Document no 5a.1

Service specification – Hard and soft FM Service General Requirements

Tender 22112 - ELFT/TENDER/15/338 - Hard and Soft FM services for East London NHS Foundation Trust properties located in Bedfordshire and Luton

1 Hard and Soft Service General requirements

1.1 Overview

The contractor is to provide a complete and fully managed hard and soft FM service to deliver the following:

1.1.1 MEP maintenance service (document 5a.2).

1.1.2 Fabric maintenance service (document 5a.3).

1.1.3 Cleaning services to trust service locations (document 5a.4).

1.1.4 Catering services to trust service locations (document 5a.5).

1.1.5 Pest control services to trust service locations (document 5a.6).

1.1.6 Grounds and gardens Maintenance services to trust locations (document 5a.7).

1.1.7 Laundry and linen services to trust locations (document 5a.8).

1.1.8 Portering and courier service to trust locations (document 5a.9).

1.1.9 Security services to trust locations (document 5a.10).

1.1.10 Hard and Soft FM management and administration functions including but not limited to:

- Provision of a hard and soft FM help desk.
- Provision and management Emergency call out service
- Staff and subcontractor management and supervision.
- Service monitoring.
- Service monthly reporting.
- Management of Health and Safety.

1.2 Total Facilities Management Integration

The Trust requires a fully integrated and managed facilities management service in order to provide an efficient and effective service to the service locations and a single point of contact for the Trust or their Authorised Officers. The Trust recognises that the management of hard and soft FM services requires different skill sets and the best service for the Trust may be achieved through separate hard and soft FM service providers. The Contractors are therefore able to provide the following options in respect of the service delivery:

1.2.1 Hard FM services only
1.2.2 Soft FM service only

1.2.3 A combined Hard and Soft FM service

1.3 Hard FM service only

Where the contractor submits a proposal for Hard FM services only it shall be in full compliance with the following specifications:

- 5a.1 – Hard and soft FM services general requirements
- 5a.2 – MEP maintenance Service specification
- 5a.3 – Fabric maintenance service specification

1.3.1 Where the Contractor elects only to offer a hard FM service they shall be responsible for interacting with the soft FM service provider such that the Trust and their Authorised Officers receives a fully integrated and managed FM service.

1.4 Soft FM service only

Where the contractor submits a proposal for Soft FM services only it shall be in full compliance with the following specifications:

- 5a.1 – Hard and soft FM services general requirements
- 5a.4 – Cleaning specification
- 5a.5 – Catering specification
- 5a.6 – Pest control specification
- 5a.7 – Grounds and gardens maintenance
- 5a.8 – Laundry and linen specification
- 5a.9 – Portering and courier specification
- 5a.10- Security services speciation

1.4.1 Where the Contractor elects only to offer a soft FM service they shall be responsible for interacting with the hard FM service provider such that the Trust and their Authorised Officers receives a fully integrated and managed FM service.

1.5 A combined Hard and Soft FM service

Where the contractor submits a proposal for a combined Hard and Soft FM service it shall be in full compliance with the following specifications:

- 5a.1 – Hard and soft FM services general requirements
- 5a.2 – MEP maintenance Service specification
- 5a.3 – Fabric maintenance service specification
- 5a.4 – Cleaning specification
- 5a.5 – Catering specification
- 5a.6 – Pest control specification
- 5a.7 – Grounds and gardens maintenance
- 5a.8 – Laundry and linen specification
- 5a.9 – Portering and courier specification
- 5a.10- Security services speciation

1.5.1 The Contractor hall be responsible for providing the Trust and their Authorised Officers a fully integrated and managed FM service.

1.6 Benefits of offer

Whichever service option the Contractor elects to submit the Contractor shall detail the benefits of their approach. This shall include where appropriate the savings and or discounts applicable to reflect common area of management, and supervision arising from a fully integrated hard and soft FM service and from placing a single order with the same service provider.

2 Key Objectives

2.1 In addition to the key objectives, stated within the general services specification the contractor shall:

2.1.1 Provide the Trust with a comprehensive, technical and fully managed hard and soft FM service.

2.1.2 Ensure that effective hard and soft FM service control measures are implemented that do not conflict with the Trust's provision of patient care, and trust Policies.

3 Bedfordshire and Luton Mental Health and Wellbeing Services Background and service locations

3.1 Bedfordshire and Luton Mental Health and Wellbeing Services provides a wide range of mental health and community and inpatient services to children, young people, adults of working age and older adults, to the Bedfordshire and Luton area. The Trust operates from approximately 33 community and inpatient sites and have 280 general and specialist inpatient beds.

3.2 Given the nature of the sites, security is paramount both for staff, service user and Contractor safety.

3.3 Hard and soft FM services under the framework could be requested to be carried out at any of the following service locations:

- Charter House, Alma Street, Luton LU1 2PL
- 105 London Road, Luton, LU1 3RG
- 54 Lewsey Road, Luton, LU4 0EP
- Luton & Central Beds MH Inpatient Unit 1, Ground Floor - Crystal Ward, Calnwood Road, Luton, LU4 0LX
- Luton & Central Beds MH Inpatient Unit 1, First Floor - Outpatients etc., Calnwood Road, Luton, LU4 0LX
- Luton & Central Beds MH Inpatient Unit 2, Robin Pinto Unit, Calnwood Road, Luton, LU4 0FB
- Luton & Central Beds MH Inpatient Unit 2, Admin Block, Calnwood Road, Luton, LU4 0FB
- Luton & Central Beds MH Inpatient Unit 2, Multi Purpose Hall, Calnwood Road, Luton, LU4 0FB
- Luton & Central Beds MH Inpatient Unit 2, Onyx Ward, Calnwood Road, Luton, LU4 0FB

- Luton & Central Beds MH Inpatient Unit 2, ECT Suite and Pharmacy, Calnwood Road, Luton, LU4 0FB
- Luton & Central Beds MH Inpatient Unit 3, Coral Ward, Calnwood Road, Luton, LU4 0DZ
- Luton & Central Beds MH Inpatient Unit 3, Jade ward, Calnwood Road, Luton, LU4 0DZ
- Oakley Court, Angel Close, Luton, LU4 9WT
- 35 Alexandra Road, Bedford, MK40 1JB
- 67 High Street North, Dunstable, LU6 1JD
- Barford Ave, 29 Barford Ave, Bedford, MK42 0DS
- Beacon House, 5 Regent Street, Dunstable, LU6 1LR
- Beech Close Resource Centre, 5 Beech Close, Dunstable, LU6 3SD
- Biggleswade Hospital (Spring House only), Spring House, Potton Road, Biggleswade, SG18 0EL
- Cedar House, Bedford Health Village, 3 Kimbolton Road, Bedford, MK40 2NT
- Crombie House, 36 Hockliffe Street, Leighton Buzzard, LU7 8HE
- Day Resource Centre, Bedford Health Village, Bedford, MK40 2NU
- Disability Resource Centre, Poynters House, Poynters Road, Dunstable, LU5 4TP
- EMPOWA, 3 Woburn Road, Bedford, MK40 1EG
- Florence Ball House, Bedford Health Village, 3 Kimbolton Road, Bedford, MK40 2NT
- Fountains Court, Bedford Health Village, 3 Kimbolton Road, Bedford, MK40 2NT
- Grove Place, 24 Grove Place, Bedford, MK40 3JJ
- Healthlink-Bromham Road, 26/28 Bromham Road, Bedford, MK40 2QD
- Rush Court 5-7 & 9, 5-9 Rush Court, Off Grove Place, Bedford, MK42 3JT
- The Poplars, Mayer Way, Houghton Regis, LU5 5BF
- Steppingley Hospital (Meadow Lodge only), Meadow Lodge, Ampthill Road, Steppingley, MK45 1AB
- The Crescent, 21 The Crescent, Bedford, MK40 3JJ
- The Coppice, 2 The Glades, Northampton Road, Bromham, Bedford, MK43 8HJ
- The Lawns, The Baulk, Biggleswade, SG18 0PT
- Townsend Court, Mayer Way, Houghton Regis, LU5 5BF
- Twinwoods, The Lodge, Milton Road, Clapham, Bedford, MK41 6AT
- Twinwoods, Admin Block, Milton Road, Clapham, Bedford, MK41 6AT
- Twinwoods, Clinical Resource, Milton Road, Clapham, Bedford, MK41 6AT
- Twinwoods, Raymond Smith (Specialist Medical), Milton Road, Clapham, Bedford, MK41 6AT
- Twinwoods, Russell Block, Milton Road, Clapham, Bedford, MK41 6AT
- Twinwoods, Whitbread Centre, Milton Road, Clapham, Bedford, MK41 6AT
- Weller Wing, Bedford Hospital, Ampthill Road, Bedford, MK42 9DJ
- Whichellos Wharf, The Elms, Stoke Road, Linslade, Leighton Buzzard, LU7 2TD
- Whichellos Wharf – Cottage, The Elms, Stoke Road, Linslade, Leighton Buzzard, LU7 2TD
- 8 Kilgore Court, Leighton Buzzard.

At any time during the contract period a site may be added to the sites which require service or alternatively removed.

4 General requirements and contract management

4.1 General Requirements

4.1.2 Strategic Partnership

The Trust is seeking to enter into a partnership with a Contractor, in order to generate value for both parties. The specification specifies the Trust's service requirements based on its current understanding, and it is required that Contractor submit proposals based solely on the requirements of this ITT.

It is required that the Contractor will have and maintain a very high level of professional knowledge relating to the provision of hard and soft FM services within healthcare, and will ensure that the Trust is regularly made aware of developments within this sector.

The Contractor will bear an obligation to notify the Authorised Officer in writing of any industry-wide or local developments which might present an opportunity for either the improvement of service delivery or reduction of cost, or both. These shall include, but not be limited to:

- Changes in legislation;
- Changes to guidance issued by government agencies or professional organisations relating in any way to the services covered in these documents.
- New guidance issued by government agencies or professional organisations relating in any way to the services covered in these documents.
- New and emerging technology;
- Changes in industry practice.

The Contractor shall have a specific responsibility to report formally to the Trust each month on industry developments, as part of the Monthly Report.

The Contractor shall also, each year, two months prior to the Contract Price review date, make a full written report giving the Trust options for reducing, eliminating or reversing the level of indexation, through supplier and usage reviews, proposals for variations to method statements or service levels, reduction of margin, or other means.

4.1.3 Transition and Staffing

The Trust requires that the Contractor has a detailed mobilisation plan to ensure a seamless transfer of staff and services. This will include a detailed method statement of how the transition process will be managed, resourced and reported.

The Contractors must comply with the process for TUPE of existing staff providing the Services.

The Contractor must be able to provide an occupational pension scheme which is broadly comparable to the NHS Scheme, in accordance with the requirements of the Government Actuary's Department, or that they can offer access to the NHS Pension Scheme.

4.1.4 Achievement of Defined Outputs

These documents specifically define the needs of the Trust in terms of defined outputs and outcomes rather than the inputs of methods, labour, supervision, management and materials required to achieve these outputs and outcomes.

The Trust requires that the Contractor takes full responsibility for the achievement of these outputs and outcomes. The Contractors must assess the inputs of methods, labour, supervision, management and materials required to achieve these outputs and outcomes, and these must be clearly detailed within the tender returns.

The Contractor should note that acceptance of a tender by the Trust does not imply acceptance that the inputs detailed within that tender are necessarily sufficient to achieve the outputs required. It will remain at the risk of the supplier to ensure that the required outputs and outcomes are achieved, irrespective of the inputs deployed.

4.1.5 Supervision

It is required that there shall be adequate supervision to allow for regular and frequent checking of service delivery, liaison with Trust staff, and training of staff. Nothing in this section should be read as limiting or defining that requirement.

Supervisors will be on duty when operatives are on duty.

Additionally, there will be adequate provision of supervision to ensure that a supervisor makes a formal recorded visit to each service location, as listed in this document, at least once per week. Such visits will be recorded by the supervisor in writing, and will note the names of Trust staff spoken to, their comments and requests, observations made by the supervisor, and all actions taken as a result of the visit. The record of the visit shall also record the names of the members of the Contractor's staff spoken to, details of work observed, and any retraining requirements. The record of the visit shall further contain a checklist for recording the presence and accuracy of COSHH and, where appropriate, HACCP data. (A summary of recorded visits will form part of the Monthly Report as detailed later in this section). For the avoidance of any doubt, this is a minimum requirement for recorded visits; it is expected that supervisory staff will additionally be making frequent unrecorded visits to service locations in pursuance of their duties.

The Contractor should include a draft Supervisory Visit Form, which meets the requirements of these documents for recording the formal weekly visits to service locations, as described above.

4.1.6 Helpdesk

It is required that the Contractor shall provide a single point of contact to receive requests for services.

As a minimum, it is required that this helpdesk will be manned between 07.00 and 20.00. It will be acceptable for the helpdesk to be switched to answerphone at other times. (Note: the answerphone shall be solely for use in the rare occasions that routine requests are made out of hours. Any urgent or emergency requests out of hours will be made directly to an emergency contact number which shall be provided by the Contractor. Adequate on-call arrangements must be in place to support this - see below).

All requests to the helpdesk will be logged, given a priority, and the times of receipt of request and completion of task recorded. For task requests received out of hours the

time of receipt will be recorded as 07.00. (A summary of recorded requests will form part of the Monthly Report as detailed later in this section).

It is envisaged that the Contractor may wish either to make use of an existing off-site helpdesk facility for this purpose, or make adequate allowance of dedicated staff for the performance of the helpdesk function.

Note: If the Contractor intends to manage helpdesk services from a pre-existing central facility, tenders should include details of the operation of this, including details of Information Systems used. All tenders, irrespective of method to be used, should include a process flow chart describing the operation of the helpdesk facility.

4.1.7 Emergency Contact and On-Call Response

It is required that the Contractor will provide an emergency contact number and two back up contact numbers to enable Trust staff to make contact with the Contractor in the event of an emergency.

The Trust requires that appropriate members of the Contractor's staff will be available to attend any of the Trust's locations in the event of any emergency situation which urgently requires the provision of any of the Services covered in these documents such events may include, but are not limited to, floods and major incidents.

The Contractor shall at all times ensure that adequate on-call arrangements are in place to support this requirement.

4.1.8 Monitoring

It is required that the Contractor will make adequate staffing provision to ensure that each room within the scope of the Contract is scored for cleanliness in accordance with the procedure described in The National Specifications for Cleanliness in the NHS: A Framework for Setting and Measuring Performance Outcomes (National Patient Safety Agency, April 2007). Scoring will be recorded using the Sample Cleaning Audit Score Sheet contained within this document. (A summary of weighted scores will form part of the Monthly Report as detailed later in this section).

It is further required that the Contractor will make appropriate staffing provision to ensure that the other hard and soft FM services can be adequately monitored in strict accordance with the requirements of the specification.

4.1.9 Management

It is required that there is adequate senior staffing to allow for adequate provision of HR, Training, Financial, Operational and General Management for the Contract. Nothing in this section should be read as limiting or defining that requirement.

It is required that a dedicated Contract Manager be provided. The Manager appointed should bear overall responsibility for the management of the Contract, will be the primary point of contact, and should be empowered with full decision-making authority related to the Contract. This Manager will not have responsibilities within the Contractor's organisation that do not relate directly to this Contract.

Roles and responsibility of such individuals should include:

- Authorship and presentation of the Monthly Report;
- Ensuring delivery of the specified outputs;

- Acting as the primary communication point for all interaction between the Trust and the Contractor;
- Attendance at meetings as required by the Authorised Officer, which may include, but not necessarily be limited to, Trust Control of Infection Committee, ad-hoc meetings with the Authorised Officer and other Trust members;
- Day-to-day exchange of operational information. For example, the Contract Manager shall be responsible for ensuring that the Authorised Officer is notified in the event that any planned cleaning is delayed by staff absence or for any other reason.

The Contractor shall include a detailed Job Description for the post of Contract Manager, together with details of the salary range at which the tenderer intends the post to attract, including any proposed bonus payments.

4.1.10 Monthly Reporting

It is required that the Contractor makes adequate provision for the timely collection and collation of information required for the Monthly Report.

The Contractor shall submit, in written form, a Monthly Report to the Trust. The reporting period shall be one calendar month. The report must be received on or before the sixth working day after the end of the reporting period.

The report will, at an agreed date each month, be formally presented by the Contract Manager at the Monthly Review Meeting.

