clean weekly	

14. Stairs (internal & external)	Dust removal 2 full clean daily	Dust removal 2 full clean daily	Dust removal 2 full clean daily	N/A
	Wet mop 2 full clean daily	Wet mop 2 full clean daily	Wet mop 2 full clean daily	
	Machine clean weekly	Machine clean weekly	Machine clean weekly	
15. External areas	1 full clean daily	1 full clean daily	1 full clean daily	N/A
16. Switches, sockets & data points	1 full clean daily	1 full clean daily	1 full clean daily	1 full clean weekly
17. Walls	Check Clean daily	1 check clean daily	Check Clean weekly	Check Clean weekly
	Dust weekly	1 full clean weekly (dust only)	Dust monthly	
	Washing yearly	1 full Washing yearly	Washing yearly	Washing once every 3 years
18. Ceiling	Dust monthly	1 full clean monthly (dust only)	Dust monthly	1 check Dust monthly
	Washing yearly	1 full Washing yearly	Washing yearly	Washing 3 yearly
19. All doors	1 full clean daily	1 full clean daily	1 full clean daily	1 full clean weekly
20. All glazing including partitions	1 full clean daily	1 check clean daily	1 Check clean daily	1 full clean weekly
		1 full clean weekly	1 full clean weekly	
21. Mirrors	1 full clean daily	1 full clean daily	1 full clean daily	1 full clean weekly
22. Bedside patient TV	1 full clean daily	1 full clean daily	1 full clean daily	N/A
23. Radiators	1 full clean daily	1 full clean daily	1 full clean daily	1 full clean monthly
24. Ventilation grilles extract and inlets.	1 full clean weekly	1 full clean weekly	1 full clean monthly	1 full clean monthly
25. Floor - Polished	Dust removal 2 full clean daily	Dust removal 1 full clean daily + 1 check clean daily	Dust removal daily	Dust removal 1 full clean weekly + 1 check clean weekly
	Wet mop 2 full clean daily	Wet mop 1 full clean daily +1 check clean daily	Wet mop daily	Wet mop 1 full clean weekly +1 check clean weekly
	Machine clean weekly	Machine clean weekly	Machine clean monthly	Machine clean quarterly
	Strip & reseal yearly	Strip & reseal yearly	Strip yearly	Strip & reseal 2 yearly
26. Floor – Non slip	Dust removal 2 full clean daily	Dust removal 1 full clean daily + 1 check clean daily	Dust removal daily	Dust removal 1 full clean weekly + 1 check clean weekly
	Wet mop 2 full clean daily	Wet mop 1 full clean daily + 1 check clean daily	Wet mop daily	Wet mop 1 full clean weekly + 1 check clean weekly
	Machine clean weekly	Machine clean weekly	Machine clean monthly	Machine clean quarterly

27. Soft floor	2 full clean daily	1 full clean daily + 1 check clean daily	1 full clean daily	1 full clean weekly + 1 check clean weekly
	Shampoo 6 monthly and as necessary inbetween	Shampoo 6 monthly and as necessary inbetween	Shampoo 12 monthly	Shampoo 2 yearly
28. Pest control devices	Dust removal 1 full clean daily	Dust removal 1 full clean daily	Dust removal 1 full clean daily	Dust removal 1 full clean daily
	Full clean monthly	Full clean monthly	Full clean monthly	Full clean monthly
29. Electrical items	Dust removal 1 full clean daily	Dust removal 1 full clean daily	Dust removal 1 full clean daily	Dust removal 1 full clean weekly
	Full clean monthly	Full clean monthly	Full clean monthly	Full clean quarterly
30. Cleaning equipment	Full clean after each use	Full clean after each use	Full clean after each use	Full clean after each use
31. Low surfaces	2 daily	1 full clean daily + 1 check clean daily	1 full clean daily	1 full clean weekly
32. High surfaces	2 times weekly	1 full clean weekly + 1 check clean weekly	1 full clean weekly	1 full clean weekly
33. Chairs	Daily + 1 check clean	1 full clean daily + 1 check clean daily	1 full clean daily	1 full clean weekly
34. Beds	Frame daily	Frame daily	Frame daily	N/A
	Under weekly	Under weekly	Under weekly	
	Whole on discharge	Whole on discharge	Whole on discharge	
35. Lockers	2 daily	1 full clean daily + 1 check clean daily	1 full clean daily	N/A
36. Tables	2 daily	1 full clean daily + 2 check clean daily	1 full clean daily	1 full clean weekly
37. All dispensers and holders	Daily	Daily	Daily	N/A
38. Waste receptacles	Daily + 1 check clean	1 full clean daily + 1 check clean daily	1 full clean daily	1 full clean daily
	Deep clean weekly	Deep clean weekly	1 Deep clean weekly	1 Deep clean weekly
39. Curtains & blinds	Clean, change or replace yearly	Cleaned, changed or replaced yearly	Clean change or replace yearly	Clean change or replace 2 yearly
	Bed Curtains 3 monthly	Bed curtains change 6 monthly	Bed Curtains replace 12 monthly	
40. Dishwasher	1 full + 2 check clean daily	1 full clean daily + 2 check clean daily	1 full clean daily	1 full clean daily
41. Fridge & freezer	3 Check cleans daily	3 check cleans daily	3 check clean daily	1 check clean daily
	1 full clean weekly	1 full clean weekly (remove all content to clean)	1 full clean weekly	1 full clean weekly

	Defrost monthly	Defrost freezer monthly	Defrost monthly	Defrost monthly
42. Ice machine and hot water boiler	Daily check clean	1 Daily check clean	1 check clean daily	N/A
	1 full clean weekly	1 full clean weekly	1 full clean weekly	
43. Kitchen cupboards	1 full clean weekly	1 full clean weekly	1 full clean monthly	1 full clean quarterly
44. Microwave	1 full + 2 check clean daily	1 full clean daily + 2 check cleans daily	1 full clean daily	1 full clean daily
45. Shower	1 full + 1 check clean daily	1 full clean daily + 1 check clean daily	1 full clean daily	1 full clean daily
46. Toilets & bidet	3 full cleans daily	2 full clean daily + 1 check clean daily	1 full clean daily	1 full clean daily
47. Replenishment	3 times daily	3 times daily	1 times daily	1 times daily
48. Sinks	3 full cleans daily	2 full clean daily + 1 check clean daily	1 full clean daily	1 full clean daily
49. Bath	1 full + 1 check clean daily	1 full clean daily + 1 check clean daily	1 full clean daily	1 full clean daily

Chapter 3

SELECTING BEST VALUE FOR CLEANING CONTRACTS

1. Introduction

It has been acknowledged that competitive tendering of cleaning services during the 1980s/90s reduced overall expenditure on these services and also had the effect of lowering quality standards. The NHS was under pressure to reduce the cost of providing 'facilities' services wherever possible and therefore tenders for cleaning services - both from the commercial sector and also the in-house teams which were in competition with them - were determined largely by reference to price. Often, too little consideration was given to the ability of service providers to be able to consistently deliver high quality services from a depleted cost base.

An additional consequence of competitive tendering was to drive down the morale of those providing the services as they battled against the expectations of both patients and ward staff who wanted more than it was sometimes possible to deliver. It was also the case that the monitoring of contracts was not always undertaken in an objective way - if at all - and even where monitoring did take place the results were not always shared and agreed between those involved. They were often not used as a basis for improvement/tackling problems and this lack of ownership led to adversarial relationships developing between service providers and service users.

Quality and Price

It is important that both quality and price are taken into consideration along with the competency of service providers to actually deliver what is promised. Too much emphasis on price can lead to a combination of poor standards, in-year variation orders and a spiralling down of relations between provider and recipient. The following are, therefore, crucial:-

- Ensuring that the service provider has the skills and resources to do the job;
- Clearly setting out the expectations and goals in relation to cleanliness and infection control;
- Clearly setting out the methods by which performance will be judged;
- Providing ample opportunity in the initial specification and final contract for changes to be made whilst the contract is in place.

This guidance sets out:-

- How the public sector procurement system works under EC Directives;
- What to look for in establishing the credentials of prospective service providers;
- How to set out a tender for cleaning services that will be driven by quality;
- How to evaluate a tender on the basis of both price and quality.

1.1 Aims and Objectives

This guide was written for those contracting organisations who are keen to ensure that they are selecting a provider to carry out cleaning functions who can combine quality with a favourable price rather than settling for the lowest price bidder. This guide aims to provide contracting organisations with a user friendly tool designed to assist them in defining their needs for cleaning services more clearly in relation to different sites and cleaning tasks. A detailed specification of their own requirements will subsequently allow them to select a

contractor which not only offers a competitive price, but also demonstrates the skills and capabilities to provide a high quality, reliable service. Finally, and most significantly, this guide also contains an easy to use framework for scoring bids, capable of being adapted to the requirements of each tendering organisation and cleaning contract. ***The aim of this framework is to provide contracting organisations with maximum autonomy in defining the quality criteria, which are of particular relevance to them, and to the cleaning service to be performed.*** It allows them not only to apply different weightings to quality criteria according to their own estimation, but also enables them to define their preferred balance between the technical merit and price elements when scoring bids.