The report will contain, as a minimum, current month and annual trend reports on each of the following:

- Calculated and evidenced scores for all the hard and soft FM service provisions in accordance with the specified requirements for each service.
- Labour hours utilised.
- Sickness absence.
- Staff turnover.
- Completion of specified staff training.
- Complaints and compliments received.
- Updated Action Plans for improvement of any under-performing areas.
- A summary of actions taken arising from recorded supervisor visits to service locations.
- Variations to Contract.
- A summary of disciplinary actions completed and failed DBS checks.
- Food quality audit results.
- Subcontractor reports

The Monthly Report shall also contain a:

- Strategic Partnering Report, including initiatives and proposals for service improvements.

4.1.11 Business Continuity Plan

The Trust requires that the Contractor shall maintain a detailed and current Business Continuity Plan (which shall include a disaster recovery plan), which shall be updated annually and included within the Monthly Report closest to the date of update.

The Business Continuity Plan shall include procedures for the continuation of service provision in the event of any emergency or untoward event affecting local service delivery to the Trust, for example fire in the helpdesk room, unplanned unavailability of staff.

The Business Continuity Plan shall also contain detailed contingency plans designed to address short and long term staffing shortages and other operational challenges.

4.1.12 Training Plan

The Trust requires that the Contractor shall maintain a detailed and current plan for the training of all staff. For the avoidance of doubt, this shall include operative, supervisory and managerial staff.

The Contractor must describe in detail the plan for the training of staff, including technical and mandatory training and staff development planning. Contractors must demonstrate how this will meet the requirements of these documents and satisfy good workforce practice.

The Contractor shall as a minimum include for the costs and attendance of staff and subcontractors at training course and induction sessions appropriate to the clinical service being provided. It is expected the following training shall be provided as necessary:

- Conflict management and break away training
- Mental health awareness training
- Sharps awareness training

4.1.13 Security of Premises

The Contractor will be issued with keys and door codes to all premises from which services will be delivered, such as office accommodation, store rooms and kitchens. The Contractor shall contribute to the security of these areas, and will maintain a policy and written records governing the issuing and safe-keeping of keys and codes. The cost of replacement of lost keys will be borne by the Contractor, including the cost of changing locks in the event that a master or sub-master key is lost. The Contractor is not permitted to cut additional keys but may request additional keys from the Authorised Officer. All keys issued to the Contractor shall be returned, labelled, at the completion of the Contract period.

Additionally, the Contractor shall contribute to the security of the service locations in which its staff work, in accordance with the local procedures in place for each area. The duties required of the Contractor may include:

- closing windows;
- locking doors;
- checking that points of entry are secured.

4.1.14 Reporting of Incidents

The Contractor shall ensure that any untoward incidents and near misses are reported in accordance with the procedures agreed with the Authorised

The Contractor will notify the Authorised Officer immediately upon the occurrence of a potential RIDDOR incident.

4.1.15 Uniforms and Personal Protective Equipment

The Contractor shall ensure that all of its staff are wearing correct uniform and maintain a high level of personal hygiene at all times while on the Trust's premises. The Contractor shall ensure that staff are supplied with sufficient uniforms to enable them to wear clean uniform at all times.

The Contractor shall further ensure that all of its staff are issued with sufficient Personal Protective Equipment to enable staff to carry out tasks in accordance with the Contractor's Safe System of Work for each task. It is anticipated that such Safe Systems of Work will necessitate the issuing of protective footwear to the vast majority of staff.

The Contractors shall include detailed proposals for the uniform to be worn by all of its various staff. These proposals shall not be varied from except with the written agreement of the Authorised Officer.

4.1.16 Deliveries of Goods

The Contractor shall ensure that deliveries to all service locations are aimed at times which do not cause unnecessary inconvenience or disruption to service users, staff or local residents. All delivery times shall be agreed with the Authorised Officer.

4.1.17 Occupational Health

The Contractor shall be responsible for ensuring that its staff receive appropriate Occupational Health clearance to work, and Occupational Health support during work. The Contractors shall contain a full description of the service to be provided to staff, and details of the proposed provider. Contractors should note that staff will not be permitted to work without having received Occupational Health Clearance.

For the avoidance of doubt, the Trust will not deliver Occupational Health services to the Contractor's staff.

Tenderers should note that all staff will require to be inoculated against Hepatitis B, at the cost of the Contractor.

4.1.18 Accommodation

The Contractor will be allocated office space and storage areas. Allocated office space will not be available at each site and will be agreed with the successful Contractor. The Contractor shall be responsible for the provision of any office equipment which it requires, such as photocopiers, fax machines, and personal computers. Telephone handsets and basic furniture will be provided by the Trust. No charge will be made for business phone calls pertaining only to the Contractor's business with the Trust.

4.1.19 Carbon Saving Initiatives

The Contractor shall propose and implement Carbon Saving Initiatives to support the efficient use by the Contractor of the Trust's utilities, including water, electricity and gas. The Contractor will be required to demonstrate a year on year reduction in carbon

emissions relation to the contracted service provision through a range of initiatives which may include using local products and produce, reducing transport and travel and using materials with a low environmental impact. The Trust would welcome innovative proposals for a carbon saving incentive scheme with the successful Contractor which demonstrates a reduction in costs via a gain share mechanism. A report on carbon efficiency initiatives and carbon performance shall form part of the Monthly Report.

4.1.20 Contract Staff

The Trust expects the Contractor to ensure that all its staff are trained on the Trust's customer services standards. During the provision of service the Trust expects all Contractors staff to work in a responsive, effective and adaptable manner. Alterations or amendments to service provision should be dealt with immediately and to no detriment to patients or staff. The Trust sees the Contractor as part of the ward or unit team and would expect, like it does with its own staff, that they are involved with changes and are able to voice opinions. The Trust requires the Contractor to clearly explain how they will ensure that all of their staff are customer focused, able to respond appropriately to any customer requirement or need and what measures are in place to monitor these requirements.

4.1.21 Major Incidents and Other Special Circumstances

In the event of a Major Incident causing a serious disruption of services, the Contractor's staff shall assist in contingency arrangements as requested by the Authorised Officer. This may include the immediate evacuation of patients, visitors, staff and equipment and removal of water and debris, assisting in relocating departments, placing equipment in temporary storage, and other similar duties.

The Contractor will provide additional services and assistance as requested by the Authorised Officer where possible to meet the needs of emergency weather conditions, incidents, special visits and events, and other occasions. The Contractor will take part in any practice runs or table top exercises undertaken in respect of major incidents.

4.1.22 Management of signage

The Contractor shall be responsible for the management and installation of signage in accordance with Trust requirements.

On receipt of a request from the Authorised Officer the Contractor shall manage the procurement and installation of signage to meet the Trusts requirements.

All requests for signage shall be accurately recorded and detailed in the Contractors monthly report.

Where existing signage becomes damaged or illegible the Contractor discuss the requirement with the Authorised Officer and shall arrange for replacement signage in accordance with trust requirements to be procured and installed.

4.1.23 Health and safety

Having due regard for the Health and Safety at Work ACT 1974 and its associated regulations the Contractor shall be responsible for ensuring that no harm shall come to staff, patients and the general public at the service locations and arising from the actions or inactions of the Contractors staff or subcontractors.

The Contractor shall have in place suitable safe systems of work (including permits to work), training, monitoring, management and record procedures in place for the control of health and safety in relation to their works at the service locations.

Where the Contractor becomes aware of an unsafe condition or act in an area or activity under their control they shall immediately put in place measures to make safe the condition or act. The Contractor shall also review similar areas or activities under their control to ensure the unsafe condition or act does not exist.

Where the Contractor becomes aware of an unsafe condition or act in an area or activity that is not under their control they shall notify the Authorised Officer.

Where the unsafe condition or act presents a serious or life threating risk regardless of responsibility the Contractor shall take all reasonable steps to prevent or stop unsafe condition or act.

All unsafe conditions shall be notified to the Authorised Officer along with details of the investigations and measures put in place to prevent a future occurrence.

4.1.24 Permit to work

The Contractor shall provide a fully managed permit to work system as part of their safe systems of work.

All permits shall:

- Have a unique reference number.
- Be controlled by suitably appointed and qualified staff.
- Detail the permitted work activity.
- Detail safe systems of work and control measures to be implemented
- Refer to the approved risk assessments and method statements for the works.
- Record the details of the Competent Person to whom the permit is issued.
- Be date and time limited.
- Be closed down at the end of the works or agreed permit period.

The Contractor shall retain closed copies of the permits to work for future inspection as required by the HSE or the Authorised Officer.

4.1.25 Health and Safety records

The Contractor shall maintain records of all health and safety activities and inspections carried out on site including but not limited to:

- Access equipment inspection logs.
- PPE equipment issue and inspection logs.
- Staff training and toolbox talks.
- Contractors health and safety audits.
- Permits to work.

The Contractor shall also be responsible for carrying out and maintaining up to date risk assessments and audits for the following:

- General Service location health and safety audits and remedial actions.

- Fire risk assessments for service locations.
- Equality Act audits and remedial works.
- Asbestos register.

4.2.2 Contract Management by the Trust

The Trust shall, prior to the commencement date, appoint an Authorised Officer for this Contract. The Contractor will be required to address all communication regarding the Contract and its performance, including the Monthly Report, to the Authorised Officer. Any change to the Authorised Officer will be notified in writing to the Contractor.

5 Sub-Contracting

5.1 The Contractors shall indicate within their tender proposal aspects of any part of the service that they intend to sub contract and/or employ a third part to fulfil this service.

5.2 The Contractors shall provide name(s), addresses(s) and contact details of all proposed sub-contractors and/or third parties.

5.3 The Contractors shall not sub-contract any part of the works to the communications systems without prior consent in writing from the Trust's authorised officer.

5.4 Where sub-contracting arrangements do exist, the tenderers shall arrange for all invoices to be coordinated with the Trust receiving invoices only from the main contractor.

6 Previous Experience

6.1 Please provide details of previous experience in the NHS including Mental Health and Secure Services and any other Public Sector body, in hard and soft FM services, in the last three years.

7 Management and Team Structure

Tenderers must provide details of any professional institutes/associations they are accredited with and advise conformance to all relevant Government legislation with regards to the Services.

8 NHS Requirements and Trust Policies

8.1 The Contractor will ensure Services are delivered in accordance with Trust Policies NHS guidance and CQC guidance.

8.2 The Contractor will ensure their operational activities are documented in Method Statements incorporating risk assessments which minimise the impact on Trust activities, and such are made available to the Trust within 24 hours.

The Contractor will ensure their Services are delivered in accordance with these operational task based method statements.

9 Sustainability

All Contractors are asked to provide their Sustainability Policy outlining mechanisms for ensuring that processes in place are sustainable and designed to reduce Environmental, Economic and Social impact.

10 Contractors Personnel

The following are requirements for any employees working and entering Trust premises.

10.1 Alcohol - No alcohol is to be brought or consumed on site.

10.2 Radio Receivers - The use of radio receivers, cassette players and other audio equipment will not be permitted in or adjacent to occupied premises.

10.3 Tobacco - The Contractor shall not allow his employees to smoke tobacco on any of the Trust Sites

11 Site Procedures

The Contractor is to adhere to the following procedures when working on Site.

11.1 Every employee of the Contractor, or any sub contractor, who attends a Site should be appropriately dressed in overalls or the contractors uniform in the Contractor's colours with the name and/or logo of the Contractor clearly displayed.

11.2 All the Contractors employees must be clean and respectable in appearance and have the appropriate appearance and behaviour for working at a varied number of Sites: especially for those Sites where patients, mentally and physically handicapped persons, or members of the public may be in attendance.

11.3 All personnel attending any Site must carry an identity pass, stating the name and address of the company, the name of the employee and a passport size photograph of that employee. This identity pass must be produced when initially reporting to the Trust Authorised Officer or nominated person whether it is requested or not. Subsequently the identity pass must be produced when requested by any member of the participating Trust

11.4 On arrival at the Site, the Contractor's vehicle must be safely parked in an appropriately marked parking space. The vehicle should be locked and the keys retained by the Contractor's employee. The participating Trust will not accept liability for any damage or theft from vehicles parked at, or within the vicinity of, any NHS Trust Site. The Contractor should note that the trust does not operate car parks at all locations. The Contractor will be responsible for all parking charges and costs associated with the attendance by the Contractors Employees.

11.5 On leaving and arriving at the Trust Sites, for whatever reason, the Contractor must inform the Trusts Authorised Officer or their authorised representative. Where appropriate, the Contractor should also give an indication of the time and date of their return.

11.6 Where the Contractor is required to leave the Site, for whatever reason, and the repair/ work is incomplete, the Contractor will be held liable for leaving the area of repair safe, clean, tidy and secure.

12 Disclosure and Barring Service Checks (DBS)

It is a requirement of this Framework Agreement that all contractors' personnel who will visit any of the Trust Site will obtain a satisfactory 'Enhanced' certificate from the Disclosure and Barring Service, as required under section 122(2) the Police Act 1997.

13 Safety on Premises

Where Works are carried out on the Trusts premises the Contractor shall take all reasonable care to avoid damaging the property or contents and shall make good all damage which arises from the Works.

Where Works are carried out in, or adjacent to occupied premises the Contractor shall ensure that materials, plant and equipment etc., are not left in locations which may endanger or expose to risk the premises, its contents or occupants.

The Contractor shall not leave steps, ladders or other plant accessible for unauthorised persons to enter the site, the premises or any adjoining property.

Document no 5a.2

Service specification – Mechanical, Electrical and Public Health (MEP) Maintenance Services

Tender 22112 - ELFT/TENDER/15/338 - Hard and Soft FM services for East London NHS Foundation Trust properties located in Bedfordshire and Luton

1 Mechanical, Electrical and Public Health (MEP) Maintenance service requirements

1.1 Overview

The contractor is to provide a planned and reactive maintenance service the to the mechanical, electrical and public health (MEP) installations on the Bedfordshire and Luton Mental Health and Wellbeing Services sites as follows:

1.1.1 Planned maintenance, inspections, tests and certification of MEP installations in accordance with statutory requirements.

1.1.2 Planned maintenance, inspections, tests and certification of MEP installations in accordance with industry best practice.

1.1.3 Reactive maintenance and repair service 24 hours a day 365 days per year to the MEP installations.

2 Key Objectives

2.1 In addition to the key objectives, stated within the general services specification the contractor shall:

2.1.1 Provide the Trust with a comprehensive, technical and fully operational planned and reactive maintenance service to the MEP installations.

2.1.2 Ensure that the planned and reactive maintenance service to the MEP installations do not conflict with the Trust's provision of patient care, and trust Policies.

3 Bedfordshire and Luton Mental Health and Wellbeing Services Background and service locations

3.1 Bedfordshire and Luton Mental Health and Wellbeing Services provides a wide range of mental health and community and inpatient services to children, young people, adults of working age and older adults, to the Bedfordshire and Luton area. The Trust operates from approximately 33 community and inpatient sites and have 280 general and specialist inpatient beds.

3.2 Given the nature of the sites, security is paramount both for staff, service user and Supplier safety.

3.3 Mechanical, Electrical and Public Health Maintenance Services under the framework could be requested to be carried out at any of the following service locations:

- Charter House, Alma Street, Luton LU1 2PL
- 105 London Road, Luton, LU1 3RG
- 54 Lewsey Road, Luton, LU4 0EP

- Luton & Central Beds MH Inpatient Unit 1, Ground Floor - Crystal Ward, Calnwood Road, Luton, LU4 0LX
- Luton & Central Beds MH Inpatient Unit 1, First Floor - Outpatients etc., Calnwood Road, Luton, LU4 0LX
- Luton & Central Beds MH Inpatient Unit 2, Robin Pinto Unit, Calnwood Road, Luton, LU4 0FB
- Luton & Central Beds MH Inpatient Unit 2, Admin Block, Calnwood Road, Luton, LU4 0FB
- Luton & Central Beds MH Inpatient Unit 2, Multi Purpose Hall, Calnwood Road, Luton, LU4 0FB
- Luton & Central Beds MH Inpatient Unit 2, Onyx Ward, Calnwood Road, Luton, LU4 0FB
- Luton & Central Beds MH Inpatient Unit 2, ECT Suite and Pharmacy, Calnwood Road, Luton, LU4 0FB
- Luton & Central Beds MH Inpatient Unit 3, Coral Ward, Calnwood Road, Luton, LU4 0DZ
- Luton & Central Beds MH Inpatient Unit 3, Jade ward, Calnwood Road, Luton, LU4 0DZ
- Oakley Court, Angel Close, Luton, LU4 9WT
- 35 Alexandra Road, Bedford, MK40 1JB
- 67 High Street North, Dunstable, LU6 1JD
- Barford Ave, 29 Barford Ave, Bedford, MK42 0DS
- Beacon House, 5 Regent Street, Dunstable, LU6 1LR
- Beech Close Resource Centre, 5 Beech Close, Dunstable, LU6 3SD
- Biggleswade Hospital (Spring House only), Spring House, Potton Road, Biggleswade, SG18 0EL
- Cedar House, Bedford Health Village, 3 Kimbolton Road, Bedford, MK40 2NT
- Crombie House, 36 Hockliffe Street, Leighton Buzzard, LU7 8HE
- Day Resource Centre, Bedford Health Village, Bedford, MK40 2NU
- Disability Resource Centre, Poynters House, Poynters Road, Dunstable, LU5 4TP
- EMPOWA, 3 Woburn Road, Bedford, MK40 1EG
- Florence Ball House, Bedford Health Village, 3 Kimbolton Road, Bedford, MK40 2NT
- Fountains Court, Bedford Health Village, 3 Kimbolton Road, Bedford, MK40 2NT
- Grove Place, 24 Grove Place, Bedford, MK40 3JJ
- Healthlink-Bromham Road, 26/28 Bromham Road, Bedford, MK40 2QD
- Rush Court 5-7 & 9, 5-9 Rush Court, Off Grove Place, Bedford, MK42 3JT
- The Poplars, Mayer Way, Houghton Regis, LU5 5BF
- Steppingley Hospital (Meadow Lodge only), Meadow Lodge, Ampthill Road, Steppingley, MK45 1AB
- The Crescent, 21 The Crescent, Bedford, MK40 3JJ
- The Coppice, 2 The Glades, Northampton Road, Bromham, Bedford, MK43 8HJ
- The Lawns, The Baulk, Biggleswade, SG18 0PT
- Townsend Court, Mayer Way, Houghton Regis, LU5 5BF
- Twinwoods, The Lodge, Milton Road, Clapham, Bedford, MK41 6AT
- Twinwoods, Admin Block, Milton Road, Clapham, Bedford, MK41 6AT
- Twinwoods, Clinical Resource, Milton Road, Clapham, Bedford, MK41 6AT
- Twinwoods, Raymond Smith (Specialist Medical), Milton Road, Clapham, Bedford, MK41 6AT

- Twinwoods, Russell Block, Milton Road, Clapham, Bedford, MK41 6AT
- Twinwoods, Whitbread Centre, Milton Road, Clapham, Bedford, MK41 6AT
- Weller Wing, Bedford Hospital, Ampthill Road, Bedford, MK42 9DJ
- Whichellos Wharf, The Elms, Stoke Road, Linslade, Leighton Buzzard, LU7 2TD
- Whichellos Wharf – Cottage, The Elms, Stoke Road, Linslade, Leighton Buzzard, LU7 2TD
- 8 Kilgore Court, Leighton Buzzard.

3.4 At any time during the contract period a site may be added to the sites which require service or alternatively removed. Any additions or deletions shall be fully communicated to the Contractor at least 4 weeks before the change takes place. Any amendment to the contract price shall be mutually agreed by both parties.

4 Scope

The Contractor shall be responsible for the provision of planned and reactive maintenance and statutory compliance, including but not limited to the maintainable assets identified in the asset register (hereby and after “Maintenance Services”).

Maintenance Services include but are not limited to:

- Maintenance planning.
- Asset data collection and management.
- Maintenance logbooks.
- Planned and reactive maintenance.
- Project works.
- Site inspections.
- Water treatment.
- Statutory testing.
- Technical support.

Maintenance activities shall address but not be limited to the following equipment:

- Heating.
- Ventilation.
- Air conditioning.
- Mechanical and electrical Services.
- Fire systems.
- Security.
- Lifts.
- Generators.
- UPS.
- Water Services.

The Contractor is responsible for ensuring compliance to relevant Trust standards and legislation.

The Contractor should note that the sites at each of the service locations are a mixture of inpatient, outpatient and administration function. With the exception of the inpatient areas that operate 24 hours per day 7 days per week the normal hours at each of the locations is between 09:00 and 17:00 Monday to Friday excluding public holidays. It is noted that inpatient areas have protected meal times. Unless otherwise directed by an Authorised Officer all planned preventative maintenance should be undertaken during this period. Where planned preventative maintenance shall cause inconvenience to the

occupiers and patients then the Contractor shall agree the attendance time with the Authorised Officer this may include carrying out works outside of normal working hours.

5. Service levels

The Services shall be carried out to manufacturer's recommendations and or in accord with good industry standards and practices published by organisations including, but not limited to: B&ES), NICIEC, gas safe and CIBSE. In addition the Services shall be carried out to the satisfaction of the Authorised Officer and the Contractor shall use the standard of skill and care which is ordinarily exercised by experienced and competent Contractor performing Services of a similar nature.

The primary basis of the maintenance standard for M&E Maintenance Services shall be to B&ES Standard SFG20 which shall form the minimum basis of the M&E maintenance schedule from Contract Commencement.

The following service levels have been identified to provide flexibility for the Trust to vary maintenance service levels to meet the Trusts strategic objectives.

5.1 Defined Service Levels

The Contractor shall perform the maintenance in accordance with the following defined service level:

- Full maintenance for all legislatively maintainable assets.
- Planned preventative maintenance regime in accordance with and not less than the standard identified by the B&ES maintenance task schedules SFG20 and subsequent updates.
- Planned maintenance in accordance with the manufacturer's maintenance task specifications.
- Planned and agreed maintenance / testing for any maintainable assets where a tasks schedule has not been defined.
- Meaningful walk round inspections.
- Reactive maintenance in accordance with prioritised reactive call outs.

6. Maintenance planning

The Contractor agrees that the data contained within the Contractors maintenance planning system used shall be the property of the Trust and shall be provided as requested and without delay in a printed format and also as exportable electronic file capable of being manipulated in Microsoft Excel.

The proposed maintenance plan shall be provided to the Authorised Officer not less than 6 weeks prior to the commencement of each Contract year and shall be approved by the Trust nominally 1 month prior to commencement of the Contract year.

The operated maintenance planning system shall be the primary repository of all asset data and maintenance history and is to be kept updated at all times. Updates are to take place not less than weekly.

7. Asset data collection and capture

It is noted that the Asset Register contained within these documents has been developed from information provided by the existing contractor and it is recognised that the Asset Register is not complete. The Asset Register has therefore been split into two sections as follows:

- Asset Register section 1 – information from existing register
- Asset Register section 2 – assumed assets based on typical MEP installations within the Trusts properties.

The Contractor shall maintain all mechanical, electrical and public health systems, installations and equipment. The Contractor shall provide a fixed price cost for both sections of the asset register. Where items within section 2 of the asset register are found to be significantly different the Contractor shall agree the revised cost for maintenance of section 2 items with the Authorised Officer.

The Contractor is to undertake a full and thorough asset survey of all of the maintainable assets at the service locations immediately following Contract Commencement.

The Asset Register shall be the property of the Trust and is to be updated by the Contractor on or before the 12 month anniversary of the Contract. The maintenance plan shall be provided to the Authorised Officer not less than 6 weeks prior to the commencement of each Contract year and shall be approved by the Trust nominally 1 month prior to the Contract year.

The Asset Register shall be provided upon request to the Trust or their Authorised Officer in an editable MS Excel format.

In addition the survey should include elements of fabric that are generally subject to degradation and require replacement, items such as: Window seals, Solar glazing film.

The asset survey is to be undertaken in accordance with good practice as identified by CIBSE, BSRIA etc and include for condition, remaining life, energy usage, refrigerant, legislative maintenance requirement as well as the lifecycle replacement of any assets.

The process and operation must allow for the continuous updating of the asset listing, maintenance programmes and task schedules etc.

The Contractor is to ensure that they have a full understanding of their obligations and applicable legislation with regard to maintainable assets and the physical limit of liability/responsibility for each asset/system.

This survey will:

- Identify all assets for inclusion within the maintenance programme.
- Identify the assets for which the Contractor has responsibility by the use of asset labels, affixed to each recorded asset or an agreed alternative such as soft Q tags.
- Identify asset location.
- Identify asset description.
- Identify asset make, model and serial number.
- Identify/estimate asset age.
- Identify linked assets e.g. split Air conditioning condensers and room units.
- Identify asset refrigerant gas type if present and mass.
- Identify asset pertinent rating: Voltage, kW rating etc...
- Identify asset condition based on CIBSE Guide M 2014.
- Identify asset remaining life expectancy based on surveyors experience and the Company's perceived current usage.
- Identify asset remaining life expectancy when compared to CIBSE guide M 2014.
- Identify asset remedial defects.
- Estimate material and specialist activity costs to return asset to 'condition 5 – reasonable', based on CIBSE Guide M 2014.

- Estimate self-delivered labour costs to return asset to 'condition 5 – reasonable', based on CIBSE Guide M 2014.
- Prioritisation for undertaking asset remedial required works.
- Identify where and reason as to why asset maintenance cannot be carried out within normal working hours.
- Identify any physical constraint that may impede asset maintenance by example: confined space, working at height, the Company activity.

The survey shall include and draw information from existing asset registers and maintenance logbooks/certificates. Additionally secondary infrastructure assets shall be taken account of and included e.g.: mains cabling, pipe work etc.

Upon completion of the condition survey, the Contractor shall provide reports of the findings of the survey to the Authorised Officer with the cost to complete the identified remedial repairs required.

The survey shall form the basis of a robust and refreshed Asset Register, which the Contractor is required to update 2 months prior to each Contract anniversary and to present to the Authorised Officer in a format for ease of transfer into a CAFM system or in to a Microsoft Excel spreadsheet.

The asset condition survey and Asset Register shall form part of the data used for maintenance planning and lifecycle replacement programme.

8. **Maintenance logbooks**

The Contractor shall provide and keep updated meaningful maintenance log books that provide clarity on: Legislative certification and status, maintenance planned, completed and to be completed.

The maintenance record shall include the following items as a minimum:

- Record of maintenance work undertaken, including details of what works were completed. A record of works not completed should be detailed. All works should be cross-referenced with the maintenance work plan, work schedules and asset register.
- The Contractor shall record all failures or problems highlighted during the maintenance process and shall rectify them. Where a problem is highlighted that is outside the scope of this contract, the Contractor shall inform the Authorised Officer. It is a requirement that the details of the fault resolution path are recorded to provide an audit trail for future reference, and to assist with reviews of plant operation and staff training.
- Maintenance staff record, showing maintenance staff attendance/departure and reasons for attendance. This record should also apply to any Subcontractors.
- The Contractor shall ensure that all Contractors operatives update the maintenance record in a consistent and suitable manner.
- A copy of all test certificates, manufacturer's guarantees, warranties and maintenance agreements.
- Control sequences and schedules of all fixed and variable equipment settings.
- Condition of the status of the asset at the time of every planned preventative maintenance inspection.
- Specialist Subcontractor reports.
- As built drawings and specifications/O&M manuals. The Contractor shall be responsible for keeping the relevant documentation up to date where any alterations are undertaken by the Contractor.

- A system of records to monitor the use of refrigerants on the Site as required by the F-Gas regulations.
- A system of records to monitor water quality and temperature in accordance with the requirements of ACOP L8 and the water management risk assessment for each service location.
- Water management risk assessments for each service location.
- Be clearly identifiable with each section labelled.
- Kept in a pre-defined place, readily accessible 24/7 to all staff including the Authorised Officer.
- Contain maintenance work reports - identifying statements such as 'complete' and signed with an illegible signature shall not be tolerated.
- Copies of relevant statutory certification shall be retained in the log book.
- The Contractor is required to retain records of all checks and inspections and to make them available to the Authorised Officer as required.

The contractor shall use a Computerised-Aided Facilities Management (CAFM) system to record the maintenance activities and these shall form the maintenance log book. The Contractor shall detail the proposed CAFM system in their tender return.

The proposed CFAM system shall have the facility for the Authorised Officer to review log book through an internet / web access portal. The Contractor shall include for all costs, charges and licences associated with the use of the CAFM system.

The information, registers and other documents contained within the maintenance log book remains the property of the Trust. The Contractor shall ensure their proposed CAFM system is capable of exporting a full record of the maintenance service in a meaningful format to the Authorised Officer when requested and in all instances at the end of the contract. The meaningful format shall be agreed with the Authorised Officer at the time of the request and may be any of the following MS Excel .csv file, CAFM system data file transfer, .pdf report format. The purpose of the information shall be to retain a fixed record of maintenance activities or to enable the Trust or one of their Contractors to import the information into a new CAFM system. For the avoidance of doubt all maintenance log book information, registers and other documents relating to the works and services are the property of the Client and shall be returned at the end of the contract.

In order to provide instant access to the Authorised Officer or other legislative inspector that may require sight of the maintenance records to confirm compliance with statutory requirements the Contractor shall also maintain a system of hard copy documents to record the maintenance activities. The location of the hard copy documents shall be agreed with the Authorised Officer and may include additional copies held in a secure location at remote service locations.

In all instances the Contractor shall allow to maintain and operate the PPM record system in accordance with the requirements of this specification.

Where the PPM record system is electronic the Contractor shall also keep hard copy records of all statutory test certificates and service records.

9. Fault reporting

All Contractor personnel shall formally report maintenance defects via the Contractors helpdesk the same day of identification including by example: leaking pump, failed door handle, faulty light fitting, rotted plant roots etc.

Any damage to the Company property and assets caused by inappropriate use of tools and or equipment by the Contractor shall be rectified at the Contractor's expense.

10. **Waste disposal**

All maintenance generated general and non-general waste is to be the responsibility of the Contractor who shall dispose of in accordance with legislation environmental compliance requirements.

The Contractor shall bear all responsibility and cost for the timely, correct and appropriate containment and disposal of hazardous materials including, but not limited to:

- Refrigerant gases.
- Used filter media.
- Insecticides.
- Fertiliser.

Spent or contaminated refrigerant gas as a function of and present at the service locations shall revert to the responsibility of the awarded Contractor if not clearly identified to the Company within the Mobilisation Period.

With the exception of stationery and cardboard the Contractor may not utilise the arrangements in place for the Trust waste, to dispose of waste goods and materials produced/created as a function of providing Maintenance Services.

All waste shall be disposed of in accordance with current legislation and good practice, with all documentation retained by the Contractor for inspection at any time and up to three years post Contract.

The Supplier shall comply with the Environmental Protection Act 1990 and exercise the duty of care required under Section 34. In addition the Supplier shall comply, as appropriate, with the Control of Pollution (Amendments) Act 1989 and the Controlled Waste (Regulations of Carriers and Seizure of Vehicles) Regulations 1991.

11. **Planned and reactive maintenance**

The Contractor shall be responsible for the provision of planned and reactive maintenance. The planned and reactive maintenance shall be carried out in a planned and professional manner.

The reactive response times at Contract Commencement Date are as follows:

Priority	**Response (working hours)**
P1	2 / best endeavours
P2	4
P3	8
P4	24
P5	56 / 7 days

The Contractor shall undertake all reasonable reactive maintenance repairs within the proper response time and during working hours at no extra charge. The Contractor shall be required to justify any charge sought relating to the labour element of the reactive maintenance repair undertaken during normal working hours at the service locations by the Contractors permanently allocated service and maintenance team.

Wherever possible, reactive work shall be carried out whilst undertaking planned preventative maintenance activity.

12. **Walk round tours**

The Contractor is to undertake regular and recorded walk round tours of the service locations including all plant rooms, equipment rooms etc., to identify issues and required remedial repairs.

The Contractor is to undertake regular and recorded walk round tours of the service locations meeting rooms, offices, presentation suites, receptions etc., to identify faulty door furniture, failed lamp fittings etc.

The Contractor is to undertake regular and recorded walk round tours of the offices, rest areas and catering facilities, external areas and car parks at the service locations to identify issues.

The Contractor is to report all faults to the helpdesk.

Walk round tours have no value unless the observations are meaningful and the information is gathered in an objective and comparable manner, providing the ability to compare current conditions with previous inspections and identifying trends, any control adjustments required or the onset of failure.

13. **Advisory services**

The Contractor shall advise the Trust on maintenance of the service locations, including but not limited to:

- Condition surveying and appraisals/ forward repair programming.
- Energy efficiency and control appraisals.
- Environmental performance.
- Health and safety matters and permit to work system.
- MEP Helpdesk.
- Changes to Statutory legislation and obligations.
- Alterations and improvements.
- Defects management.
- Statutory Inspections – Pressure Systems; Lifts; Fire Safety; etc.
- Any specific requirements or obligations relating to the Trust service locations, e.g. Water Hygiene, electrical testing.

14. **Approach to maintenance**

If the Contractor can demonstrate at any time, that adopting a different maintenance strategy, or using a particular specialist, would improve the efficiency and cost effectiveness of a system or service and that the level of service shall not be reduced, then this should be brought to the notice of the Authorised Officer for consideration.