Even in organisations which already benefit from the use of tendering guidelines this tool can be helpful as it will allow them to check their systems against the method proposed in this guide, thus enabling them to make a judgement of the quality and objectivity of their present system. This will either underline their satisfaction with existing mechanisms or enable them to make amendments, taking into account the proposals in this method.

1.2 How to use this Guide

The main part of this guide is designed as an initial information or training tool for contracting officers, outlining the technical merit and quality criteria which will help them to identify providers offering a high standard of service. ***It acts as a guide to the rationale behind the quality criteria to be assessed, as well as an explanation of the use of the scoring framework contained in the Annex.*** It can subsequently act as a reference tool.

The scoring framework and tables contained in Annex 1 can be copied and used again and again. These can be adapted to the precise requirements of the contracting organisation.

The remainder of this guide is structured as follows:

Section 2 explains the importance of selecting quality *as well as* price when contracting for the provision of cleaning services. It provides information on the *negative implications, which can result from the award of contracts solely on the basis of price*, as well as highlighting existing good practice in relation to selecting “best value”.

Section 3 briefly outlines the context of European legislation in tendering industrial cleaning services.

Information on how best value can be defined in relation to the provision of cleaning services is included in ***Section 4*** of this manual. This section describes quality criteria in relation to the four key elements, which contribute to the successful performance of a contract as follows. These are the skills and capabilities of cleaning personnel, the skills and operational experience of the management staff, the quality of the contract infrastructure and the track record and service philosophy of the cleaning company.

Section 5 explains the “best value” scoring framework and provides some sample calculations.

2. Selecting Best Value - why it matters to you

As outlined in the introduction, private companies as well as public authorities are increasingly responsible for finding external contractors for the provision of cleaning services. This essentially implies a delegation of many former in-house or public service functions to private contractors. As a consequence, this delegation involves work in many areas where poor quality standards of cleanliness and hygiene cast a negative image on the organisation, or, in the case of a school or hospital can be a danger to public health.

The increasing market share of competitive tendering means that the quality standards set by contracting organisations in terms of the price paid for cleaning services have a significant impact on employment, salaries, working conditions in the sector and company infrastructure. As a result of all this, they have an impact on the quality of the service provided. A report by European Federation of Cleaning Industries (EFCI) argues that a decrease in prices quickly translates into heavy pressure on employment, as labour costs in this sector amount to more than 75% of the turnover.

The increasing proliferation of bad practice resulting from lowest price competition has, in a number of countries and at European level already led to initiatives aimed at making contracting organisations aware of the consequences of the systematic application of the criterion of the lowest tender.

In France, for example, the French Federation of Cleaning Industries (FEP) has elaborated a charter on "Best Value for Money" (Charte du Mieux Disant: "*Privilégier la Qualité, c'est bien calculé"*).

The charter argues that selecting best value makes good business sense for authorities issuing tenders for cleaning services, industrial cleaning firms and users (i.e. the public) as it ensures higher quality standards. It proposes a three stage tendering process.

At the first stage, contracting authorities clearly define their own requirements (in relation to the surface area and types to be cleaned; the frequency of service; the nature of materials to be used; the level of quality to be attained). The importance of allowing sufficient time for site visits and the preparation of tenders is emphasised.

At the second stage, weightings are attributed to the importance of different contract award criteria in order to set out the priorities of the contracting organisation. In doing so, it should be borne in mind that price need not always be the first consideration, but attention should be paid to technical merit (including human resources; technical infrastructure; proposed work plan and organisation; internal quality control mechanisms; method for achieving the desired quality standard).

At the third stage a detailed evaluation of offers received is carried out and abnormally low tenders are detected. In the case of abnormally low tenders it is recommended that contracting authorities request written clarification on such tenders. This clarification has to be referred on issues such as the means to be used to carry out the work and their merit (number of staff to be employed on site and their hours; systems of training; technical specifications of materials to be used etc.). Should replies to requests for further information prove inadequate and/or show an inability to provide the technical and quality standard required, it is suggested that such offers should be eliminated.

Public and private sector clients are therefore becoming increasingly aware of the business case for selecting best value rather than the cheapest price and are awarding contracts to the "economically most advantageous tender" - an option provided for in European public tendering legislation.

3. Public tendering for industrial cleaning services and European legislation

3.1 Introduction

The European Union has developed an extensive legislative framework to cover public procurement. The tendering of a variety of goods and services accounts for 720 billion EURO of public expenditure and is responsible for generating a significant number of jobs.

The tendering of industrial cleaning services falls under the remit of the European Services Directive (Council Directive 92/50/EEC). This Directive, along with the other two procurement directives is currently subject to a proposal of the European Commission with respect to article 251 of the European Treaty. In this proposal the Commission has put those three Directives together in one with a final proposal in 2001 and forwarded it to the European Parliament. Regarding the legal procedure set down in article 251, on the 17th of January 2002 the Parliament adopted its report by introducing a number of amendments. For the purposes of this section, this guide will concentrate on the mechanics of the contract award process, as it currently pertains to industrial cleaning contracts.

The decision to issue a public tender

Any organisation requiring cleaning services first of all has to reach a decision on whether it would be more beneficial for them to carry out these services internally or whether to seek an external contractor. Once the decision has been taken to contract out cleaning services, three basic methods of tendering are available:

- Open procedure
- Restricted procedure
- Negotiated procedure (this procedure is only applied in exceptional and limited cases foreseen by the Directive).

Which procedure is used depends to a certain extent on the value of the contract to be let and the specifics of the service to be provided. Generally, the contracting authorities are free to choose between the open and restricted procedures. Regardless of the tendering procedure selected it is important to set aside sufficient time to thoroughly plan the tender specifications and methodology of selection, as careful planning at this stage will repay manifold in relation to the quality of the tenders being received in the award process. In particular, it can be useful to conduct surveys of the work and quality currently being delivered in order to be able to draw comparisons in future (bearing in mind that this can only be done if the cleaning specification itself does not change).

3.2 Exclusion and selection of tenderers

All public contract award processes essentially go through three stages (see also Table 3):

Exclusion criteria

At the first stage, **exclusion criteria** define the type of companies which have to or can be excluded from the tender. Article 29 of the Directive provides an exhaustive list of these exclusion criteria. To summarise briefly, it is stated that a service provider can be excluded:

- if it is bankrupt or in liquidation;
- if it is subject of proceedings for a declaration of bankruptcy;
- if it has been convicted of any offence concerning professional conduct[1];
- if it has been guilty of grave professional misconduct;
- if it has not fulfilled obligations relating to the payment of social security contributions;
- if it has not fulfilled obligations in relation to the payment of taxes;
- if it is guilty of serious misrepresentation in supplying or failing to supply information regarding criteria for qualitative selection;
- if it is not entered in the professional register as required by national legislation.

[1] This can include proven legal proceedings with regard to the non-respect of collective agreements, minimum wage or employment protection legislation.

Selection criteria

At the second stage, **selection criteria** define the type of company, which will be invited to tender for the work. A number of companies can be excluded at this stage, for example on the grounds of financial, economic or technical capacity. Companies hoping to be invited to submit a full tender must provide insight into their organisation with respect to their organisational structure and capacity, knowledge and skills of the personnel involved in planning and carrying out cleaning services, the service record of the organisation, the availability of the necessary infrastructure to meet the client's requirements, the average relevant turnover of the company over the last 3 years and the availability of quality measurement systems if relevant to the execution of the contract.

The Directive provides an exhaustive list of the documents, which may be required to prove *financial and economic capacity*. Article 32 of the Directive sets out the different means of proof that may be required from a contracting organisation in order to show its *technical capacity*. These means of proof include:

- evidence of the service provider's educational and professional qualifications and/or those of its managerial/operational staff;
- a list of principal services provided in the last three years;
- a statement of the average number of staff over the last three years;
- a statement of plant or technical equipment available to assist in carrying out the contract;
- a description of quality control systems;
- an indication of how much of the service the provider intends to sub-contract.

National regulations for public tendering permitting, the information provided by the interested parties at the selection stage can consist of so-called company declarations. This means that so far as the selection or exclusion criteria and financial and economic capacities are concerned, proof does not have to be provided until a later stage in the tendering process (but before the final award of the contract). Via a company declaration, the applicant company indicates that it is able to produce the requested proof if required to do so. Such a system can be beneficial to both parties by reducing the amount of paperwork to be transmitted at selection stage, but must be backed up by sufficient sanctions should a company subsequently be unable to provide the required proof.

This guide gives, already at this stage, the possibility of a scoring system which allows the national authorities to select the applicants who will have the general capacities for the tender (especially with regard to delivering a quality service).

3.3 Criteria for the award of tenders

Having chosen the companies to go forward to full tender at selection stage, in the final, third stage, **award criteria** assess the merit of the individual tenderers on the basis of how well they meet the tender specifications[2].

3.3.1 Description and assessment of the work: Activity or quality based cleaning systems

It is important to establish at this stage, whether the client is keen to receive tenders on the basis of an activity-based or a quality-based cleaning system. This may influence the information to be provided by potential contractors in terms of how work is planned and how quality is assessed.

[2] Even if there is effectively only one assessment stage (such as in an open procedure), a logical distinction has to be made between the three different types of criteria.