In first six months of Contract Term the Contractor shall ensure that all maintainable assets are maintained or bought up to an agreed condition and a stable level of reliability and confidence has been instilled. Thereafter the Contractor should focus on

maintaining condition while reducing cost, ensuring that the Trusts business activity is not impaired.

15. Heating and fluid transfer

15.1 Boiler, combustion and gas fired water heaters, gas space heaters, flu systems and chimneys.

Maintenance of these items is to be undertaken by appropriately qualified and registered staff, directly employed by the Contractor. Whilst undertaking Boiler maintenance etc., the combustion technician shall also review and include the gas pipe work associated with the plant being maintained and also the flue system(s), paying particular attention to any flu system drains.

The maintenance and servicing shall be in accordance with the individual manufacturers recommended maintenance requirements along with Gas Safety (Installations and Use) Regulations 1998 and carried out on an annual basis.

The Contractor and his staff shall hold Gas Safe Registration appropriate for the systems being maintained or repaired.

15.2 Maintenance of pressure vessels, pressure relief/release

The Contractor shall maintain pressure vessels in accordance with legislation and good practice and shall also organise and facilitate any statutory or required insurance inspections. This extends to hot water boilers located at refreshment points.

The Contractor shall be responsible for the organisation of and maintenance of all equipment coming under the Pressure Systems and Transportable Gas Container Regulations 1989 and the Pressure Systems Safety Regulations 2000 (or International equivalent) as determined by the service location conditions.

Similarly the Contractor shall be responsible for the maintenance and replacement of any pressure relief/release and thermal valves as well as steam traps.

15.3 Pumps including submersible and sump pumps

The Contractor shall follow good practice in the maintenance of all pumps and identify a regime in which pumps are to be managed. Maintenance induced failure is to be avoided. Good practice shall be followed by typically ensuring that all submersible pumps and particularly those on rails (if applicable), are recoverable by the attachment of stainless steel chain.

Care is to be taken to ensure that insulation and any lagging does not cause ‘sweating’ and undue degradation.

16 Ventilation and air conditioning

Service visits (2 off per annum) shall be performed by a competent person who shall also be available to undertake any works recommended from the service visit and any other reactive and preventative maintenance requirements in which to make sure the various systems operate efficiently and effectively. The Contractor shall include to carry out the following:

- Check refrigeration pipework condition
- Check pipework insulation
- Carry out leak detection as per the current F-gas regulations (done by indirect/direct method)

- Carry out test on heating and cooling functions.

Indoor air handling units;

- Clean filters report and quote for any damaged filters
- Check all electrical connections
- Test fan motor and lubricate any bearings if possible
- Check evaporator coil and clean if needed
- Check operation of condensate pumps and check condition of condensate tray clean if needed
- Clean the front facia.

Outdoor unit;

- Check and clean condenser coil
- Check compressor mounting and listen for any undue noise or vibrations
- Carry out inspection and testing of safeties
- Check all electrical connections
- Carry out inspection of fan blade and motor
- Clean condenser unit.

Air Handling Unit (Supply/Extract);

- Check electrical supply voltage
- Check tightness of all electrical connections
- Check alignment of fan and motor pulleys
- Check taper lock bushes are tight
- Check fan belt tension and adjust or replace if required
- Check any additional bearings and couplings where fitted
- Manually rotate fan impellers and motors to ensure freedom of movement
- Check and prime condensate drain traps
- Check all filters and replace as appropriate
- Check that all control system components, such as fan run on timers, airflow switches, etc., are wired correctly
- Check control damper operation
- Check that ductwork is clear of debris and that any fire dampers installed downstream of the fan are open
- Check that access panels and doors are fitted and secure
- Check fan motor current draw.

16.1 Air conditioning

Split air conditioning units that are to be maintained in accordance with the service levels required, typically the cleaning of the condenser units is to be carried out in the spring season, prior to the month of May and is to include for identifying degradation in pipe work insulation. Pressure washers are not to be used to clean the condenser coil matrices.

Liaison with the Authorised Officer is to be undertaken to ensure that the legislative requirements to identify the refrigerants in use (for relevant systems including 13kW) has been undertaken and if not, this is to be accounted for as part of the asset condition and verification survey.
Where fitted, electric trace heating is to be reviewed and ensured operating correctly during the early autumn of each year.

The Contractor shall ensure that any refrigerant kept on site is stored safely and appropriately and disposed of in accordance with legislative and waste requirements.

It is preferable that filters where possible are of the washable type, e.g. DX Split units.

The fan coil units ceiling grilles shall be cleaned as a part of the fan coil maintenance.

16.2 Air handling units and extract system maintenance

To be maintained in accordance with good practice and thinking. The Contractor is to ensure that manometric gauges/BEMS readings are working correctly and manometer readings are taken as part of the walk round inspections for review against time frequency filter changes.

Heater batteries and fire dampers and fire extract systems are to be identified and maintained strictly in accordance with legislative requirements as a minimum.

The Contractor is to ensure that kitchen extract systems and associated ducting is inspected and swabs taken to identify whether duct cleaning is required.

The cleanliness and maintenance of the extract and duct systems is to be maintained.

It is preferable that filters where possible are of the washable type.

17 Controls and alarms

17.1 Building energy management system

The Contractor shall expertly operate and interrogate the building management systems installed at the service locations. Passwords are to be kept in a controlled manner, with access to these passwords being provided to the Authorised Officer upon request.

The Contractor shall review the BMS installations and shall discuss with the Authorised Officer the options for remote monitoring of the systems at the Contractors helpdesk.

17.2 Fire alarm maintenance and testing

All fire alarm panels' controls and associated equipment are to be maintained and tested as prescribed in accordance with legislation in particular in accordance with BS 5839-1 Fire Detection and Alarm Systems for Buildings. Code of Practice for systems design, installation, commissioning and maintenance, BS Institution ISBN 0 580 40376-9.

The Responsible Person for the premises is to ensure that a Weekly Test of the building Fire Alarm System is carried out under The Regulatory Reform (Fire Safety) Order 2005 (Article 17). At least one Manual Call Point (MCP) is to be operated to test the ability of the controlling equipment (Fire Alarm Panel) to receive a signal, sound the alarm and operate any other devices fitted to the Fire Alarm system. Weekly testing can be carried out by the Fire Alarm maintenance company.

The Contractor shall be required to carry out the weekly fire alarm test as required by BS 5839 Part 1 Detection and Alarm systems: code of practice for system design, installation and servicing. These tests to be recorded in the fire safety log book.

The Contractor shall be responsible for organising, managing, undertaking and reporting on legislative compliant fire evacuations at the service locations in collaboration with the Authorised Officer.

The Contractor shall provide guidance and support for all evacuations.

17.3 Fire equipment and testing

All fire equipment including risers, sprinklers, fire hose reels and fire extinguishers are to be maintained and tested as prescribed in accordance with legislation, but ensuring that the maintenance is fit for function.

Fire extinguishers should conform to British Standard 5423 or BS EN 1869: 1997 and be maintained as outlined in British Standard 5306: Part 3. Schemes for ensuring the conformity with these Standards have been produced by the British Standards Institution and adopted by British Approvals for Fire Equipment (BAFE), and conforming equipment and services are recognised by that organisation's mark of approval.

Fire blankets are classified in British Standard 7944 and are described as follows:

- Light Duty - These are suitable for dealing with small fires in containers of cooking fat or oils and fires in clothing.

- Heavy Duty - These are for industrial use where there is a need for the blanket to resist penetration by molten materials.

Fire Doors

Any associated door locking and or door hold open devices interfaced with the alarm systems should also be tested and inspected in accordance with BS 5839-3 specification for automatic release mechanisms for certain fire protection equipment.

17.4 Security alarm maintenance, CCTV and testing

The Contractor is required to maintain these assets and their associated components in accordance with the requirements of legislation and the Trust insurance and security policy. This activity should be integrated with Security Services to ensure the overall system is maintained to provide a robust security system, including the cleaning of any security camera lenses.

The security alarm systems shall include but not be limited to the following systems:

- Intruder alarms
- Nurse call systems
- Staff panic alarm systems
- Accessible WC call systems

17.5 Access control and door intercoms

The Contractor is required to maintain these assets and their associated components in accordance with the requirements of legislation and the Trust insurance and security policy. This activity should be integrated with Security Services to ensure the overall system is maintained to provide a robust security system, including the cleaning of any intercom camera lenses.

Copies / records for access codes are to be centrally held.

17.6 Time clock changes

Time clock changes in the spring season to reflect the change in time from GMT to BST and in the autumn from BST to GMT shall be undertaken.

18. **Water treatment**

The Contractor shall provide water management risk assessments for the public health and water services at the service locations. The Contractor shall also undertake the review of the water management risk assessments as required by HSE ACOP L8, following significant system changes and as a minimum every 2 years.

The Contractor shall use the water management risk assessment to put in place a water hygiene regime for the service locations. The regime shall be produced and audited by an appointed specialist Subcontractor having suitable and sufficient qualifications in accordance with the requirements of the HSE ACOP L8 and BS 8580: 2010. The Contractor shall be responsible for carrying out the procedures outlined within that regime and maintaining "water hygiene log books" for each of the service locations to the satisfaction of the Authorised Officer.

The Contractor shall be responsible for all of the water Services and treatment to ACoP L8 and any maintenance including testing of all stored water, hot and cold water temperature readings. The Contractor shall have responsibility for the draining off of 'dead legs'.

The Contractor shall be responsible for the organisation and maintenance of a water register as required by HSE ACOP L8 2010. International standards or equivalent shall be adhered to.

The Contractor shall proactively work with the Authorised Officer to understand any implications of water hygiene relating to the hospitality guest suites.

It is expected the Water hygiene maintenance shall be in accordance with;

- BS 8580: 2010 – Water Quality – Risk assessments for Legionella Control – Code of Practice.
- L8 - The Control of Legionella bacteria in water systems - Approved Code of Practice & Guidance 2013.
- HSG274 Part 1, Part 2 and Part 3 – Published 2013.
- Water systems Health Technical Memorandum 04-01: The control of Legionella, hygiene, "safe" hot water, cold water and drinking water systems.
- Heating and ventilation systems Health Technical Memorandum 03-01: Specialised ventilation for healthcare premises.
- Decontamination Health Technical Memorandum 01-05: Decontamination in primary care dental practices.
- Health Technical Memorandum 64: Sanitary assemblies.
- BSRIA Application Guide AG 20/2000 Guide to Legionellosis - Risk Assessment.
- Health and Safety at Work etc. Act 1974, Sections 2, 3 and 4 (HSW).
- Control of Substances Hazardous to Health Regulations 2002, Regulation 6 (COSHH).
- The Public Health (Infectious Diseases) Regulations 1988.
- The Water Supply (Water fittings) Regulations 1999.
- The Water Supply (Water Quality) Regulations 2010.
- BS EN 806: 2012 and BS 8558.

The water management risk assessment shall determine the works to be carried out by the Contractor however it is expected the minimum service level shall be as follows:

Monthly

- Temperature recording of sentinel outlets

- Temperature recording of calorifiers
- Temperature recording of cistern water heaters.

Quarterly in addition to monthly;

- Inspection of calorifiers and water heaters.

Six Monthly in addition to quarterly and monthly;

- Cold water storage tank inspection and temperature recording
- Thermostatic mixer valve inspection, maintenance and temperature recording
- Hot water heater inspection and temperature recording.

19. Electrical

19.1 High voltage electrical maintenance

This is considered to be a voltage equal to or greater than 1,000 volts. There is no high voltage maintenance service provision required.

19.2 Low voltage electrical maintenance

The Contractor shall undertake and be responsible for all electrical maintenance at the service locations.

19.3 Fixed wire testing in accordance with BS7671 – IET wiring regulations:

A testing regime of 20% of a sample of representative circuits has been strictly maintained. The Contractor is to base their costs on this approach and to identify this cost as a separate line item within the Proposal.

19.4 Distribution cabling, RCD's, earthing and sub metering:

All electrical infrastructure items including but not limited to: Distribution cabling, RCD's earthing and sub metering shall be responsibility of the Contractor.

19.5 Portable appliance testing

The Contractor should propose an approach to ensure legislative compliance for portable appliance testing at the Trust service in the most cost effective and pragmatic manner.

The Contractor is to provide a per item price for this activity based upon their proposed approach.

20.0 Power support

20.1 Auxiliary generator maintenance, testing and fuelling

This is the responsibility of the Contractor.

The maintenance requirements are generally considered to be 1 minor and 1 major service per annum.

The Contractor shall be responsible for the condition of the fuel, refuelling of the generator tank (but not the cost of the fuel) and security of the fuel stored in the generator tank.

Fuel tank level readings are to be taken on a monthly basis and any unexplained variation of more than 10 litres per month is to be investigated. An unexplained fuel loss of this magnitude may indicate a fault with the fuel pipe or connections.

Similarly, fuel quality is to be checked for: condensation, fuel bacteria and regression.

In conjunction with the Authorised Officer, the generator shall undergo a one off test and shall be required to function in full operating capacity, under load, potentially using a load bank test unit, the cost of the hire of which shall be additional to Contract.

20.2 Uninterruptible Power Supply (UPS) maintenance

Where fitted UPS systems, including those serving emergency lighting installations shall be part of the Contractor's responsibility.

Maintenance and testing of the UPS system shall be the responsibility of the Contractor who shall liaise with the Authorised Officer in the organisation to agree when the maintenance shall be undertaken so as to ensure that no critical the Trust activity is put at increased risk.

The Contractor will, undertake a cost value benefit analysis to determine the most appropriate maintenance required from the specialist Contractor , e.g. fully comprehensive, comprehensive relating to capacitors only, ppm with reactive repairs chargeable.

21 **Lighting**

21.1 Emergency lighting

The Contractor shall maintain the emergency lighting systems in accordance with legislation and shall record the results of any tests in a meaningful manner. The sustained discharge testing shall be undertaken outside of normal working hours or at a time agreed with the Authorised Officer. Concurrent testing is permitted by the Trust following risk assessment and evaluation.

It is expected the Contractor shall as a minimum maintain the emergency lighting systems in accordance with the following:

- BS 5266 Emergency Lighting.
- The Code of Practice for the emergency lighting of premises.
- Electricity at Work Regulations 1989.
- BS 7671 2008 (The IEE Wiring Regulations) 17th edition.
- Requirements of the Electricity Supply Company.
- Health Technical Memorandum 05-03 Fire Safety in the NHS.
- Health Technical Memorandum 06-01 & 06-02 Electrical Services LV.

Monthly

- Check all luminaires and other emergency lighting equipment is in good condition and all lamps and fitting diffusers are clean, undamaged and the lamps are not blackened.
- Briefly test all emergency lighting by simulating a failure of the normal mains supply. The test should not exceed a quarter of the equipment rated duration, check all fittings work correctly.
- Upon restoring the mains supply check all mains healthy lamps are operating.

Six monthly

- Carry out testing as in the monthly test routine but test the fittings for one third of their rated duration.

Annually

- A full system test should be conducted by a competent service engineer including a full rated duration test of the system (3 hours).

Compliance of the installation and system with the requirements of BS 5266 should be considered and documented.

21.2 Lighting Internal / external

Within the first six months of the Contract Term the Contractor shall, at no additional charge, undertake individual lamp replacements and bulb changes where specialist access equipment is not required and the activity can be safely undertaken. Where specialist access equipment is required this shall be discussed with the Authorised Officer.

During the first six months of the Contract Term the Contractor shall develop and propose a lighting and re-lamping strategy to cover individual lamp failures and bulk re-lamping and shall identify appropriate luminance (LUX) levels. This strategy shall also identify when and how bulk re-lamping activity shall be initiated.

22 Vertical transportation, lifting equipment, fall arrest systems, gantries, cradles etc.

22.1 Lift maintenance

The Contractor is to ensure that lift maintenance is to undertaken fully in accordance with legislation, LOLER regulations lift and good practice. The Contractor is to ensure that all works and documentation relating to lift maintenance is carried out to a high level of professionalism.

22.2 Lift Communications

The Contractor shall be responsible for the checking of the operation of the communications systems fitted to the lift cars and in addition the operation of the phones fitted in the stairwell and refuge areas on a weekly basis. If a fault or non-operational device is identified, this is to be reported to the helpdesk.

22.3 Vertical and horizontal fall arrest systems and eyebolts

The Contractor shall be responsible for the management and maintenance of all fall arrest systems and all eyebolts.

Within the asset verification and condition survey, the Contractor shall identify the presence of fall arrest systems and location of eyebolts.

The Contractor shall with the Authorised Officer identify the purpose and utilisation of these systems and eyebolts and an agreed strategy with respect to fall arrest systems and eyebolts shall be put in place.

The preferred option for fall arrest systems and eyebolts is that fall arrest systems are not tested, but are physically isolated to prevent use and appropriate signage, clearly

identifies that they are not to be used, without having first been tested in accordance with legislation and certificated as such.

Any maintenance to be carried out shall be by a suitably qualified specialist contractor and shall extend to all aspects of the fall arrest system, including where applicable harnesses.

22.4 Gantries and window cleaning cradles

These are the responsibility of Contractor who shall manage and arrange all legislative maintenance and shall be fully supportive of the Trust with respect to statutory and insurance inspections.

The Contractor shall ensure that all loose protective covers are inspected as a part of the walk round inspections so as to ensure that in high winds they do not become detached.

23. **Lightning system maintenance**

The Contractor shall collate records relating to previous lightning test and inspections carried out and shall implement a legislatively compliant regime in accordance of Risk Assessment and where necessary inspection and test.

In the event of a lightning strike at any of the service locations an evaluation and review is to take place that shall be initiated by the Contractor.

It is expected that as a minimum the Contractor shall maintain the systems annually in accordance with the following:

- BS EN 62305 or
- BS6651 : 1999, depending upon when the system was installed.

24 **Television cabling and television and satellite aerials**

Maintenance of the cabling and of the supports and aerials/dishes of any TV and Satellite dishes is the responsibility of the Contractor and shall in the absence of any legislative requirement require an inspection to identify that they are secure affixed and not liable to physical failure. Operational maintenance shall be reactive only.

25 **Car park barrier and auto door maintenance**

The Contractor shall maintain the car park barrier and automatic doors in accordance with industry and legislative requirements.

Within the Mobilisation Period the Contractor is to ensure that there is sufficient experience within the aligned team to be able to readily disengage the operating system should it cease to work to enable the Trust activities to continue.

This also extends to the automatic entrance doors and the revolving doors.

Maintenance Engineers must be qualified to work on automatic doors to BS 7036 and the Automatic Door Technician Check List must be carried out when servicing and maintaining automatic doors, to provide the evidence that parameters are adhered too and safety devices are in place.

- Check that the door is activated from a range of approximately 1400mm.

- Check that the safety devices are working correctly and that the moving door leaf avoids contact with any person using the door.
- Ensure that there are no distractions or obstructions in the vicinity of the door which may congest or inhibit traffic flow.
- Check that the door has no tripping or slipping hazards.
- Check all door panels for broken or cut glass.
- Check that all doors have signs displayed at recommended viewing heights.
- Check the position and security of associated screens and barriers.
- All checks must be recorded and entered into a logbook which is kept onsite.

26 **Utilities and metering**

26.1 The Contractor shall support the Trust and the Authorised Officer in respect of Utilities and check meter readings. The support shall consists of the following:

- Monthly reading of the electricity meters
- Monthly meter readings of the gas meters
- Monthly meter reading of the water meters

The meter readings shall be recorded in a format agreed with the Authorised Officer. It is expected this will be an excel spread sheet.

The Contractor shall be responsible for putting suitable checks and validation process in place to ensure the recorded information is accurate.

26.2 The Contractor will compile the data into a suitable graphical report format to enable the Contractor and the Authorised Officer to track utility consumption and identify anomalies and areas for improvement.

26.4 The Contractor shall maintain an accurate schedule of utility meters including their locations and shall forward the information to the Authorised Officer on request. The schedule shall where appropriate include sketches or drawings showing the locations.

26.5 Havening knowledge of the location of the utility meters the Contractor shall escort any persons requiring access to the utility meters as requested by the Authorised Officer.

27 **Facilitate insurance inspections**

The Contractor shall facilitate the organisation, accompaniment and assistance for any required legislative, statutory and insurance inspections at no additional cost to the Trust.

28 **Sub-Contracting**

28.1 The Contractor shall indicate within their tender proposal aspects of any part of the service that they intend to sub contract and/or employ a third part to fulfil this service.

28.2 The tenderers shall provide name(s), addresses(s) and contact details of all proposed sub contracted suppliers and/or third parties.

28.3 The tenderers shall not sub-contract any part of the works to the MEP maintenance service without prior consent in writing from the Trust's authorised officer.

28.4 Where sub-contracting arrangements do exist, the tenderers shall arrange for all invoices to be coordinated with the Trust receiving invoices only from the Contractor.

29 **Previous Experience**

29.1 Please provide details of previous experience in the NHS including Mental Health and Secure Services and any other Public Sector body, in MEP maintenance services, in the last three years.

30 **Management and Team Structure**

The Contractor must provide details of any professional institutes/associations they are accredited with and advise conformance to all relevant Government legislation with regards to MEP maintenance services.

31 **NHS Requirements and Trust Policies**

31.1 The Contractor will ensure Services are delivered in accordance with Trust Policies, NHS guidance and CQC guidance.

31.2 The Contractor will ensure their operational activities are documented in Method Statements incorporating risk assessments which minimise the impact on Trust activities, and such are made available to the Trust within 24 hours.

31.3 The Contractor will ensure their Services are delivered in accordance with these operational task based method statements.

32 **Sustainability**

All Contractors are asked to provide their Sustainability Policy outlining mechanisms for ensuring that processes in place are sustainable and designed to reduce Environmental, Economic and Social impact.

33 **Contractors Personnel**

The following are requirements for any employees working and entering Trust premises.

33.1 Alcohol - No alcohol is to be brought or consumed on site.

33.2 Radio Receivers - The use of radio receivers, cassette players and other audio equipment will not be permitted in or adjacent to occupied premises.

33.3 Tobacco - The Contractor shall not allow his employees to smoke tobacco on any of the Trust Sites

34 **Site Procedures**

The Contractor is to adhere to the following procedures when working on Site.

34.1 Every employee of the Contractor, or any sub-contractor, who attends a Site should be appropriately dressed in overalls or the contractors uniform in the Contractor's colours with the name and/or logo of the Contractor clearly displayed.

34.2 All the Contractors employees must be clean and respectable in appearance and have the appropriate appearance and behaviour for working at a varied number of Sites: especially for those Sites where patients, mentally and physically handicapped persons, or members of the public may be in attendance.

34.3 All personnel attending any Site must carry an identity pass, stating the name and address of the company, the name of the employee and a passport size photograph of that employee. This identity pass must be produced when initially reporting to the Trust

Authorised Officer or nominated person whether it is requested or not. Subsequently the identity pass must be produced when requested by any member of the participating Trust

34.4 On arrival at the Site, the Contractor's vehicle must be safely parked in an appropriately marked parking space. The vehicle should be locked and the keys retained by the Contractor's employee. The participating Trust will not accept liability for any damage or theft from vehicles parked at, or within the vicinity of, any NHS Trust Site. The Contractor should note that the trust does not operate car parks at all locations. The Contractor will be responsible for all parking charges and costs associated with the attendance by the Contractors Employees.

34.5 On leaving and arriving at the Trust Sites, for whatever reason, the Contractor must inform the Trusts Authorised Officer or their authorised representative. Where appropriate, the Contractor should also give an indication of the time and date of their return.

34.6 Where the Contractor is required to leave the Site, for whatever reason, and the repair/ work is incomplete, the Contractor will be held liable for leaving the area of repair safe, clean, tidy and secure.

34.7 Where MEP maintenance services are carried out in or adjacent to occupied premises, the Contractor will agree a safe method of working with the Trust Authorised Officer before commencing work.

34.8 The Contractor will notify in writing the occupants of the site or the person in charge of the occupants or users of the premises on which MEP maintenance services are in progress or about to be carried out, all restrictions guidance or other precautions which are desirable or necessary for the safety of all persons occupying or using the premises in consequence of the MEP maintenance services. The Contractor will provide all barriers and warning notices required for that purpose and shall make effective arrangements for the occupant or person in charge to consult and communicate with the Contractor throughout the duration of the MEP maintenance services, on the effects and nature of such precautions.

34.9 The Contractor will exercise care when entering and leaving the site, and shall take all adequate precautions to safeguard the occupants and general public from injury as a consequence of the MEP maintenance services.

34.10 The Contractor shall confine to as small an area as practicable any work which may affect the surface of the site and reinstate the site after the MEP maintenance services are completed.

The cost of making good such loss or damage shall be wholly borne by the Supplier

35 **Disclosure and Barring Service Checks (DBS)**

It is a requirement of this Framework Agreement that all contractors' personnel who will visit any of the Trust Site will obtain a satisfactory 'Enhanced' certificate from the Disclosure and Barring Service, as required under section 122(2) the Police Act 1997.

36 **Safety on Premises**

36.1 Where Works are carried out on the Trusts premises the Contractor shall take all reasonable care to avoid damaging the property or contents and shall make good all damage which arises from the Works.

36.2 Where Works are carried out in, or adjacent to occupied premises the Contractor shall ensure that materials, plant and equipment etc., are not left in locations which may endanger or expose to risk the premises, its contents or occupants.

36.3 The Contractor shall not leave steps, ladders or other plant accessible for unauthorised persons to enter the site, the premises or any adjoining property.

37 **Out of hours call out service**

The Contractor must provide and maintain unless otherwise agreed with the Authorised Officer an out of hour's emergency service to avoid danger to the health and safety of building users and the public, or services damage to buildings and other structures. The service must be provided 24 hours each day including weekends and during all holiday periods. A static landline telephone number may be provided for this purpose.

The telephone must be manned and must not be an answering machine.

38 **Contingency**

The Supplier is to provide contingency plans/policies in the event of the following:

- Fuel shortages.
- Vehicle breakdown/accidents.
- Staffing losses.
- Adverse weather conditions.
- Major incident or event.

39 **Plant and equipment**

39.1 Plant

The Contractor shall provide all requisite plant, equipment and temporary buildings for the execution of the works including scaffolding and access equipment, lifting tackle, machinery, tools or other appliances and everything necessary for the use of the Contractor's personnel. The Contractor shall be responsible for any necessary erection, subsequent removal and making good.

39.2 Consumable equipment

The Contractor shall provide all consumable items (materials and chemicals) required to enable the works to be carried out to the required standards. The consumable items shall be replaced in accordance with the work schedules and manufacturers recommendations.

Where items of plant need replacing to ensure the facility operates safely and reliably, and where such items are not covered by the agreement; the Contractor shall notify the Authorised Officer in writing of this requirement.

39.3 Spare equipment

The Contractor shall provide adequate spare equipment to ensure that the facilities operation is not interrupted for longer than necessary.

The Contractor shall review the level of spares available at the start of the contract and submit within 1 month of the contract start date a list of spares required.

Where in his opinion additional spares, to those available are required, the Contractor shall indicate this on the 'spares required list' submitted to the Authorised Officer.

Where spare equipment is utilised in emergencies or to rectify potential failures, the Contractor shall procure the replacement from the relevant manufacturer.

40 Asbestos based material

The Contractor shall check the existing asbestos register to establish where known asbestos exists within the building. Where the Contractor encounters any asbestos-based materials or materials, which he suspects might contain asbestos, he shall leave the material undisturbed and immediately advise the client.

Where agreed by the parties and where instructed by the Client as Additional Services the Contractor shall utilise the services of specialist Subcontractors where asbestos is present and is to be removed or disturbed.

Document no 5a.3

Service specification – Fabric Maintenance Services

Tender 22112 - ELFT/TENDER/15/338 - Hard and Soft FM services for East London NHS Foundation Trust properties located in Bedfordshire and Luton

1 Fabric Maintenance service requirements

1.1 Overview

The contractor is to provide a planned and reactive maintenance service the to the building fabric items and equipment on the Bedfordshire and Luton Mental Health and Wellbeing Services sites as follows:

1.1.1 Planned maintenance, inspections, tests and certification of fabric and building elements in accordance with statutory requirements.

1.1.2 Planned maintenance, inspections, tests and certification of fabric and building elements in accordance with industry best practice.

1.1.3 Reactive maintenance and repair service 24 hours a day 365 days per year to the fabric and building elements.

2 Key Objectives

2.1 In addition to the key objectives, stated within the general services specification the contractor shall:

2.1.1 Provide the Trust with a comprehensive, technical and fully operational planned and reactive maintenance service to the fabric and building elements.

2.1.2 Ensure that the planned and reactive maintenance service to the fabric and building elements do not conflict with the Trust's provision of patient care, and trust Policies.

3 Bedfordshire and Luton Mental Health and Wellbeing Services Background and service locations

3.1 Bedfordshire and Luton Mental Health and Wellbeing Services provides a wide range of mental health and community and inpatient services to children, young people, adults of working age and older adults, to the Bedfordshire and Luton area. The Trust operates from approximately 33 community and inpatient sites and have 280 general and specialist inpatient beds.

3.2 Given the nature of the sites, security is paramount both for staff, service user and Supplier safety.

3.3 Mechanical, Electrical and Public Health Maintenance Services under the framework could be requested to be carried out at any of the following service locations:

- Charter House, Alma Street, Luton LU1 2PL
- 105 London Road, Luton, LU1 3RG
- 54 Lewsey Road, Luton, LU4 0EP

- Luton & Central Beds MH Inpatient Unit 1, Ground Floor - Crystal Ward, Calnwood Road, Luton, LU4 0LX
- Luton & Central Beds MH Inpatient Unit 1, First Floor - Outpatients etc., Calnwood Road, Luton, LU4 0LX
- Luton & Central Beds MH Inpatient Unit 2, Robin Pinto Unit, Calnwood Road, Luton, LU4 0FB
- Luton & Central Beds MH Inpatient Unit 2, Admin Block, Calnwood Road, Luton, LU4 0FB
- Luton & Central Beds MH Inpatient Unit 2, Multi Purpose Hall, Calnwood Road, Luton, LU4 0FB
- Luton & Central Beds MH Inpatient Unit 2, Onyx Ward, Calnwood Road, Luton, LU4 0FB
- Luton & Central Beds MH Inpatient Unit 2, ECT Suite and Pharmacy, Calnwood Road, Luton, LU4 0FB
- Luton & Central Beds MH Inpatient Unit 3, Coral Ward, Calnwood Road, Luton, LU4 0DZ
- Luton & Central Beds MH Inpatient Unit 3, Jade ward, Calnwood Road, Luton, LU4 0DZ
- Oakley Court, Angel Close, Luton, LU4 9WT
- 35 Alexandra Road, Bedford, MK40 1JB
- 67 High Street North, Dunstable, LU6 1JD
- Barford Ave, 29 Barford Ave, Bedford, MK42 0DS
- Beacon House, 5 Regent Street, Dunstable, LU6 1LR
- Beech Close Resource Centre, 5 Beech Close, Dunstable, LU6 3SD
- Biggleswade Hospital (Spring House only), Spring House, Potton Road, Biggleswade, SG18 0EL
- Cedar House, Bedford Health Village, 3 Kimbolton Road, Bedford, MK40 2NT
- Crombie House, 36 Hockliffe Street, Leighton Buzzard, LU7 8HE
- Day Resource Centre, Bedford Health Village, Bedford, MK40 2NU
- Disability Resource Centre, Poynters House, Poynters Road, Dunstable, LU5 4TP
- EMPOWA, 3 Woburn Road, Bedford, MK40 1EG
- Florence Ball House, Bedford Health Village, 3 Kimbolton Road, Bedford, MK40 2NT
- Fountains Court, Bedford Health Village, 3 Kimbolton Road, Bedford, MK40 2NT
- Grove Place, 24 Grove Place, Bedford, MK40 3JJ
- Healthlink-Bromham Road, 26/28 Bromham Road, Bedford, MK40 2QD
- Rush Court 5-7 & 9, 5-9 Rush Court, Off Grove Place, Bedford, MK42 3JT
- The Poplars, Mayer Way, Houghton Regis, LU5 5BF
- Steppingley Hospital (Meadow Lodge only), Meadow Lodge, Ampthill Road, Steppingley, MK45 1AB
- The Crescent, 21 The Crescent, Bedford, MK40 3JJ
- The Coppice, 2 The Glades, Northampton Road, Bromham, Bedford, MK43 8HJ
- The Lawns, The Baulk, Biggleswade, SG18 0PT
- Townsend Court, Mayer Way, Houghton Regis, LU5 5BF
- Twinwoods, The Lodge, Milton Road, Clapham, Bedford, MK41 6AT
- Twinwoods, Admin Block, Milton Road, Clapham, Bedford, MK41 6AT
- Twinwoods, Clinical Resource, Milton Road, Clapham, Bedford, MK41 6AT
- Twinwoods, Raymond Smith (Specialist Medical), Milton Road, Clapham, Bedford, MK41 6AT

- Twinwoods, Russell Block, Milton Road, Clapham, Bedford, MK41 6AT
- Twinwoods, Whitbread Centre, Milton Road, Clapham, Bedford, MK41 6AT
- Weller Wing, Bedford Hospital, Ampthill Road, Bedford, MK42 9DJ
- Whichellos Wharf, The Elms, Stoke Road, Linslade, Leighton Buzzard, LU7 2TD
- Whichellos Wharf – Cottage, The Elms, Stoke Road, Linslade, Leighton Buzzard, LU7 2TD
- 8 Kilgore Court, Leighton Buzzard.