Activity based cleaning systems

An activity-based cleaning system is characterised by mainly or exclusively stating what cleaning operations must be carried out, on what surfaces and how often. Such systems do not provide the opportunity of establishing actual result descriptions/quality goals on the individual surface or room to be cleaned, rather, it is expected that each cleaning operation is carried out with the most professionalism and skills possible. One example of an activity-based cleaning system is Programmed Cleaning. Under such a system, each individual room is assigned a cleaning programme, usually expressed in a three-digit-number code. This code expresses the frequencies with which a room needs to be cleaned per week, how often the floor and inventory needs to be cleaned thoroughly and how many times superficial cleaning of the floor and inventory needs to be carried out. A list needs to be available defining the terms “thorough” and “superficial” cleaning. A similar logic is applied in frequency-based cleaning systems which, instead of assigning frequencies to activities in a room, attach frequencies to certain work operations and objects and surfaces in an individual room or grouping of rooms.

Quality-based cleaning systems

Quality-based cleaning systems are characterised by mainly or exclusively stating the level of quality to be delivered. It is therefore not the contracting organisation but the supplier who determines how this quality is to be brought about. These systems therefore generally do not have a statement of either methods or frequencies, but competition is based on the best result/outcome.

In a quality based cleaning system, it is therefore acceptable not to clean a surface that is already clean if the established quality is maintained in a regularly used room. In recent years the industry has increasingly worked on ways of describing quality/result requirements. Such quality standards include visual quality goals and evaluations, but can also involve the measurement (with specifically designed tools) of levels of dust, hygiene, friction, shine, static electricity and conductance.

Depending on the cleaning specification to be performed, it may prove valuable to combine a frequency-based system (for example for work operations for “sensitive surfaces”) with a quality based cleaning system.

<u>It is strongly recommended that the contracting authorities choose to award the service on the most economically advantageous tender. By doing so, the following tender specifications shall be specified in the contract documents or in the tender notice in order to receive the best value:</u>

- Contractual conditions relating to the period covered by the agreement with term of notice, payment schedule and annual review, as well as code of conduct for work carried out by third parties;
- The cleaning programme with the activities and frequencies of the cleaning work per room category;
- Floor plans of the premises to be cleaned;
- Room list indicating which cleaning programme is to be employed where;
- Times of day when work can be carried out;
- Times of day when cleaning cannot take place, or number of days that work can be done;
- The quality evaluation system for cleaning work, or the way in which quality is defined and guaranteed, and the consequences if cleaning quality is inadequate;
- If required, specifications of sanitary supplies and other products to be provided, services and standby prices;

- Date of award and work commencement date.

Applicants will also be invited to inspect the site during which a detailed explanation of the cleaning specification will be given and made available to all potential contractors.

It is important at this stage that the description of the services to be provided is as precise as possible. By doing so it may emerge that there are certain jobs which are difficult to define or assess in advance. It is possible for such services to be listed under "extra or periodic cleaning" to allow them to be contracted (at a previously agreed price) from time to time.

When the description of services is set, in principle no changes can be made. Nevertheless, if changes are made exceptionally, it is important that the tenderers understand whether changes are being made in the scope of the work in relation to the work done previously. It should be obvious to everyone to ensure that changes in quality standards due to this change in specification are not attributed to the private contractor.

3.3.2 Final selection of the company

Once all tenders have been received based on this cleaning specification, the tenders are compared. The selection of the successful company is then made on the basis of award criteria set out in the tender specification.

According to the European Services Directive, criteria for the award of contracts can be the following:

Table 2: European Services Directive

"Without prejudice to national laws, regulations or administrative provisions on the remuneration of certain services, the criteria on which the contracting authority shall base the award of contracts may be:

(a) where the award is made to the economically most advantageous tender, various criteria relating to the contract: for example, ***quality, technical merit, aesthetic and functional characteristics, technical assistance and after-sales service, delivery date, delivery period or period of completion, price****; or*

(b) the lowest price only.

Where the contract is to be awarded to the economically most advantageous tender, the contracting authority shall state in the contract documents or the tender notice the award criteria which it intends to apply, where possible in descending order of importance".

The provisions of the Services Directive do not limit contracting organisations' freedom to decide whether they wish to award a contract to the lowest price provider or to the economically most advantageous tender.

However, as highlighted in Section 2 of this guide, it is considered that in order to avoid the disadvantages of competition driven solely by the criterion of the lowest price, the award of contracts on the basis of the economically most advantageous tender is to be preferred. In order to encourage the submission of high quality bids, which closely match the requirements of the contracting organisation and to prevent challenges of the contract award process by unsuccessful tenderers, it is important that clear selection and award criteria are set down in the tender specifications.

Section 4 of this guide sets out the quality selection and award criteria considered crucial in seeking to select the economically most advantageous, or best value provider.

Furthermore, Section 5 elaborates a scoring system, which allows contracting organisations to objectively evaluate tenders submitted within the frame of this best value awarding system and provides complementary information on the practicalities of tendering and awarding contracts under such a system.

TABLE 3 THREE-STAGE MODEL OF CONTRACT AWARD PROCESS

Exclusion from tendering process

STEP 1 - EXCLUSION CRITERIA
Service provider is: • bankrupt or in liquidation; • subject to proceedings for a declaration of bankruptcy; • convicted of an offence concerning professional conduct; • guilty of grave professional misconduct; • guilty of failure to fulfil obligations relating to the payment of social security contributions; • guilty of failure to fulfil obligations relating to the payment of payment of taxes; • guilty of serious misrepresentation in supplying or failing to supply tender relevant information; • not entered in the professional register if required by national legislation.

Selection of nature of company to be invited to tender

STEP 2 - SELECTION CRITERIA
<u>Financial and economic capacity</u> *Service provider can give*: • proof through bank statement/risk indemnity insurance; • balance sheets; • statement of overall turnover; • other proof. <u>Ability and technical capacity</u> *Service provider can furnish evidence of*: • educational and professional qualifications of employees and organisation; • principal services provided over last 3 years; • average annual manpower and managerial staff over last 3 years; • technical equipment available; • quality control systems; • proportion of the contract to be sub-contracted.

Selection of contractor based on
a) price
b) economically most advantageous tender

STEP 3 - AWARD CRITERIA
Assessment of individual tender in relation to the award

criteria and requirement set out in the tender specifications. Award of contract can be based on

a) economically most advantageous tender, selected on the basis of

- quality technical merit;
- functional characteristics;
- technical assistance and after-sales service;
- delivery date;
- delivery period or period of completion;
- price.

OR

b) lowest price only.

4. Defining best value in the industrial cleaning services

4.1 Introduction

As is the case with most organisations seeking to provide a service, the quality of the service rendered depends on a number of key factors. Of all these factors, the capabilities, skills and motivations of front line staff is clearly the most important, as they are responsible for the day-to-day performance of the work. In addition, the operational planning and management of front line staff and services needs to ensure that the service is performed to the highest possible quality standard. Of similar importance is the technical/product, operational and human resource infrastructure available to front line staff and the contract management team. Finally, it is crucial that all operations are backed up by a company infrastructure that not only has the relevant track record to perform a quality service, but also displays a quality of service philosophy, which meets with the requirements of its client.

The three key areas in which the quality and the technical merit of a proposal for the supply of cleaning services should therefore be assessed are as follows:

- cleaning personnel;
- contract management/operations;
- contract infrastructure.

The key areas will appear either in the selection stage or in the award phase.

It should be emphasised that contracting organisations seeking to apply any (or all) of the quality criteria set out below, need to highlight the general selection and award criteria in their contract documents or tender notices. A sample of an open tender notice can be found in Section 5 of this Guide.

4.2 Cleaning personnel

Experience

The most important asset of any cleaning company is its cleaning personnel. It is with their diligence, motivation, skills and experience that the daily performance of the service stands and falls. Depending on the nature and location of the work to be performed, it is therefore crucial that a bidding company can provide assurance that the personnel selected to perform the work have the necessary experience and capabilities to provide a high standard of service. In the case of highly specialised locations (such as hospitals), the contracting organisation may look for proof that the assigned staff has experience of working in this or a similar environment and that the staff has received relevant and (where available) accredited training. In other cases, it may be sufficient to receive information on the length of time, for which staff has been employed in the industry. This information can be obtained through staff CV's and individual training records.
It is clear that in a significant number of locations, cleaning personnel are recruited from amongst the staff already employed at the site. Nevertheless it is crucial that a bidding company is able to provide evidence of their capacity to recruit suitable staff and basic and ongoing training should staff turnover occur, or requirements for personnel increase as a result of changes in operational parameters. Information about levels of staff turnover (beyond that which naturally occurs through changes in the business environment) and absenteeism can provide an indication of company stability and the quality of the working environment.

Skills and capabilities of cleaning personnel

Evidence of any basic or additional training received by staff can provide assurance that individuals assigned to the contract have the key skills and capabilities required of a cleaner. Contracting organisations should elaborate in their tender notices any additional, technical or activity specific training, which they require of staff who are to be assigned to any specialised environments. Bidders can be asked to provide evidence of when and where such training was received, or will be given, prior to the inception of the contract. Information provided by the bidder on the existence and quality of any training facilities can provide assurance that staff skills and qualifications are regularly updated. It is generally recognised that the cleaning personnel receiving continuous training are more likely to show greater motivation and commitment to the industry. The availability of employer funded training should be tied in with a transparent career structure enabling vertical and horizontal promotion. This equally ensures higher levels of motivation and ultimately a better quality service. Where nationally accredited training for cleaning operatives is available, it is important that any training provided is certified in this manner.

Career opportunities

There is recognition that the availability of career opportunities contributes to higher retention rates of skilled staff.

Selection, recruitment and vetting

Even where a contract requires that existing staff on site be taken over, it is important that companies can provide details of a structured staff selection and recruitment procedure. A dedicated and suitably trained personnel team on the basis of an established human resource policy, which incorporates the principles of equality of opportunity and shows a commitment of effective human resource management, should ideally implement procedures. This can provide peace of mind that all staff provided by the contractor meets the quality standards that the contracting organisations themselves would wish to apply. Suitable checks on employment track records can provide some assurance of the reliability, efficiency and effectiveness of potential staff. For particularly sensitive sites, systematic vetting may be required.

Contracting organisations may wish to seek evidence that a potential contractor's recruitment literature encourages equality of opportunity and avoids racial bias, and is therefore in line with their own equal opportunities policies. Insistence on the observance of such principles can send a strong signal to potential contractors and therefore raise the profile and potential for success of equality policies. A number of countries have guidelines or codes for ethical recruitment. Where these exist, they should be applied.

Employment conditions and health and safety of workers on site

It is widely recognised that the existence of a fair and transparent reward structure has a positive impact on the retention of experienced staff, their motivation and job satisfaction, and therefore the quality of their performance. Evidence of such systems include respect for any collective agreements which may be in place; a company trade union policy; the existence of additional performance related reward structures and staff grading and assessment systems. A framework should be in place for the regular review of salaries and training requirements. Evidence of the existence and of effective channels of staff-employer communications, e.g. through a works council - where the establishment of such a body is required by legislation – or through another structure enabling dialogue, can also provide additional assurance of a higher quality working environment.

In order to avoid awarding contracts to disreputable companies, contracting organisations should seek evidence that working conditions applied to the company's cleaning staff are in compliance with national legislation and/or collective agreements. Where no collective

agreements are in place, rostering schedules should provide information on working hours and length of shifts. This is important as excessively long working hours can lead to accidents and affect performance.

Good quality providers should also be able to give information about the health and safety policies and procedures, which apply to workers on site. These should conform to European framework regulations and national legislation. A good health and safety track record indicates a company, which rates its personnel as its highest asset. Such companies are likely to offer a higher quality-working environment and should therefore have lower rates of absenteeism and more motivated staff.

Well regulated working conditions and the availability of employee information and consultation systems lower the potential for disputes and reduce risks relating to the health and safety of staff, clients and their property as well as the general public.

Table 4 Quality criteria relating to cleaning personnel

Cleaning personnel	
Experience	*Experience in the industry* *Activity specific experience* *Staff turnover and absenteeism*
Skills and capabilities	*Basic training* *Additional training and qualifications* *Activity specific training* *Recurring training* *Other skills* *Career opportunities*
Selection and recruitment	*Recruitment and selection methodology*
Employment conditions and health and safety	*Salary and benefit levels* *Staff employer relations* *Working conditions* • *Health and safety provisions respected and conform with EU and national legislation*
Other criteria to be defined by the customer	• *A justification of these criteria must be provided; they must remain within the framework of relevant European and national legislation*

4.3 Contract management/operations

The management team / the contract manager

When contracting out cleaning functions, contracting organisations are generally keen to ensure that a minimum supervisory effort will be required on their part in ensuring the contractual performance of the work. The competence and organisation of the external contract management team is therefore highly significant. The client must feel satisfied that all members of the external management team have the necessary skills to meet the client's requirements. Channels of responsibility must be clearly laid out and rapid response times and adequate back-up capacity must be demonstrable. The bid must therefore provide information about the skills and experience of each member of the management team and their responsibility within the framework of the contract. Quality standards should be set in relation to how quickly a client's queries are dealt with and who has ultimate responsibility. In relation to sites requiring more specialised cleaning skills or where a premium is being placed on the immediate smooth functioning of the service, evidence of contract specific experience may be required.

From the point of view of the client, the contract manager is the most important part in all matters relating to the performance of the contract. It is therefore crucial that the client is satisfied with the skills and capabilities of this individual. Bidders must therefore provide detailed information on the identity, skills and experience of the contract manager. In certain cases specific, in-depth contract specific knowledge may be required to avoid the need for a long "warm-up" period and the emergence of potential complaints or health and hygiene risks. In these cases, the contract manager should be able to demonstrate a comprehensive understanding of the client's requirements.

Availability and response time

The operational plan should ensure that the contract manager can be contacted quickly and that s/he has the capacity to make decisions effectively within a clear chain of responsibility and a prompt response time.

Operational planning

The operational plan presented in the bid must satisfy the client that the contractor has necessary knowledge of the requirements of a particular site to draw up a rostering methodology. This has to meet client requirements in terms of expected quality standards of service provision and can act as the basis of contractually agreed levels of provision.

The operational plan must also demonstrate that the contractor has sufficient organisational capacity in terms of delivery, and qualified and experienced manpower to ensure that equipment and members of staff can be replaced or supported at short notice.

The bidder should demonstrate that procedures are, or can be put in place, which can guarantee a quick and smooth start-up and operation of the contract. Assurance must be given that any procedures specifically agreed with the client will always be met and clients will always be consulted and informed in advance of any necessary modifications.

The information given in the operational plan must satisfy the client that the contract manager can monitor the performance of the contract on a regular basis and at specified times/dates. The proposal put forward by the bidder should therefore outline a comprehensive reporting structure, which ensures that:

- reporting is always done and is done within a set timeframe;
- reporting provides responses to relevant questions;

- reporting is objective;
- reporting is more than just an administrative task;
- reporting is tailored to the needs of individual clients;
- reports are collated and analysed;

In order to ensure that a minimum of time input is required from the client, the operational proposal should set out how communication regarding contract, site and customer is to be managed and the frequency and organisation of meetings.

Support services

The provision of effective contract support services from the company's headquarters assists in ensuring the smooth running of the contract. The operational proposal should contain information about the support services made available by the company's headquarters (such as administration, invoicing and personnel).

Quality assurance

In order to ensure a stable and satisfactory contract it is important that both the contracting organisation and the contractor are clear about the quality standards to be achieved and how these are to be assured. Information on the contracting organisation's quality philosophy should be readily available and should be compliant with those things that the contracting organisation itself wishes to apply. Agreement on quality assurance should therefore be an important part of contractual negotiations and should involve the formulation of a well-defined system of quality assurance and inspection. It should be clearly set out by whom, how often and how different elements of quality control are to be carried out. Evidence of relevant quality certification should be provided[3].

Quality can be assured by assessing objective and subjective quality (or preferably a mixture of both methods). The objective quality of the provision of services is generally measured with reference to established service activities and/or qualities. This allows quality assurance and monitoring procedures to be carried out, which can be compared to the contract, documented and reproduced. The objective quality of cleaning services is most often built on a set of evaluations that by virtue of precise and limited definitions gives a representative picture of conditions of cleanliness. For example, if quality goals are agreed upon in the form of maximum amounts of dust, hygiene norms, or non-skid safety co-efficient etc., these can be measured objectively with the help of measuring tools designed for this purpose.

The subjective quality of the provision of services is an expression of the overall impression, measured for example through user surveys. These must be comparable to a previously established degree of user satisfaction.

If a contractual agreement has been reached on the delivery of a service according to an activity based cleaning system, estimation needs to be made based on trade knowledge on the nature and frequency of activities required attaining the desired standard of cleanliness. Quality assurance is then generally carried out on the basis of monitoring compliance with the agreed frequencies with which certain operations are to be carried out.

Quality assurance systems in quality based cleaning systems are based both on visual quality assessment and on objective measurements, as set out above.

[3] A European standard providing basic requirements and recommendations for quality measurement systems for cleaning performance (EN 13549) has been adopted in the European Committee for standardisation.

All personnel involved must receive sufficient training to ensure that quality standards set down in the contract are understood and achievable. Staffs responsible for carrying out quality assurance must have received detailed and contract specific instructions.

Inspections

The frequency of internal and external inspections should be set out in the work specifications included in the contract. Internal inspections are generally carried out with the use of specially prepared charts, which should tie in with the requirements of the contract. Systems must be in place to rectify any downward deviation in quality standards as quickly as possible. In addition, a running evaluation must be carried out to assess whether purchases or investments need to be made to achieve an optimum of tools, machinery, cleaning products and so on to achieve the required quality standards.

Table 5 Quality criteria relating to contract management and operations

Contract management/operations	
The management team/ the contract manager	*Structure, organisation and skills of the contract manager and management team* *Contract specific know-how of the contract manager and management team* *Availability* *Response time* • *Promptness of intervention*
Operational planning	*Operational planning methodology* *Start-up of cleaning process* *Terms of delivery* *Back-up capacity* *General and client-specific procedures* *Reporting* • *Communication related to site and customer* • *Response to clients' special requirements*
Support services	*HQ support services in* • *administration* • *invoicing* • *personnel*
Quality assurance/Inspections	*Quality assurance* • *Frequency of control* • *Documentation of quality* • *System of quality improvement* • *Way and frequency the contractor evaluates the fulfilment of the contract*
Other criteria to be defined by the customer	• *A justification of these criteria must be provided; they must remain within the framework of relevant European and national legislation*

4.4 Contract infrastructure

The term “contract infrastructure” is used here to refer to any equipment and products to be used in pursuance of the contracts. Bidders must be able to show that any such tools are safe and suitable to the environment in which they are to be used. In relation to specialist tools or products it should be ensured that staffs have received adequate training in their application.