3.4 At any time during the contract period a site may be added to the sites which require service or alternatively removed. Any additions or deletions shall be fully communicated to the Contractor at least 4 weeks before the change takes place. Any amendment to the contract price shall be mutually agreed by both parties.

4 Scope

4.1 The Contractor shall be responsible for the provision of planned and reactive maintenance and statutory compliance, including but not limited to the maintainable fabric and building elements (hereby and after "Fabric Maintenance Services").

Maintenance Services include but are not limited to:

- Maintenance planning.
- Asset data collection and management.
- Maintenance logbooks.
- Planned and reactive maintenance.
- Project works.
- Site inspections.
- Statutory testing.
- Technical support.

Fabric Maintenance activities shall address but not be limited to the following equipment:

- Painting and decorating services
- Flooring services
- Partitioning services
- Custom made furniture and fittings
- Roofing and guttering
- Door and door furniture (Including fire doors)
- General Building Maintenance
- Glazing Services
- Ironmongery
- Key management
- Plumbing services

It is expected that the fabric maintenance service will be largely reactive to meet the requirements of the service locations, the Trust and its Authorised Officer.

The Contractor shall propose a base resource level of fabric technicians dedicated to the service locations to carry out the following:

- Statutory maintenance inspections including fire doors.

- General fabric maintenance tasks to ensure continued satisfactory operation of the fabric elements for example lubrication and adjustment of door furniture, clearance of leaves and other debris from gutters and gullies.
- Minor reactive fabric repairs such as replacement of failed door lock.

The Contractor shall detail the quantity of fabric maintenance resource included in their base provision.

The Contractor shall have access to sufficient additional fabric technicians of the required skill and experience to carry out more complex or involved fabric repair elements, such as making good whole walls, as requested by the Authorised Officer. These additional resources shall be charged in accordance with the schedule of rates agreed with the Authorised Officer.

The Contractor should note that the sites at each of the service locations are a mixture of inpatient, outpatient and administration function. With the exception of the inpatient areas that operate 24 hours per day 7 days per week the normal hours at each of the locations is between 09:00 and 17:00 Monday to Friday excluding public holidays. It is noted that inpatient areas have protected meal times. Unless otherwise directed by an Authorised Officer all planned preventative maintenance should be undertaken during this period. Where planned preventative maintenance shall cause inconvenience to the occupiers and patients then the Contractor shall agree the attendance time with the Authorised Officer this may include carrying out works outside of normal working hours.

4.2 **Service levels**

The Services shall be carried out to manufacturer's recommendations and or in accord with good industry standards and practices. In addition the Services shall be carried out to the satisfaction of the Authorised Officer and the Contractor shall use the standard of skill and care which is ordinarily exercised by experienced and competent Contractor performing Services of a similar nature.

The following service levels have been identified to provide flexibility for the Trust to vary maintenance service levels to meet the Trusts strategic objectives.

4.2.1 Defined Service Levels

The Contractor shall perform the fabric maintenance in accordance with the following defined service level:

- Full maintenance for all legislatively maintainable fabric assets for example fire doors.
- Planned fabric maintenance in accordance with the manufacturer's maintenance task specification for example door closures and hinges.
- Meaningful walk round inspections.
- Reactive maintenance in accordance with prioritised reactive call outs.

4.3. **Maintenance planning**

The Contractor agrees that the data contained within the Contractors maintenance planning system used shall be the property of the Trust and shall be provided as requested and without delay in a printed format and also as exportable electronic file capable of being manipulated in Microsoft Excel.

The proposed maintenance plan shall be provided to the Authorised Officer not less than 6 weeks prior to the commencement of each Contract year and shall be approved by the Trust nominally 1 month prior to commencement of the Contract year.

The operated maintenance planning system shall be the primary repository of all asset data and maintenance history and is to be kept updated at all times. Updates are to take place not less than weekly.

4.4 Fabric maintenance logbooks

The Contractor shall provide and keep updated meaningful fabric maintenance log books that provide clarity on, Legislative certification and status, maintenance planned, completed and to be completed.

The maintenance record shall include the following items as a minimum:

- Record of fabric maintenance work undertaken, including details of what works were completed. A record of works not completed should be detailed. All works should be cross-referenced with the fabric maintenance work plan, work schedules and asset register.
- The Contractor shall record all failures or problems highlighted during the fabric maintenance process and shall rectify them. Where a problem is highlighted that is outside the scope of this contract, the Contractor shall inform the Authorised Officer. It is a requirement that the details of the fault resolution path are recorded to provide an audit trail for future reference, and to assist with reviews of plant operation and staff training.
- Fabric maintenance staff record, showing fabric maintenance staff attendance/departure and reasons for attendance. This record should also apply to any Subcontractors.
- The Contractor shall ensure that all Contractors operatives update the fabric maintenance record in a consistent and suitable manner.
- A copy of all test certificates, manufacturer's guarantees, warranties and maintenance agreements.
- Condition of the status of the asset at the time of every planned preventative fabric maintenance inspection.
- Specialist Subcontractor reports.
- As built drawings and specifications/O&M manuals. The Contractor shall be responsible for keeping the relevant documentation up to date where any alterations are undertaken by the Contractor.
- Fire door and seals inspection and repair records.
- Be clearly identifiable with each section labelled.
- Kept in a pre-defined place, readily accessible 24/7 to all staff including the Authorised Officer.
- Contain fabric maintenance work reports - identifying statements such as 'complete' and signed with an illegible signature shall not be tolerated.
- Copies of relevant statutory certification shall be retained in the log book.
- The Contractor is required to retain records of all checks and inspections and to make them available to the Authorised Officer as required.

The contractor shall use a Computerised-Aided Facilities Management (CAFM) system to record the fabric maintenance activities and these shall form the maintenance log book. The Contractor shall detail the proposed CAFM system in their tender return.

The proposed CFAM system shall have the facility for the Authorised Officer to review log book through an internet / web access portal. The Contractor shall include for all costs, charges and licences associated with the use of the CAFM system.

The information, registers and other documents contained within the fabric maintenance log book remains the property of the Trust. The Contractor shall ensure

their proposed CAFM system is capable of exporting a full record of the maintenance service in a meaningful format to the Authorised Officer when requested and in all instances at the end of the contract. The meaningful format shall be agreed with the Authorised Officer at the time of the request and may be any of the following MS Excel .csv file, CAFM system data file transfer, .pdf report format. The purpose of the information shall be to retain a fixed record of fabric maintenance activities or to enable the Trust or one of their Contractors to import the information into a new CAFM system. For the avoidance of doubt all fabric maintenance log book information, registers and other documents relating to the works and services are the property of the Client and shall be returned at the end of the contract.

In order to provide instant access to the Authorised Officer or other legislative inspector that may require sight of the maintenance records to confirm compliance with statutory requirements the Contractor shall also maintain a system of hard copy documents to record the fabric maintenance activities. The location of the hard copy documents shall be agreed with the Authorised Officer and may include additional copies held in a secure location at remote service locations.

In all instances the Contractor shall allow to maintain and operate the fabric maintenance record system in accordance with the requirements of this specification.

Where the fabric maintenance record system is electronic the Contractor shall also keep hard copy records of all statutory test certificates and service records.

4.5 Fault reporting

All Contractor personnel shall formally report fabric maintenance defects via the Contractors helpdesk the same day of identification including by example: leaking pump, failed door handle, faulty light fitting, rotted plant roots etc.

Any damage to the Company property and assets caused by inappropriate use of tools and or equipment by the Contractor shall be rectified at the Contractor's expense.

4.6 Waste disposal

All maintenance generated general and non-general waste is to be the responsibility of the Contractor who shall dispose of in accordance with legislation environmental compliance requirements.

The Contractor shall bear all responsibility and cost for the timely, correct and appropriate containment and disposal of hazardous materials

With the exception of stationery and cardboard the Contractor may not utilise the arrangements in place for the Trust waste, to dispose of waste goods and materials produced/created as a function of providing Maintenance Services.

All waste shall be disposed of in accordance with current legislation and good practice, with all documentation retained by the Contractor for inspection at any time and up to three years post Contract.

The Supplier shall comply with the Environmental Protection Act 1990 and exercise the duty of care required under Section 34. In addition the Supplier shall comply, as appropriate, with the Control of Pollution (Amendments) Act 1989 and the Controlled Waste (Regulations of Carriers and Seizure of Vehicles) Regulations 1991.

4.8 Planned and reactive fabric maintenance

The Contractor shall be responsible for the provision of planned and reactive fabric maintenance. The planned and reactive fabric maintenance shall be carried out in a planned and professional manner.

The reactive response times at Contract Commencement Date are as follows:

Priority	**Response (working hours)**
P1	2 / best endeavours
P2	4
P3	8
P4	24
P5	56 / 7 days

The Contractor shall undertake all reasonable reactive fabric maintenance repairs within the proper response time and during working hours at no extra charge. The Contractor shall be required to justify any charge sought relating to the labour element of the reactive maintenance repair undertaken during normal working hours at the service locations by the Contractors permanently allocated service and fabric maintenance team.

Wherever possible, reactive work shall be carried out whilst undertaking planned preventative fabric maintenance activity.

4.9 **Walk round tours**

The Contractor is to undertake regular and recorded walk round tours of the service locations including all plant rooms, equipment rooms etc., to identify issues and required remedial repairs.

The Contractor is to undertake regular and recorded walk round tours of the service locations meeting rooms, offices, presentation suites, receptions etc., to identify faulty door furniture, failed lamp fittings etc.

The Contractor is to undertake regular and recorded walk round tours of the offices, rest areas and catering facilities, external areas and car parks at the service locations to identify issues.

The Contractor is to report all faults to the helpdesk.

Walk round tours have no value unless the observations are meaningful and the information is gathered in an objective and comparable manner, providing the ability to compare current conditions with previous inspections and identifying trends, any control adjustments required or the onset of failure.

4.10 **Advisory services**

The Contractor shall advise the Trust on fabric maintenance of the service locations, including but not limited to:

- Condition surveying and appraisals/ forward repair programming.
- Energy efficiency and building fabric improvement appraisals.

- Environmental performance.
- Health and safety matters and permit to work system.
- Fabric Helpdesk.
- Changes to Statutory legislation and obligations.
- Alterations and improvements.
- Defects management.
- Statutory Inspections – fire doors.
- Any specific requirements or obligations relating to the Trust service locations.

4.11 **Approach to fabric maintenance**

If the Contractor can demonstrate at any time, that adopting a different fabric maintenance strategy, or using a particular specialist, would improve the efficiency and cost effectiveness of a system or service and that the level of service shall not be reduced, then this should be brought to the notice of the Authorised Officer for consideration.

In first six months of Contract Term the Contractor shall ensure that all maintainable fabric assets are maintained or bought up to an agreed condition and a stable level of reliability and confidence has been instilled. Thereafter the Contractor should focus on maintaining condition while reducing cost, ensuring that the Trusts business activity is not impaired.

5. **Painting and decorating services**

5.1 Scope

To provide decorating services to trust wide sites.

This may include but not be limited to the following service activities;

5.1.1 Decoration of areas to include walls, ceiling, woodwork and doors
5.1.2 Repairs and making good of any damaged decoration
5.1.3 Advice on issues or queries which the Trust may have surrounding redecoration requirements

5.2 Required output and deliverables

The Trust will require the provision of an efficient and effective service delivered in a timely manner resulting in but not limited to the following key outputs with regards to decorating services.

5.2.1 Response to requests as below;

Repairs	Attendance to site within **1 working day**
New decoration	Quote within **2 working days** Attendance within **5 working days** on acceptance of quote

5.2.2 Provision of service which will require different hours of work; within working day, out of hours evening working and weekend working. All of which will be specified at time of quotation request.

5.2.3 Works to be completed with best practice regarding materials used and good quality finish achieved, work will be signed off by Trust Officer once complete and any problems will be raised for discussion and rectification.

5.2.4 The overriding principle must be adherence to undertake the services, meeting with the satisfaction of the Trust authorised officer and the achievement of the Trust KPI's.

6 **Flooring services**

6.1 Scope

To provide flooring services to Trust properties

This may include but not be limited to the following service activities;

6.1.1 Flooring of areas
6.1.2 Repairs and making good of any damaged flooring
6.1.3 Advice on issues or queries which the Trust may have surrounding flooring requirements

6.2 Required output and deliverables

The Trust will require the provision of an efficient and effective service delivered in a timely manner resulting in but not limited to the following key outputs with regards to decorating services.

6.2.1 Response to requests as below;

Repairs	Attendance to site within **1 working day**
New decoration	Quote within **2 working days** Attendance within **5 working days** on acceptance of quote

6.2.2 Provision of service which will require different hours of work; within working day, out of hours evening working and weekend working. All of which will be specified at time of quotation request

6.2.3 Works to be completed with best practice regarding materials used and good quality finish achieved, work will be signed off by Trust Officer once complete and any problems will be raised for discussion and rectification

6.2.4 The overriding principle must be adherence to undertake the services, meeting with the satisfaction of the Trust authorised officer and the achievement of the Trust KPI's.

7 **Partitioning services**

7.1 Scope

To provide partitioning services to Trust properties.

This may include but not be limited to the following service activities;

7.1.1 Erection of partition walls
7.1.2 Creation of partitioned spaces to create new internal rooms
7.1.3 Demolition of existing partitioning
7.1.4 Installation of sound proofing partitioning
7.1.5 Advice on issues or queries which the trust may have surrounding partitioning requirements

7.2 Required output and deliverables

The Trust will require the provision of an efficient and effective service delivered in a timely manner resulting in but not limited to the following key outputs with regards to Partitioning services.

7.2.1 Response to requests as below;

New works	Quote within **2 working days** Attendance within **5 working days** on acceptance of quote

7.2.2 Provision of service which will require different hours of work; within working day, out of hours evening working and weekend working. All of which will be specified at time of quotation request

7.2.3 Works to be completed with best practice regarding materials used and good quality finish achieved, work will be signed off by Trust Officer once complete and any problems will be raised for discussion and rectification

7.2.4 The overriding principle must be adherence to undertake the services, meeting with the satisfaction of the Trust authorised officer and the achievement of the Trust KPI's.

8 Custom made furniture and fittings

8.1 Scope

To fabricate and/or install custom made furniture and fittings to Trust properties

This may include but not be limited to the following service activities;

8.1.1 Made to measure benching
8.1.2 Reception Counters
8.1.3 Shelving and cabinets
8.1.4 Advice on issues or queries which the Trust may have surrounding the need for custommade furniture and fittings

8.2 Required output and deliverables

The Trust will require the provision of an efficient and effective service delivered in a timely manner resulting in but not limited to the following key outputs with regards to Custom made furniture and fittings services.

8.2.1 Response to requests as below;

New works	Quote within **2 working days** Attendance within **5 working days** on acceptance of quote

8.2.2 Provision of service which will require different hours of work; within working day, out of hours evening working and weekend working. All of which will be specified at time of quotation request

8.2.3 Works to be completed with best practice regarding materials used and good quality finish achieved, work will be signed off by Trust Officer once complete and any problems will be raised for discussion and rectification

8.2.4 The overriding principle must be adherence to undertake the services, meeting with the satisfaction of the Trust authorised officer and the achievement of the Trust KPI's.

9 **Roofing and guttering**

9.1 Scope

To provide roofing and guttering services to Trust properties

This may include but not be limited to the following service activities;

9.1.1 Repairs to existing roof installations
9.1.2 New roof installation
9.1.3 Repairs to existing guttering
9.1.4 Installation of new guttering
9.1.5 Clearing of guttering
9.1.6 Advice on issues or queries which the Trust may have surrounding roofing and guttering requirements

9.2 Required output and deliverables

The Trust will require the provision of an efficient and effective service delivered in a timely manner resulting in but not limited to the following key outputs with regards to roof and guttering services.

9.2.1 Response to requests as below;

Repairs	Attendance to site within **1 working day**
New works	Quote within **2 working days** Attendance within **5 working days** on acceptance of quote

9.2.1 Provision of service which will require different hours of work; within working day, out of hours evening working and weekend working. All of which will be specified at time of quotation request

9.2.2 Works to be completed with best practice regarding materials used and good quality finish achieved, work will be signed off by Trust Officer once complete and any problems will be raised for discussion and rectification

9.2.3 The overriding principle must be adherence to undertake the services, meeting with the satisfaction of the Trust authorised officer and the achievement of the Trust KPI's.