Equipment

All cleaning equipment to be used must be appropriate to the location and surface on which it is to be used. The safety of both the individual using it and the area where it is to be used needs to be ensured through providing adequate training on suitable and safe use and adequate maintenance.

Where specialist equipment is required, the technical proposal must stipulate whether the company has access to this equipment or whether it will be purchased specifically for the contract. Information should be included on how staff will be trained in its use.

The tenderers need to demonstrate that they can make available appropriate uniforms and safety equipment as required in the use of different cleaning equipment and products.

Products

The technical proposal should demonstrate that tenderers are aware of the requirement for different cleaning methods and products to treat different surfaces and that this material will be provided. The staff needs to be trained in the application of different products.

The use of products should follow appropriate environmental considerations and be carried out in consideration of the health, hygiene and safety of staff and the public.

Table 6: Quality criteria relating to contract infrastructure

Contract infrastructure	
Equipment	• *Maintenance and use of machines and materials* • *Cleaning adapted to the characteristics of the building* • *Uniforms and safety equipment*
Products	• *Methods and products used* • *Environmental, health and hygiene considerations*

5. Evaluation guidelines

As set out in Section 3 of this manual, every tender award should follow a three-stage process, in which tenders are assessed according to specified exclusion, selection and award criteria. Table 8 sets out the three-stage contract award process using the quality criteria elaborated in Section 4 of this manual. Even where tendering procedures are carried out in one step, a logical distinction should be made between exclusion, selection and award criteria. Exclusion and selection criteria are merely designed to eliminate from the tendering process companies which:

a) have not met their statutory requirements in relation to tax or social security payments and are not considered financially stable;

b) do not meet the selection criteria in terms of their size or expertise and in relation to their capacity of providing a quality service.

The final detailed evaluation of the technical and operational proposals contained in the bid is subject to the relevant award criteria and an assessment of price proposals.

The “best value” evaluation framework proposed in this guide allows contracting organisations to apply their own priorities in relation to:

- The selection of companies able to provide a quality service (**STEP 1**) - scoring framework is proposed to select the best companies in this stage;
- The importance of price over technical merit (**STEP 2**);
- The importance attached to different categories of technical merit criteria relating to the tasks to be performed (contract specification) (**STEP 3**);
- The relative importance of specific technical merit criteria under each category (**STEP 4**);
- As required under European legislation, contracting organisations should announce selection and award criteria to be applied in the tender notice, if they do not appear in the contract documents (**STEP 5**);
- An easy to apply scoring framework is then used to determine the “best value” provider (**STEP 6**).

STEP 1 – The importance of selecting companies able to provide a quality service

To determine the proposals, which represent the best value according to their capacity of providing a qualitative service, the following tables are used:

Selection CRITERIA:

Financial and economic capacity

Balance sheets and profit and loss statements for the past three financial years if their publication is compulsory under the legislation or practice in the country in which the applicant is registered

Technical capacity

The organisational structure and capacity of the company
The professional experience and relevant training of the persons proposed to carry out the work
A proven track record of the organisation, provision and support of services which are the subject of this contract
Availability of the necessary infrastructure to meet the requirements set out in the tender
Average annual manpower and managerial staff over the last three years

Cleaning personnel

Category	Establishment of priorities for the different categories of criteria
Cleaning personnel	A high number of points allocated to the "cleaning staff" category indicates that the skills and professional qualifications and qualities of the cleaning personnel to be used are a prime concern

At this stage, it is recommended that public authorities should:

a) either fix in advance a maximum number of tenderers who they wish to be selected and keep the best scored (restricted procedure); or
b) in the case of an open procedure, determine a minimum score to be reached (possibly in each of the three criteria set out in the previous page), in order to be selected.

Both possibilities should be clearly indicated in the tender.

The following scoring example should be adapted and specified according to the object of the contract and the needs of the public authority as far as not being discriminatory:

Out of 60 overall points for the selection criteria, 18 points have been respectively allocated to the categories “financial & economic capacity”, and “technical capacity”, and 24 points to the “cleaning personnel” category (the first two categories should be developed as well):

Specific quality criterion	Points	Indicates the following priorities
Experience in industry	3	It is essential that cleaners have experience in the industry to ensure a problem free start-up or take-over period
Activity specific experience	2	Some activity-specific experience is needed as the cleaning environment requires specialist skills
Staff turnover and absenteeism	1	Satisfactory information should be available on staff turnover and levels of absenteeism
Basic training	4	Cleaners must have received a basic standard of training to ensure quality of service is guaranteed
Additional training and qualifications	1	Additional training and certification would be beneficial
Activity specific training	2	Key personnel should have received activity-specific training to ensure awareness of the challenges posed by the cleaning environment
Recurring training	2	The contract requires the use of skills, which are constantly improving. Regular training must be given to ensure that skills are up-to-date
Recruitment and selection	2	Significant importance is attached to the selection of quality staff
Salary and benefit levels	2	There is a recognition that satisfactory salary and benefit levels contribute to the retention of skilled staff and increase motivation. In this regard objective measurement can be found either in the legislation, or collective agreements or in any other reference text in force in the place where the contract will be executed
Staff employer relations	2	There is recognition that good climate in the company improves the working environment and therefore employees’ motivation and productivity. As indicator companies may be asked the number of working days lost the previous year due to strikes or other forms of labour conflict
Employment conditions	2	There is a recognition that satisfactory working conditions contribute to the retention of skilled staff and increase motivation. In this regard objective measurement can be found either in the legislation, or collective agreements or in any other reference text in force in

		the place where the contract will be executed
Health and safety	1	There is a recognition that an occupational, health and security plan lead to fewer accidents and lower levels of absenteeism
Other criteria	0	No other criteria are relevant

STEP 2 - The importance of price over technical merit and quality of the service

To determine the proposal, which represents the best value according to the technical and price criteria, the following formula is used to arrive at the overall proposal score:

Offers proposal score = Technical score + Price score

It is up to the contracting organisation to determine its own priorities in relation to the weight to be given to the technical score and the price score. Allocating a number of points out of 100 for example can create a balance of quality and price as follows:

Technical score	Price score	Prioritisation of technical merit and price
50	50	Quality and price are of equal importance
60	40	Quality is more important than price, but price is still an important factor
80	20	Quality is of overarching importance, price is a secondary consideration
40	60	Price is more important, but quality is still an important factor
20	80	Price is more important, quality is a secondary consideration

STEP 3 - Defining the importance of different categories of technical merit criteria relating to the tasks to be performed

This step allows contracting organisations to define which categories of criteria are most important to them in their technical evaluation, by allocating a differing proportion of the points allowed for the technical merit score in STEP 2:

Category	Prioritisation of categories of criteria
Contract management	A high number of points allocated to this “contract management” category indicates that the skills of the contract manager and contract management team are considered to be of prime importance
Contract infrastructure	A high number of points allocated to the “contract infrastructure” category indicates that the product and technical infrastructure to be used is highly significant

EXAMPLE A **Within these examples it has to be stressed that the first category “cleaning personnel” belongs to Step 1 (selection phase), which describes the general capacity of the company to compete for the published tender.**

60 points have been allocated to the technical score

Category	Points	Indicates following priorities
Cleaning personnel	30	The quality of cleaning personnel is considered to be the most important factor in contract performance
Contract management	20	Highly skilled contract management staff are considered to bring strong know-how and service guidance
Contract infrastructure	10	The quality of equipment and products used is also of relevance

EXAMPLE B

40 points have been allocated to the technical score

Category	Points	Indicates following priorities
Cleaning personnel	30	The quality of cleaning personnel is considered to be paramount
Contract management	8	Supervision is more important than consultation
Contract infrastructure	2	The contract has a relatively low requirement for the use of additional equipment

EXAMPLE C

80 points have been allocated to the technical score

Category	Points	Indicates following priorities
Cleaning personnel	40	The quality of cleaning personnel is considered to be paramount
Contract management	20	Contract needs innovative management and close contact between client and management team
Contract infrastructure	20	The use of up to date equipment and products is significant in the performance of the contract

EXAMPLE D

20 points have been allocated to the technical score

Category	Points	Indicates following priorities
Cleaning personnel	18	An easy service is needed, change is not a problem, price is the highest priority
Contract management	2	Contact with the management team is minimal
Contract infrastructure	0	The contract has no specific requirements for the use of additional equipment

STEP 4 – Prioritising technical merit award criteria

This step allows contracting authorities to prioritise the detailed award criteria, which it considered to be important allocating points out of the total assigned to the two award categories in STEP 3:

Out of 60 overall points for technical merit criteria, 15 points have been allocated to the “contract management” category:

Quality award criterion	**Points**	**Indicates the following priorities**
Contract specific know-how of the contract manager and the management team	2	Certain members of the management team should have contract specific experience to ensure awareness of the particular requirements of the cleaning environment
Availability	3	The contract manager should be easy to reach when required
Response time	2	A quick response time is of great importance
Operational planning	1	The management plan should show significant expertise of rostering. This proposal should be adequate to form the basis of the contract
Terms of delivery and back-up capacity	2	There must be evidence that the company has the terms of delivery and sufficient back-up capacity to meet the requirements of the contract should operational parameters change
General and client specific procedures	0	Not deemed relevant to the contract

Reporting, communication and response to special requirements	3	These three elements should be clearly established and meet the needs of the client
HQ support	0	Not deemed relevant to the contract
Quality assurance / frequency, documentation and evaluation	2	Quality standards should be clearly stated and should be monitored; inspections must be regular; the way the company evaluates the fulfilment of the contract has to be clear
Other criteria	0	Not deemed relevant to the contract

Out of 60 overall points for the technical merit criteria, 10 points have been allocated to the “contract infrastructure” category:

Quality award criterion	**Points**	**Indicates the following priorities**
Equipment maintenance and use	4	Equipment must be provided by the contractor; a high standard of use and maintenance has to be provided.
Cleaning adapted to the building’s characteristics	1	Cleaning has to be provided without damaging the building or the inventory.
Uniforms and safety equipment	2	Cleaning uniforms and safety equipment must be provided by the contractor and must be suitable for the personnel and applicable for surfaces to be treated.
Products and methods used	1	Contractors must supply products and methods to meet required standards.
Environmental, health and hygiene considerations	2	Products must meet prescribed environmental, health and hygiene standards.
Other criteria	0	Not deemed relevant to the contract.

STEP 5 - Announce chosen selection and award criteria in tender notice

As outlined in Section 3, contracting organisations seeking to award a contract to the "economically most advantageous tender" must state the selection and award criteria to be applied in their tender notices. Table 7 shows an example of a standard format for an open tender notice, as provided for by the Guidance Notes for the European Services Directive.

Table 7: Format for individual contract notices - Open procedure as set out in Annex IIB of the Services Directive

1. Name, addresses, telegraphic address, telephone, telex and fax numbers of the contracting authority
2. Category of service and description. CPC reference number
3. Place of delivery
4. a) Indication of whether the execution of their service is reserved by law, regulation or administrative provision to a particular profession
b) Reference to the law; regional or administrative provision
c) Indication of whether legal persons should indicate the names and professional qualifications of the staff to be responsible for the execution of the service
5. Indication of whether service providers can tender for a part of the services concerned
6. Where applicable, non-acceptance of variants
7. Time limits for completion of the service or duration of the service contract and, as far as possible time limit for starting the provision of the service
8. a) Name and address of the service from which the necessary documents may be requested
b) Where applicable, final dates for making such requests
c) Where applicable, the amount and terms of payment of any sum payable for such documents
9. a) Final date for receipt of tenders
b) Address to which they must be sent.
c) Language or languages in which they must be drawn up
10. a) Persons authorised to be present at the opening of tenders
b) Date, time and place of the opening
11. Where applicable, any deposits and guarantees
12. Main terms concerning financing and payment and/or references to the relevant provisions
13. Where applicable, the legal form to be taken by the grouping of service providers winning the contract
14. Information concerning the service provider's own position, and information and formalities necessary for an appraisal of the minimum economic and technical standards required of him
15. Period during which the tenderers are bound to keep open their tender
16. **Criteria for the selection and award of the contract and, if possible, their order of importance; criteria other than the lowest price shall be mentioned if they do not appear in the contract documents**
17. Other information
18. Date(s) of publication of the prior information notice in the Official Journal of the European Communities or reference to its non-publication
19. Date of the dispatch of the notice
20. Date of receipt of the notice by the Office for Official Publications of the European Communities

Source: Guidance Note for the Application of the Services Directive, CEC

Contracting authorities seeking to use the “best value” framework to select and to award a contract to the economically most advantageous tender could, in their tender notice, make reference to this guide. Details should be provided of the following:

Exclusion criteria: (state criteria; see Table 8 for exclusion criteria)

Selection criteria: (state criteria; see Table 8 for selection criteria)

Award criteria: (state criteria; see Table 8 for award criteria)

Details of selection criteria:

Maximum points to be allocated to the	
Quality of the cleaning personnel	(summarise key quality selection criteria)
Financial and economic capacity	(summarise key quality selection criteria*)*
Technical capacity	(summarise key quality selection criteria*)*

Details of award criteria:

Maximum points to be allocated	
Price	(state number of points)
Technical merit	(state number of points)

Technical merit will be assessed as follows:

State number of points	
Contract management	(summarise key quality award criteria)
Contract infrastructure	(summarise key quality award criteria)

TABLE 8: CONTRACT AWARD PROCESS

EXCLUSION CRITERIA

Applicants must provide the following:

- Entry in the professional register if required by the legislation of the Member State in which the company is registered
- Certificate from social security authorities to the effect that the applicant is up to date with the payment of social security contributions
- Certificate from social security authorities to the effect that the applicant has met all his tax obligations in accordance with the legal provisions of the country in which he is registered
- Profit and loss accounts if publication is compulsory under the legislation or practice in the country in which the applicant is registered
- If relevant, certification that any technical equipment to be used in pursuance of the contract conforms with European standards and/or their national implementation

SELECTION CRITERIA

Applicants must provide the following:

Financial and economic capacity

- Balance sheets and profit and loss statements for the past three financial years if their publication is compulsory under the legislation or practice in the country in which the applicant is registered
- Total turnover and turnover relating to services similar to those covered by this call for tenders for the past three financial years

Technical capacity is assessed on the basis of the following:

- The organisational structure and capacity of the company
- The general skills of the manager/management team
- A proven track record of the organisation, provision and support of services which are the subject of this contract over the last three years
- Availability of the necessary infrastructure to meet the requirements set out in the tender
- Average annual staff turnover over the last three years
- Proof of quality control systems in relation to the company's security philosophy, HRM philosophy and practice and operational back-up

Quality criteria related to cleaning personnel:

- Experience in the industry; activity specific experience; turnover and absenteeism
- Basic skills; additional training and qualifications; activity specific training; recurring training; other relevant skills; career opportunities
- Recruitment and selection methodology, vetting
- Salary and benefit levels; staff employer relations; working conditions; health and safety measures; other criteria

AWARD CRITERIA
Award is on the basis of the economically most advantageous tender, assessment is based on the following*:** • Price • A detailed description of how the service will be organised, provided and supported in terms of quantity and quality of manpower, back-up capacity and the use of technology • Compatibility with the objectives of the contract ***The assessment breaks down into the following quality criteria: ***Contract management/operations*** • Structure, organisation, contract specific know-how of the contract manager/management team • Skills and experience of operational and management staff to be assigned to the contract • Availability; response time; promptness of intervention • Rostering methodology; start-up of cleaning in the company; terms of delivery; back-up capacity; general and client specific procedures • Reporting; communication related to site and customer; response to special requirements • Head Quarter support • Quality assurance; frequency of control; documentation of quality, system of quality improvement; way and frequency the company evaluates the fulfilment of the contract • Other criteria ***Contract infrastructure*** • Maintenance and use of equipment and materials; cleaning adapted to the characteristics of the building; uniforms and safety equipment • Products and methods used; environmental, health and hygiene considerations

STEP 6 - The scoring framework to determine the "best value" provider

In the generally applied open procedure the contracting organisation can carry out an evaluation of the prices quoted in the remaining bids after the elimination of the tenders who were disregarded because of their failure to meet the selection criteria. This evaluation is based on the number of points that have been allocated to the price, as stated in the tender award notice.

Price evaluation

The firm offering the lowest price is awarded the full number of points available for price. All higher price offers are assessed against the lowest price bidder. Points for price are deducted in relation to the percentage that the price offer is above that of the lowest bidder. In the example below, where a total of 40 points are available for the price score, a 10% increase in price leads to a deduction in points of 10% off 40 points and so on.

EXAMPLE

Company	Price	Points
A	100.000 EUR	40
B	110.000 EUR	36
C	120.000 EUR	32

Assessing technical merit

After the contracting organisation has defined its priorities in terms of technical merit by awarding points to categories and quality criteria as set out in STEPS 1, 2 and 3, it is crucial that an objective assessment is made of extent to which bids meet these requirements. In order to ensure this objectivity, the following scoring parameters are being used:

- not applicable;
- bad;
- medium;
- good;
- excellent.

Table 9 below provides definitions for each of our scoring parameters. "Not applicable" is used in the scoring tables for criteria, which are not deemed relevant to the contract.

Clearly, a company that scores "excellent" in relation to one of the quality criteria should be awarded a higher proportion of the points available than a company that is merely deemed "medium". Different weightings are therefore applied to the points awarded to each criterion.

These are as follows:

Parameter	Weighting
Bad	0%
Medium	50%
Good	80%
Excellent	100%

The company with the highest number of “excellent” scores for key criteria (those criteria allocated the highest number of points by the contracting organisation) will therefore obtain the highest score in the quality and technical merit evaluation.

The points from the technical merit evaluation are added to the points awarded in the price evaluation to establish the “best value” provider.