10 Doors and door furniture

10.1 Scope

To provide door services to Trust properties

This may include but not be limited to the following service activities;

10.1.1 Installation of new doors, door frames and door furniture
10.1.2 Repairs to doors, door frames and furniture
10.1.3 Advice on issues or queries which the Trust may have surrounding door systems
10.1.4 Regular inspections of fire doors and seals in accordance with the Regulatory Reform (Fire Safety) Order 2005 and BS9999.

10.2 Fire doors and seals inspections

The Contractor shall carry out fire door and seals inspections in accordance with the Regulatory Reform (Fire Safety) Order 2005 and BS9999.

The inspections shall be carried out at frequency detailed within the Fire Risk Assessment and in all instances not less than every six months. Where the doors are subject to heavy traffic the inspection frequency shall in agreement with the Authorised Officer be increased.

The Contractors fire door inspection shall inspect each component of the fire door assembly including:

- Door leaf
- Door frame
- Door closer (self-closing devices)
- Hinges
- Intumescent door strip and cold smoke seals
- Glazing (vision panels)
- Locks and levers/handles
- Fire safety signage
- Hold open devices
- Gaps around the doors and threshold gaps
- Panic hardware devices for external final fire exit doors

Upon completion of fire door and final fire exit door inspections, the Contractor shall produce a written report detailing the condition of each door and listing the areas of non-compliance. The details shall be incorporated into the CAFM fabric maintenance log book system to track recommended repairs schedule future inspections.

The Contactor shall review the results of the fire door inspections with the Authorised Officer and shall agree a programme of repairs. The programme of repairs shall be recorded on the Contractors CAFM helpdesk system.

10.3 Required output and deliverables

The Trust will require the provision of an efficient and effective service delivered in a timely manner resulting in but not limited to the following key outputs with regards to doors and door furniture.

Repairs	Attendance to site within **1 working day**
New works	Quote within **2 working days** Attendance within **5 working days** on acceptance of quote

10.3.1 Provision of service which will require different hours of work; within working day, out of hours evening working and weekend working. All of which will be specified at time of quotation request

10.3.2 Works to be completed with best practice regarding materials used and good quality finish achieved, work will be signed off by Trust Officer once complete and any problems will be raised for discussion and rectification

10.3.3 The overriding principle must be adherence to undertake the services, meeting with the satisfaction of the Trust authorised officer and the achievement of the Trust KPI's.

11 General Building Maintenance

11.1 Scope

To provide general building maintenance services to Trust properties

This may include but not be limited to the following service activities;

11.1.1 Hanging of noticeboards, clocks, pictures and over relevant items
11.1.2 Repairs and making good of any damaged building fabric and furniture
11.1.3 Advice on issues or queries which the Trust may have surrounding general building maintenance

11.2 Required output and deliverables

The Trust will require the provision of an efficient and effective service delivered in a timely manner resulting in but not limited to the following key outputs with regards to general building maintenance.

11.2.1 Response to requests as below;

Repairs	Attendance to site within **1 working day**
New works	Quote within **2 working days** Attendance within **5 working days** on acceptance of quote

11.2.2 Provision of service which will require different hours of work; within working day, out of hours evening working and weekend working. All of which will be specified at time of quotation request

11.2.3 Works to be completed with best practice regarding materials used and good quality finish achieved, work will be signed off by Trust Officer once complete and any problems will be raised for discussion and rectification

11.2.4 The overriding principle must be adherence to undertake the services, meeting with the satisfaction of the Trust authorised officer and the achievement of the Trust KPI's.

12 **Glazing Services**

12.1 Scope

To provide glazing services to Trust properties

This may include but not be limited to the following service activities;

8.1.1 Emergency glazing / boarding up service
8.1.2 Replacement glazing where glass is broken
8.1.3 Installation of new glazing
8.1.4 Supply of glazing for Trust stock
8.1.5 Installation of glazing film for reasons of privacy etc
8.1.6 Advice on issues or queries which the Trust may have surrounding glazing requirements

12.2 Emergency glazing / boarding up service

The Contractor shall provide an emergency glazing and boarding up service to the service locations.

The Contractor must provide and maintain unless otherwise agreed with the Authorised Officer an out of hour's emergency glazing and boarding up service to avoid danger to the health and safety of building users and the public, or to secure trust premises. The service must be provided 24 hours each day including weekends and during all holiday periods. A static landline telephone number may be provided for this purpose. The telephone must be manned and must not be an answering machine.

On receipt of a call to attend site and carry out emergency glazing and boarding up the contractor shall attend site within 2 hours with all necessary and required materials to make the broken glazing safe and to secure the premises. The Contractor shall also sweep / clear up all broken glass to prevent injury to staff, patients and the public.

At the time of attendance to carry out the emergency glazing / boarding up service the Contractor shall take all necessary measurements and details to enable the Contractor to return to site on the next working day to remove the temporary boarding and replace the glazing with new.

The Contractor shall agree in advance with the Authorised Officer where alternative materials such as polycarbonate might be used in the event of a breakage.

12.3 Required output and deliverables

The Trust will require the provision of an efficient and effective service delivered in a timely manner resulting in but not limited to the following key outputs with regards to the glazing services.

Urgent repair – broken glass represents danger to people or is a security risk.	Attendance to site within **2 hours** to carry out boarding up service. Return within **1 working day** to complete permanent repair.
Repairs	Attendance to site within **1 working day**
New works	Quote within **2 working days** Attendance within **5 working days** on acceptance of quote

12.3.1 Provision of service which will require different hours of work; within working day, out of hours evening working and weekend working. All of which will be specified at time of quotation request.

12.3.2 Works to be completed with best practice regarding materials used and good quality finish achieved, work will be signed off by Trust Officer once complete and any problems will be raised for discussion and rectification

12.3.3 The overriding principle must be adherence to undertake the services, meeting with the satisfaction of the Trust authorised officer and the achievement of the Trust KPI's.

13 **Ironmongery**

13.1 Scope

To provide ironmongery services to Trust properties

This may include but not be limited to the following service activities;

13.1.1 Manufacture and/or installation of window restrictors, gates, doors, railings, fencing and other like items
13.1.2 Repairs to specified ironworks
13.1.3 Advice on issues or queries which the Trust may have surrounding ironmongery requirements.

13.2 Required output and deliverables

The Trust will require the provision of an efficient and effective service delivered in a timely manner resulting in but not limited to the following key outputs with regards to ironmongery services.

13.2.1 Response to requests;

Repairs	Attendance to site within **1 working day**
New works	Quote within **2 working days** Attendance within **5 working days** on acceptance of quote

13.2.2 Provision of service which will require different hours of work; within working day, out of hours evening working and weekend working. All of which will be specified at time of quotation request

13.2.3 Works to be completed with best practice regarding materials used and good quality finish achieved, work will be signed off by Trust Officer once complete and any problems will be raised for discussion and rectification

13.2.4 The overriding principle must be adherence to undertake the services, meeting with the satisfaction of the Trust authorised officer and the achievement of the Trust KPI's.

14 **Key management**

14.1 Scope

To provide key management services to Trust properties

This shall include but not be limited to the following service activities;

14.1.1 Management of suited key licence arrangements
14.1.2 Provision of new suited keys as requested by Authorised Officer
14.1.3 Management of cards required for the various access control systems installed at the service locations.
14.1.4 Provision of new cards for the various access control systems installed at the service locations.

14.2 Key strategy at service locations

The trust operates a system of suited door locks and barrels across the service locations. The keys are supplied and manufactured by ASSA. The Contractor shall be required to hold the licence for the procurement of new keys in accordance with the Authorised Officers requirements.

The Contractor shall issue keys to staff only on receipt of formal instruction from the Authorised Officer. When issuing keys the Contractor shall ensure the details of the person receiving the keys are accurately recorded.

The Contractor shall agree a standard holding of suited key sets for issue on instruction by the Authorised Officer. These keys shall be held securely and kept separate from general access keys.

The Contractor shall also maintain a stock of spare card for the electronic access control systems at the service locations. On receipt of a formal instruction form the Authorised Officer the Contractor shall configure the cards to operate the access control systems at the required service locations and shall issue in accordance with the Authorised Officers instructions. When issuing cards the Contractor shall ensure the details of the person receiving the cards are accurately recorded.

14.3 Required output and deliverables

The Trust will require the provision of an efficient and effective service delivered in a timely manner resulting in but not limited to the following key outputs with regards to key management services.

14.3.1 Response to requests;

Issue of new keys or cards from stock	Issue within **1 working day**
New service	Quote within **2 working days** Issue within **5 working days** on acceptance of quote

14.3.2 Provision of service which will require different hours of work; within working day, out of hours evening working and weekend working. All of which will be specified at time of quotation request

14.3.3 Works to be completed with best practice regarding materials used and good quality finish achieved, work will be signed off by Trust Officer once complete and any problems will be raised for discussion and rectification

14.3.4 The overriding principle must be adherence to undertake the services, meeting with the satisfaction of the Trust authorised officer and the achievement of the Trust KPI's.

15 Plumbing Services

15.1 Scope

To provide plumbing services in respect of sanitary ware, pipework, and drainage at Trust wide sites in terms of repairs, new installations, and commissioning, servicing and statutory checks.

This may include but not be limited to the following service activities;

15.1.1 Installation of new sanitary ware to include toilet pan, toilet seat, toilet flush, basin, sink and tap
15.1.2 Repair of existing sanitary ware to include toilet pan, toilet seat, toilet flush, basin, sink and tap
15.1.3 Advice on issues or queries which the trust may have surrounding sanitary ware and information on innovative products on the market suitable for trust environments
15.1.4 Repairs to existing pipework including leaks and replacement following burst pipes
15.1.5 Installation of new pipework
15.1.6 Unblocking of toilets, sinks and drainage
15.1.7 Carrying out CCTV drainage surveys at problem areas
15.1.8 Advice on issues or queries which the trust may have regarding drainage problems which are occurring

15.2 Emergency plumbing service

The Contractor shall provide a plumbing service to the service locations.

The Contractor must provide and maintain unless otherwise agreed with the Authorised Officer an out of hour's emergency plumbing service to attend to plumbing issue and leaks in order to ensure the Trust service locations can continue to operate. The service must be provided 24 hours each day including weekends and during all holiday periods. A static landline telephone number may be provided for this purpose.
The telephone must be manned and must not be an answering machine.

On receipt of a call to attend site and carry out emergency plumbing works the contractor shall attend site within 2 hours with all necessary and required materials to clear the blockage or make safe the leak. Where possible the Contactor shall make a permanent report at the time of the call out. Where a permanent repair cannot be undertaken at the time of the event the contractor shall record all details required to return to site on the following working day to complete the repair. Where the fault or issue means that the only available plumbing service at the service location is no longer functioning the Contractor shall attend as soon as parts can be obtained to complete the repairs.

15.3 Required output and deliverables

The Trust will require the provision of an efficient and effective service delivered in a timely manner resulting in but not limited to the following key outputs with regards to plumbing services.

15.3.1 Response to requests;

Loss of use to whole system – leaks Blocked toilet, sink or drains – multiple blockages or no alternative site to use	Attendance to site within **2 hours**
Faults/repairs on sanitary ware or pipework Blocked toilet, sink or drains	Attendance to site within **1 working day**
New Installations of sanitary ware or pipework Drainage Surveys	Quote within **2 working days** Attendance within **5 working days** on acceptance of quote

15.3.2 Provision of service which will require different hours of work; within working day, out of hours evening working and weekend working. All of which will be specified at time of quotation request

15.3.3 Works to be completed with best practice regarding materials used and good quality finish achieved, work will be signed off by Trust Officer once complete and any problems will be raised for discussion and rectification

15.3.4 The overriding principle must be adherence to undertake the services, meeting with the satisfaction of the Trust authorised officer and the achievement of the Trust KPI's.

16 Sub-Contracting

16.1 The Contractor shall indicate within their tender proposal aspects of any part of the service that they intend to sub contract and/or employ a third part to fulfil this service.

16.2 The tenderers shall provide name(s), addresses(s) and contact details of all proposed sub contracted suppliers and/or third parties.

16.3 The tenderers shall not sub-contract any part of the works to the MEP maintenance service without prior consent in writing from the Trust's authorised officer.

16.4 Where sub-contracting arrangements do exist, the tenderers shall arrange for all invoices to be coordinated with the Trust receiving invoices only from the Contractor.

17 Previous Experience

17.1 Please provide details of previous experience in the NHS including Mental Health and Secure Services and any other Public Sector body, in MEP maintenance services, in the last three years.

18 Management and Team Structure

The Contractor must provide details of any professional institutes/associations they are accredited with and advise conformance to all relevant Government legislation with regards to MEP maintenance services.

19 NHS Requirements and Trust Policies

19.1 The Contractor will ensure Services are delivered in accordance with Trust Policies, NHS guidance and CQC guidance.

19.2 The Contractor will ensure their operational activities are documented in Method Statements incorporating risk assessments which minimise the impact on Trust activities, and such are made available to the Trust within 24 hours.

19.3 The Contractor will ensure their Services are delivered in accordance with these operational task based method statements.

20 Sustainability

All Contractors are asked to provide their Sustainability Policy outlining mechanisms for ensuring that processes in place are sustainable and designed to reduce Environmental, Economic and Social impact.

21 Contractors Personnel

The following are requirements for any employees working and entering Trust premises.

21.1 Alcohol - No alcohol is to be brought or consumed on site.

21.2 Radio Receivers - The use of radio receivers, cassette players and other audio equipment will not be permitted in or adjacent to occupied premises.

21.3 Tobacco - The Contractor shall not allow his employees to smoke tobacco on any of the Trust Sites

22 Site Procedures

The Contractor is to adhere to the following procedures when working on Site.

22.1 Every employee of the Contractor, or any sub-contractor, who attends a Site should be appropriately dressed in overalls or the contractors uniform in the Contractor's colours with the name and/or logo of the Contractor clearly displayed.

22.2 All the Contractors employees must be clean and respectable in appearance and have the appropriate appearance and behaviour for working at a varied number of Sites: especially for those Sites where patients, mentally and physically handicapped persons, or members of the public may be in attendance.

22.3 All personnel attending any Site must carry an identity pass, stating the name and address of the company, the name of the employee and a passport size photograph of that employee. This identity pass must be produced when initially reporting to the Trust Authorised Officer or nominated person whether it is requested or not. Subsequently

the identity pass must be produced when requested by any member of the participating Trust

22.4 On arrival at the Site, the Contractor's vehicle must be safely parked in an appropriately marked parking space. The vehicle should be locked and the keys retained by the Contractor's employee. The participating Trust will not accept liability for any damage or theft from vehicles parked at, or within the vicinity of, any NHS Trust Site. The Contractor should note that the trust does not operate car parks at all locations. The Contractor will be responsible for all parking charges and costs associated with the attendance by the Contractors Employees.

22.5 On leaving and arriving at the Trust Sites, for whatever reason, the Contractor must inform the Trusts Authorised Officer or their authorised representative. Where appropriate, the Contractor should also give an indication of the time and date of their return.

22.6 Where the Contractor is required to leave the Site, for whatever reason, and the repair/ work is incomplete, the Contractor will be held liable for leaving the area of repair safe, clean, tidy and secure.

22.7 Where fabric maintenance services are carried out in or adjacent to occupied premises, the Contractor will agree a safe method of working with the Trust Authorised Officer before commencing work.

22.8 The Contractor will notify in writing the occupants of the site or the person in charge of the occupants or users of the premises on which fabric maintenance services are in progress or about to be carried out, all restrictions guidance or other precautions which are desirable or necessary for the safety of all persons occupying or using the premises in consequence of the fabric maintenance services. The Contractor will provide all barriers and warning notices required for that purpose and shall make effective arrangements for the occupant or person in charge to consult and communicate with the Contractor throughout the duration of the fabric maintenance services, on the effects and nature of such precautions.

22.9 The Contractor will exercise care when entering and leaving the site, and shall take all adequate precautions to safeguard the occupants and general public from injury as a consequence of the fabric maintenance services.

22.10 The Contractor shall confine to as small an area as practicable any work which may affect the surface of the site and reinstate the site after the fabric maintenance services are completed.

The cost of making good such loss or damage shall be wholly borne by the Supplier

23 Disclosure and Barring Service Checks (DBS)

It is a requirement of this Framework Agreement that all contractors' personnel who will visit any of the Trust Site will obtain a satisfactory 'Enhanced' certificate from the Disclosure and Barring Service, as required under section 122(2) the Police Act 1997.