The examples below show how this system is used.

Table 9 Definition of scoring criteria

Not applicable	This takes account of the fact that not every item is applicable to every client. The criterion is not applicable to the award of this tender and is therefore not scored. The assessment “not applicable” should not be used randomly, but needs to be justified in relation to the requirements of the tender
Bad	The information provided does not allow satisfying the quality level expected by client
Medium	The information provided does not allow a full assessment whether the item proposed meets with the requirements
Good	The information provided meets the requirement outlined in the tender notice and meets the tenderers expectations
Excellent	The information provided meets completely the requirements and expectations and demonstrates an exceptionally high quality service based on successful performance in operation

Step 6.1 - Selection criteria

Out of overall 60 points for the selection criteria, 24 points have been allocated to the “cleaning personnel” category:
(Further details should be given respectively for “financial capacity” and “technical capacity”)

Specific quality criterion “Cleaning Personnel”	Points available	Not Applicable	Medium (50%)	Good (80%)	Excellent (100%)	Weighted points allocated
Experience in industry	4			√		3.2
Activity specific experience	2				√	2
Turnover and absenteeism	0	√				
Basic training	4				√	4
Additional training and qualifications	1		√			0.5
Activity specific training	2			√		1.6
Recurring training	2		√			1
Other skills	0	√				
Career opportunities	2		√			1
Recruitment and selection, vetting	2			√		1.4
Salary and benefit levels	1		√			0.5
Staff-employer relations	0	√				
Working conditions	1		√			0.5
Health and safety	3				√	3
Other criteria	0	√				
TOTAL	24					18.7

TOTAL SCORE FOR QUALITY OF CLEANING PERSONNEL: 18.7 POINTS OUT OF 24

STEP 6.2 - Award criteria

The client has decided to allocate the available 100 points as follows:

- Price 50 points
- Technical merit 50 points

Technical merit categories:

- Contract management 25
- Contract infrastructure 25

Specific quality criterion "Contact management"	Points available	Not applicable	Medium (50%)	Good (80%)	Excellent (100%)	Weighted points allocated
Contract specific know-how of the contract manager and the management team	3				√	3
Availability	1			√		0.8
Response time	2			√		1.6
Operational planning	1			√		0.8
Terms of delivery and back-up capacity	2		√			1
General and client specific procedures	0	√				
Reporting, communication and response to special requirements	6		√			3
HQ support	0	√				
Quality assurance / frequency, documentation and evaluation	10		√			5
TOTAL	25					15.2

Specific quality criterion “Contract infrastructure”	Points available	Not applicable	Medium (50%)	Good (80%)	Excellent (100%)	Weighted points allocated
Equipment maintenance and use	6				√	6
Cleaning adapted to the building’s characteristics	3				√	3
Uniforms and safety equipment	5		√			2,5
Products/methods used	2				√	2
Environmental, health and hygiene considerations	7				√	7
Other criteria	2		√			1
TOTAL	25					21,5

TOTAL SCORE FOR TECHNICAL MERIT: 36,7 POINTS OUT OF 50

ANNEX: EVALUATION TABLES

ASSESSMENT SHEETS

Company

1 EXCLUSION CRITERIA

Applicants must provide the following	***Not-applicable***	***Applicable***	***Remarks***
Entry in the professional register if required by the legislation or practice of the Member State in which the company is registered			
Certificate from social security authorities to the effect that the applicant is up to date with the payment of social security contributions			
Certificate from social security authorities to the effect that the applicant has met all its tax obligations in accordance with the legal provisions of the country in which he is registered			
Respect of the profit and loss accounts if publication is compulsory under the legislation or practice in the country in which the applicant is registered			
If relevant, certification that any technical equipment to be used in pursuance of the contract conforms with European standards and/or their national implementation			

2 SELECTION CRITERIA

Financial and economic capacity

Applicants must provide the following	***Not-applicable***	***Applicable***	***Remarks***
Balance sheets and profit and loss statements for the past three financial years if their publication is compulsory under the legislation or practice in the country in which the applicant is registered			
Financial turnover realised for similar services			

Technical capacity

Applicants must provide information on the following	***Not-applicable***	***Applicable***	***Remarks***
The organisational structure and capacity of the company			
The professional experience and relevant training of the persons proposed to carry out the work			
A proven track record of the organisation, provision and support of services similar to this contract			
Availability of the necessary infrastructure to meet the requirements set out in the tender			
Average annual manpower and managerial staff over the last three years			

Cleaning personnel

	Points available	Not applicable	Bad 0%	Medium 50%	Good 80%	Excellent 100%	Weighted points allocated
1.1 Experience							
Experience in the industry							
Activity specific experience							
Staff turnover and absenteeism							
1.2 Skills and capabilities							
Basic training							
Additional training							
Activity specific training							
Recurring training							
Other skills							
Career opportunities							
1.3 Recruitment, selection and vetting							
1.4 Employment conditions							
Salary and benefit levels							
Staff-employer relations							
Working conditions / health and safety							
Other criteria							
TOTAL							

A “not-applicable” (?) or “bad” score in any of the categories will lead to the exclusion of the tenderers from the further selection/awarding process. If the score of a company is “medium”, further information may be requested.

3 AWARD CRITERIA

The contract will be awarded to the organisation presenting the economically most advantageous tender, assessed on the following criteria:

- Price;
- A detailed description of how the service is to be organised, provided and supported in terms of quantity and quality of manpower, back-up capacity and the use of technology;
- Compatibility with the objectives of the contract.

SUMMARY

	Number of points available	***Points awarded***	***Remarks***
a) Contract management			
b) Contract infrastructure			

TOTAL TECHNICAL MERIT:
PRICE:
TOTAL POINTS:

a) Contract management / operations

	Points available	Not applicable	Bad 0%	Medium 50%	Good 80%	Excellent 100%	Weighted points allocated
2.1 The management team							
Contract specific know how of the contract manager and the management team							
Availability							
Response time							
2.2 Operational planning							
Terms of delivery							
Back-up capacity							
General and client-specific procedures							
Reporting, communication and response to special requirements							
2.3 Support services							
HQ support							
Quality assurance / frequency, documentation and evaluation							
Other criteria							
TOTAL							

b) Contract infrastructure

	Points available	Not applicable	Bad 0%	Medium 50%	Good 80%	Excellent 100%	Weighted points allocated
3.1 Equipment							
Equipment use and maintenance							
Cleaning adapted to the building's characteristics							
Uniforms and safety equipment							
3.2 Products and methods used							
Environmental, health and hygiene considerations							
Other criteria							
TOTAL							

CALCULATIONS

Total points for price:

Total points for technical merit:

TOTAL POINTS ACHIEVED:

Chapter 4

PUTTING MATRONS IN CHARGE
THE "WARD CLEANING MANAGEMENT SYSTEM"

1. Experience shows that cleaning services are best delivered in circumstances where cleaning staff are permanently attached to a ward and/or department and where users have a considerable say in setting the standards, making judgements about performance, requiring changes and being able to realistically reflect the needs and expectations of their patients. This means that Matrons need to be able to exercise authority over how cleaning resources are deployed – in association with the technical advice from cleaning departments.

2. Service providers argue that they need flexibility with staffing and to be able to deploy them as best fits their circumstances. However this has led to fragmentation of commitment at ward level insofar that staff who are routinely moved around do not get time to know the ward team and the patients. There is little opportunity for them to play an active and day-to-day part of ward-life and really feel that their contribution counts for something.

3. It is therefore extremely important that cleaning staff are able to identify with the main focus of ward activity – the needs of patients. They need to feel part of the ward team; feel that their voice is heard as part of that team; and know that their contribution makes a difference to patients, visitors and staff. Clearly this is much harder to accomplish when cleaning staff move around frequently since it takes time to build and sustain the good working relations which are crucial to success in this area.

4. It is also the case that - regardless of whether staff work for the NHS or a commercial contractor - they need to feel valued. Experience again shows where staff work side-by side with others undertaking broadly the same – or identical – duties but where different rates of pay and conditions of service apply, this can be at best damaging and at worst destructive to team spirit and levels of personal involvement and commitment. Employing organisations who have this situation existing within their overall workforce (i.e. 'in-house' and contracted staff) are often referred to as having a 'two-tier workforce'.

5. One of the key starting points for delivering consistently high quality standards of cleanliness is to provide a working environment in which cleaning staff feel inspired, encouraged and supported. This is the role of the Matron and her/his ward managers in conjunction with cleaning service managers. These are things that can change from day to day depending on the type of ward involved, the acuity levels of patients, the type and frequency of 'emergency' or unforeseeable occurrences etc. Cleaning staff value having someone close at hand to help direct and supervise their work and to work with them during their shift to make sure they are able to focus at all times their efforts on the important things.

6. It is also crucial that Matrons can direct cleaning services to where they are required as part of a hospital-wide programme concerning infection control. Whilst there are many aspects that contribute to healthcare acquired infection rates cleanliness is clearly one component that can have an important effect.

7. Matrons should be able to;

    - Influence what and how often things get cleaned;
    - Establish a personal relationship with their cleaning team;
    - Get the technical support they need from their cleaning service department;
    - Get emergency cleaning done quickly;
    - Recommend that payments are withheld for poor performance.

THE WARD CLEANING MANAGEMENT SYSTEM (WCMS)

8. A system has been developed at hospitals in Cornwall and piloted in Chester and Leeds. It provides cleaning managers with a comprehensive management system that focuses on standards, staff allocations, efficiency and outcomes and allows Matrons to set and flex the cleaning resources deployed on their wards.

9. The time required to undertake cleaning tasks has been measured (standard times) and using these standard times it is possible to easily calculate the cleaning resources deployed on a ward by ward basis and assess how effectively and efficiently services are being delivered.

10. As a consequence Matrons are provided with a plan of exactly what is currently scheduled, when it is to be done and by whom. They can also see the order in which cleaning tasks should be undertaken, the time taken for each job and the overall total for the ward.

11. One of the most important aspects of the WCMS is that it requires those responsible for providing and requiring services to plan what can be delivered within the resources available. It also allows an accurate assessment by both provider and recipient to determine whether the right level of resources are being deployed to meet the quality standards set by the Trust Board.

ROLL-OUT PROGRAMME

12. A number more pilot hospitals will be installing the system early in 2005 after which is should be available from April 2005. A series of national training events will be held around the country at which service providers and ward managers will be able to familiarise themselves with what the system entails, how it works and what is required to install the system at their hospital.

13. Experience shows that it should take about two weeks to install the system from the perspective of getting the information together about the hospital – this is often already available in electronic form where new hospitals or upgraded schemes are in place.

14. Once the system has information about the number of cleaning staff available, their hours, the parts of the hospital to be cleaned, quality standards required and a range of other general information which will normally be provided by the cleaning services department it will be possible to provide Matrons with a detailed ward by ward workplan. This plan forms the basis for allowing Matrons to flex resources to meet their needs on behalf of their patients.

15. The system will also allow Matrons to make judgements about the quality standards achieved in conjunction with service providers so that there is general agreement about the quality of performance. At this stage it will be possible for Matrons to withhold approval for the standard provided and require work to either be done again

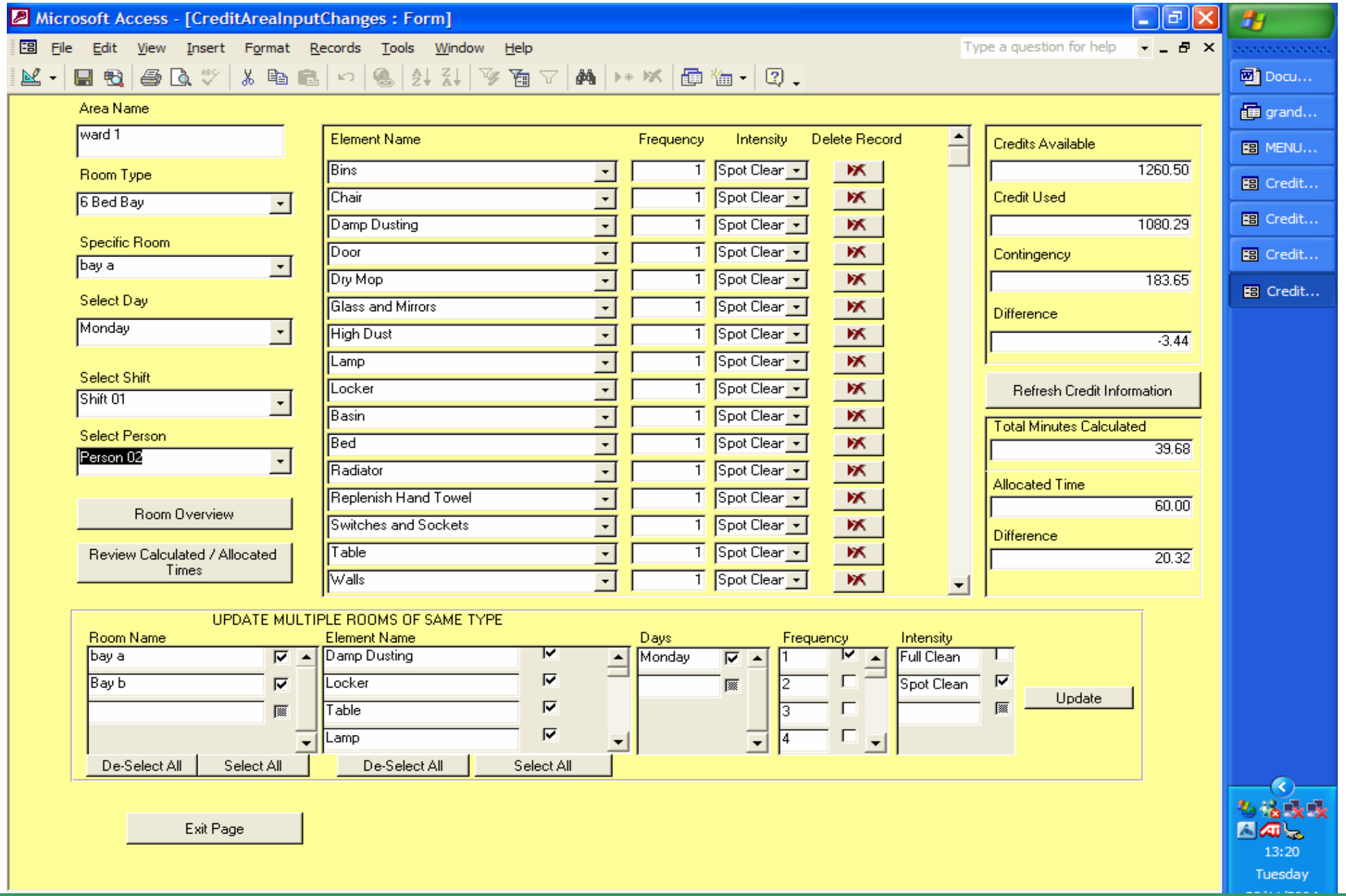
or some other form of penalty invoked. Further guidance in this regard will be issued in 2005.

Example from the Ward Cleaning Management System

16. An example from the Ward Cleaning Management System is set out below which shows how daily cleaning tasks are scheduled, whose responsible for cleaning tasks, cleaning frequency and the amount of time required to complete the tasks (which are shown on the screen as “credits”)

17. In this example a 6 bedded bay on Ward 1 on Monday will be cleaned by “Person 2“. It will take a total of 1080 “credits” from an allocation of 1260. Credits are a monetary conversion which equate across to standard times for specific tasks to be undertaken.

18. Matrons will be able to use this range of information to flex cleaning schedules in order to ensure that effective and efficient use is being made of available resources and the impact that changes to frequencies and cleaning tasks will have on budget allocations.


Microsoft Access - [CreditAreaInputChanges : Form]
File Edit View Insert Format Records Tools Window Help
Type a question for help
Area Name
ward 1
Room Type
6 Bed Bay
Specific Room
bay a
Select Day
Monday
Select Shift
Shift 01
Select Person
Person 02
Room Overview
Review Calculated / Allocated Times
Element Name
Frequency
Intensity
Delete Record
Bins 1 Spot Clear
Chair 1 Spot Clear
Damp Dusting 1 Spot Clear
Door 1 Spot Clear
Dry Mop 1 Spot Clear
Glass and Mirrors 1 Spot Clear
High Dust 1 Spot Clear
Lamp 1 Spot Clear
Locker 1 Spot Clear
Basin 1 Spot Clear
Bed 1 Spot Clear
Radiator 1 Spot Clear
Replenish Hand Towel 1 Spot Clear
Switches and Sockets 1 Spot Clear
Table 1 Spot Clear
Walls 1 Spot Clear
Credits Available
1260.50
Credit Used
1080.29
Contingency
183.65
Difference
-3.44
Refresh Credit Information
Total Minutes Calculated
39.68
Allocated Time
60.00
Difference
20.32
UPDATE MULTIPLE ROOMS OF SAME TYPE
Room Name
bay a
Bay b
Element Name
Damp Dusting
Locker
Table
Lamp
Days
Monday
Frequency
1
2
3
4
Intensity
Full Clean
Spot Clean
Update
De-Select All
Select All
De-Select All
Select All
Exit Page
Docu...
grand...
MENU...
Credit...
Credit...
Credit...
Credit...
13:20
Tuesday

Chapter 5

NHS HEALTHCARE FACILITIES CLEANING MANUAL

1. The NHS Healthcare Facilities Cleaning Manual was fist published in April 2004 as a resource for those responsible and/or involved with cleaning services to help ensure that their cleaning methods and practices adopted would support achievement of the National Specifications for Cleanliness.

2. Cleaning methods and practices are constantly evolving, and the Manual needs to be able to reflect changes and advancements as quickly and easily as possible. To facilitate this, the Manual has been adapted into a web-based document which can now be found at www.cleanhospitals.com. The opportunity has also been taken to make a number of presentational changes and also to amend – where necessary – the text.

3. Such changes have however been few and the web-based manual is predominantly the same as the printed version. However, using a web-based manual, we can more easily make additions and/or amendments to reflect changes in practice which, for example, may include:

   - the use of micro-fibre technology;
   - steam cleaning;
   - the use of ATP Bioluminescence or other similar techniques which may be of assistance in determining the effectiveness of cleaning service.