24 Safety on Premises

24.1 Where Works are carried out on the Trusts premises the Contractor shall take all reasonable care to avoid damaging the property or contents and shall make good all damage which arises from the Works.

24.2 Where Works are carried out in, or adjacent to occupied premises the Contractor shall ensure that materials, plant and equipment etc., are not left in locations which may endanger or expose to risk the premises, its contents or occupants.

24.3 The Contractor shall not leave steps, ladders or other plant accessible for unauthorised persons to enter the site, the premises or any adjoining property.

25 Out of hours call out service

The Contractor must provide and maintain unless otherwise agreed with the Authorised Officer an out of hour's emergency service to avoid danger to the health and safety of building users and the public, or services damage to buildings and other structures. The service must be provided 24 hours each day including weekends and during all holiday periods. A static landline telephone number may be provided for this purpose.

The telephone must be manned and must not be an answering machine.

26 Contingency

The Supplier is to provide contingency plans/policies in the event of the following:

- Fuel shortages.
- Vehicle breakdown/accidents.
- Staffing losses.
- Adverse weather conditions.
- Major incident or event.

27 Plant and equipment

27.1 Plant

The Contractor shall provide all requisite plant, equipment and temporary buildings for the execution of the works including scaffolding and access equipment, lifting tackle, machinery, tools or other appliances and everything necessary for the use of the Contractor's personnel. The Contractor shall be responsible for any necessary erection, subsequent removal and making good.

27.2 Consumable equipment

The Contractor shall provide all consumable items (materials and chemicals) required to enable the works to be carried out to the required standards. The consumable items shall be replaced in accordance with the work schedules and manufacturers recommendations.

Where items of plant need replacing to ensure the facility operates safely and reliably, and where such items are not covered by the agreement; the Contractor shall notify the Authorised Officer in writing of this requirement.

27.3 Spare equipment

The Contractor shall provide adequate spare equipment to ensure that the facilities operation is not interrupted for longer than necessary.

The Contractor shall review the level of spares available at the start of the contract and submit within 1 month of the contract start date a list of spares required.

Where in his opinion additional spares, to those available are required, the Contractor shall indicate this on the 'spares required list' submitted to the Authorised Officer.

Where spare equipment is utilised in emergencies or to rectify potential failures, the Contractor shall procure the replacement from the relevant manufacturer.

28 Asbestos based material

The Contractor shall check the existing asbestos register to establish where known asbestos exists within the building. Where the Contractor encounters any asbestos-based materials or materials, which he suspects might contain asbestos, he shall leave the material undisturbed and immediately advise the client.

Where agreed by the parties and where instructed by the Client as Additional Services the Contractor shall utilise the services of specialist Subcontractors where asbestos is present and is to be removed or disturbed.

Document no 5a.4

Service specification - cleaning and associated services

Tender 22112 - ELFT/TENDER/15/338 - Hard and Soft FM Services for Bedfordshire and Luton Mental Health & Wellbeing Service

1 Introduction

1.1 The aim of the cleaning service will be to provide a clean and safe environment for service users, staff and visitors.

1.2 The service must be flexible in meeting the demands of the Bedfordshire and Luton Mental Health & Wellbeing Services and have the ability to meet the changing nature of the organisation as necessary.

1.3 The Contractor shall at all times meet the service and quality standards set out in this specification and the requirements of the NHS 2007 National and ELFT Standards of Cleanliness, detailed at Appendix A –Standards of cleanliness.

1.4 The overriding philosophy of this specification is that it will be standards driven and not dependent on task frequencies, except those task frequencies that have been laid down as part of the National Specifications for Cleanliness in the NHS (2007).

1.5 Therefore, the Contractor will be expected to maintain the standards regardless of the frequency required to meet those standards that are achievable for each specification. Core minimum frequencies are detailed at Appendix C- ELNFT Minimum Cleaning Frequencies**.**

1.6 The Contractor will ensure that they make appropriate liaison arrangements with all related services.

1.7 This will be especially important for those sites based away from the main inpatient activity such as the clinics and health centres.

2 General description of the service

2.1 **Service profile**

The Contractor is to provide a comprehensive cleaning service to all Bedfordshire and Luton Mental Health & Wellbeing Services sites:

PROPERTY	**GIA M2**
Charter House, Alma Street, Luton LU1 2PL all floors	2702
105 London Road, Luton, LU1 3RG	657
54 Lewsey Road, Luton, LU4 0EP	118
Luton & Central Beds MH Inpatient Unit 1, Ground Floor - Crystal Ward, Calnwood Road, Luton, LU4 0LX	741

PROPERTY	GIA M2
Luton & Central Beds MH Inpatient Unit 1, First Floor - Outpatients etc., Calnwood Road, Luton, LU4 0LX	615
Luton & Central Beds MH Inpatient Unit 2, Robin Pinto Unit, Calnwood Road, Luton, LU4 0FB	799
Luton & Central Beds MH Inpatient Unit 2, Admin Block, Calnwood Road, Luton, LU4 0FB	195
Luton & Central Beds MH Inpatient Unit 2, Multi Purpose Hall, Calnwood Road, Luton, LU4 0FB	464
Luton & Central Beds MH Inpatient Unit 2, Onyx Ward, Calnwood Road, Luton, LU4 0FB	765
Luton & Central Beds MH Inpatient Unit 2, ECT Suite and Pharmacy, Calnwood Road, Luton, LU4 0FB	235
Luton & Central Beds MH Inpatient Unit 3, Coral Ward, Calnwood Road, Luton, LU4 0DZ	1693
Luton & Central Beds MH Inpatient Unit 3, Jade ward, Calnwood Road, Luton, LU4 0DZ	
Luton & Central Beds MH Inpatient Unit 3, Section 136 Unit, Calnwood Road, Luton, LU4 0DZ	
Oakley Court, Angel Close, Luton, LU4 9WT	N/A
35 Alexandra Road, Bedford, MK40 1JB	N/A
67 High Street North, Dunstable, LU6 1JD	N/A
Barford Ave, 29 Barford Ave, Bedford, MK42 0DS	237
Beacon House, 5 Regent Street, Dunstable	464
Beech Close Resource Centre, 5 Beech Close, Dunstable, LU6 3SD	552
Biggleswade Hospital (Spring House only), Spring House, Potton Road, Biggleswade, SG18 0EL	101
Cedar House, Bedford Health Village, 3 Kimbolton Road, Bedford, MK40 2NT	1073
Crombie House, 36 Hockliffe Street, Leighton Buzzard, LU7 8HE	367
Day Resource Centre, Bedford Health Village, Bedford, MK40 2NU	737
Disability Resource Centre, Poynters House, Poynters Road, Dunstable, LU5 4TP	N/A
EMPOWA, 3 Woburn Road, Bedford, MK40 1EG	467
Florence Ball House, Bedford Health Village, 3 Kimbolton Road, Bedford, MK40 2NT	576
Fountains Court, Bedford Health Village, 3 Kimbolton Road, Bedford, MK40 2NT	1091
Grove Place, 24 Grove Place, Bedford, MK40 3JJ	331
Healthlink-Bromham Road, 26/28 Bromham Road, Bedford, MK40 2QD	628
Rush Court 5-7 & 9, 5-9 Rush Court, Off Grove Place, Bedford, MK42 3JT	640
The Poplars, Mayer Way, Houghton Regis, LU5 5BF	1037
Steppingley Hospital (Meadow Lodge only), Meadow Lodge, Ampthill Road, Steppingley, MK45 1AB	228
The Crescent, 21 The Crescent, Bedford, MK40 3JJ	N/A
The Coppice, 2 The Glades, Northampton Road, Bromham, Bedford, MK43 8HJ	266

PROPERTY	GIA M2
The Lawns, The Baulk, Biggleswade, SG18 0PT	488
Townsend Court, Mayer Way, Houghton Regis, LU5 5BF	1131
Twinwoods, The Lodge, Milton Road, Clapham, Bedford, MK41 6AT	110
Twinwoods, Admin Block, Milton Road, Clapham, Bedford, MK41 6AT	817
Twinwoods, Clinical Resource, Milton Road, Clapham, Bedford, MK41 6AT	362
Twinwoods, Raymond Smith (Specialist Medical), Milton Road, Clapham, Bedford, MK41 6AT	324
Twinwoods, Russell Block, Milton Road, Clapham, Bedford, MK41 6AT	238
Twinwoods, Whitbread Centre, Milton Road, Clapham, Bedford, MK41 6AT	391
Weller Wing, Bedford Hospital, Ampthill Road, Bedford, MK42 9DJ	3273
Whichellos Wharf, The Elms, Stoke Road, Linslade, Leighton Buzzard, LU7 2TD	563
Whichellos Wharf – Cottage, The Elms, Stoke Road, Linslade, Leighton Buzzard, LU7 2TD	106
8 Kilgore Court, Leighton Buzzard	N/A

2.2 At any time during the contract period a site may be added to the sites which require service or alternatively removed. Any additions or deletions will be fully communicated to the Contractor at least 4 weeks Bed management and decants not always possible before the change takes place. Any amendment to the contract price shall be mutually agreed by both parties.

2.2 Quality Standards

The quality of the cleaning standards throughout all sites must meet those standards as designated by the National Specifications for Cleanliness in the NHS (2007).

All areas identified have been assessed in accordance with the activity carried out within each and designated an appropriate functional area category. In addition, each area has been designated a priority code which defines the standard of cleaning required and the appropriate response time for rectifying any problems.

2.3 **Key objectives**

2.3.1 To provide a cost efficient, quality led cleaning service, which achieves the National Specifications for Cleanliness in the NHS (2007) and complies with the Revised Healthcare Cleaning Manual (2009) providing a clinical and socially acceptable environment for service users, visitors and staff, 365(6) days per year.

2.3.2 Maintain a safe environment and safe working practices, to include the use of a recognised risk assessment/management system to ensure that standards of comfort and cleanliness remain high and that any reduction in the quality of the service is recognised and corrected.

2.3.3 To provide documented cleaning and related tasks processes.

2.4 **Service provision**

The Contractor will be responsible for providing a cleaning and related domestic duties service:

- Scheduled cleaning
- Ad hoc/reactive cleaning, via help desk
- Wall washing
- Deep/special cleaning on routine/ad hoc basis
- Carpet cleaning (i.e. shampooing/steam cleaning) on a scheduled and ad hoc basis
- Infection control/barrier cleaning, as and when required
- Spillage
- External near site perimeter cleaning to an agreed distance

2.4.1 **Domestic duties**

- Removal of all waste, (as defined in 2.17 & 2.18/Table 5) to appropriate collection points; on the ward/building area
- Flat packing of cardboard boxes;
- Unpack, stock check and store cleaning materials

2.5 **Cleaning Service Requirements**

It shall be the duty of the Contractor, at the beginning of the Contract Period to initially clean the premises and equipment to ensure ELNFT and National Specifications for Cleanliness in the NHS (2007) standards are met and to comply with future amendments.

Scheduled routine cleaning is to be sufficient to maintain the service and quality standards throughout Bedfordshire and Luton Mental Health & Wellbeing Services, meeting the core minimum cleaning frequencies for each site as specified in Appendix A and the Standards of Cleanliness and required cleaning outcomes as detailed in Appendices A and B.

Table 2 - Fault and Service Response Times and Rectification Times

The following categorisation has been used to indicate the required response time for each priority coded area for rectification of problems.

Risk category	Schedule priority	Defaults to be rectified	Areas included
A. High Risk	Cleaning critical, morning, evening and ad-hoc	Immediately	Wards, Kitchens, Dining areas, Treatment rooms, all clinical rooms, bedrooms, shower room, bathrooms, pharmacy, Public thoroughfares and Public Toilets
B. Significant Risk	Regular cleaning critical	Immediately or as soon as is practically possible	, Consulting Rooms, Interview Rooms
C. Significant Risk	Regular cleaning important Requires maintaining	0-3 hours service user areas By daily scheduled cleaning service for non-service user areas	Rehabilitation areas, Waiting rooms, Waste holding areas

D. Low Risk	Regularly on a scheduled basis and as required in between	Within 48 hours	Administrative areas
E. Low Risk	Infrequent on a scheduled or project basis	1 to 4 weeks	Record storage and archives External surrounds, dry stores

The Contractor will be required to participate in the National Standards of Cleaning and Patient Led Assessments of the Care Environment (PLACE). Within each of the areas within Table 2, The Contractor will be responsible for cleaning, to the specified standards, the following:

- All floors, walls including skirting, architraves, pipes and ducting, including lifts and stairways.
- Walls to 2 metres
- All sanitary ware, including replenishment of disposables.
- All furniture, fixtures and fittings, including doors, except where specifically excluded.
- Staff will arrange a clear desk day with their domestic so that the desks can be cleaned once a week. It is staffs responsibility to clean their computers.
- All external features, fire exits, stairwells, entrances, signage and exits
- All internal glass surfaces
- All soft furnishing
- Window, shower and cubicle curtains (if dirty needs to be sent to laundry, if disposable needs throwing away after every 6 months) and blinds (non launderable)
- Kitchen/pantry, fixtures and fittings and appliances, internally and externally
- Ventilation ducts, grilles and vents (just the external part otherwise this is an estates role)
- Extractor fans – estates to clean, insectocutors – catering to clean
- Radiators and radiator covers, only the external parts. Estates take off cover and clean underneath
- Emptying of all waste bins
- Odour control and general tidiness

The Service does **not** include the cleaning of the following areas:

- Any plant rooms,
- Boiler houses,
- Internal ceiling lights

The following items of equipment shall not be cleaned or moved to enable general cleaning unless in agreement with an Authorised Officer.

Table 3 – ELNFT Equipment demarcation cleaning responsibilities		
Equipment	**Cleaning contractors duty**	**ELFT Clinical Staff**
Air conditioning units	Yes (estates)	
Baths	Yes (first clean)	After each use
Bed frame / cot sides / bumper bars	Yes	Nursing staff if body fluid evident
Bed ledges	Yes	Nursing staff if body fluid evident
Bed tables	Yes	
Cardiac Arrest Equipment		Yes

Equipment	Cleaning contractors duty	ELFT Clinical Staff
Commodes	Yes (not any area that touches the patient), frame and wheels only	Yes to patient sitting area
Drip feed stands		yes
Drug Lockers by each bedside	External Yes	Internal Yes
Easy , dining and office chairs	Yes	
Hoists / slings	Yes (not any area that touches the patient)	Yes to areas that patients touch
Household / Domestic Trolleys	Yes	
Dressing trolleys		Yes
Drug Trolleys		Yes
Linen Skips	Yes	
Lockers (external)	Yes	
Lockers (internal)	Yes (only when emptied)	Yes
Macerators		Yes
Mattresses		Yes
Raised Toilets/risers on toilets	Yes (first clean only)	Yes between patient use
Service user washing bowls		yes
Portable pay phones rehab equipment (i.e. steps, bars etc.)	Yes	
Risers on commodes	Yes (only first clean)	Yes, between patients
Suction Equipment		Yes
Seat/chair raisers	Yes	
Surgical instruments		Yes
Treatment couches	Yes (legs and feet)	Yes where patient lies
Walking frames	Yes	
WC's service users	Yes	
WC's Staff	Yes	
WC's visitors	Yes	
Weighing machines		yes
Wheelchairs	Yes	
Bath chairs	Yes first clean	Yes In between patients

Equipment	Cleaning Contractors Duty	Nursing Duty	Comments
Bed pans		Yes	
Bed tables	Yes		
Cardiac arrest equipment		Yes	
Defibrillators		Yes	
Drip feed stands		Yes	
Drug trolleys		Yes	
Easy chairs	Yes		
As above			
Medicine pots		Yes	
Service user washing bowls		Yes	
Rehab equipment		Yes	Includes steps, bars etc.
Surgical instruments		Yes	
Trolleys (what kind?)		Yes	
as above		Yes	
WC's service users	Yes		
WC's visitors	Yes		

These are examples of Equipment Demarcation Cleaning Responsibilities. The Contractor will be required to agree these responsibilities locally with individual sites and location managers.

Note: Internal lockers should only be cleaned if on duty at discharge.

2.6 Service delivery

The Contractor will be required to ensure that:

- All sites are cleaned in accordance with the designated functional areas and the priority codes in this specification.
- All floor surfaces are cleaned as per the manufacturer's instructions ELNFT will provide this information. The incumbent will provide, as we do not hold it.
- Any defect in quality standards is made good within the priority code times detailed in Table 2- Fault and service response times and rectification times.
- Maintenance defects which affect cleanliness standards are reported and followed up as necessary, by ward / domestics via the help desk
- An on-call system is in place in the event of out of hours emergencies via the help desk and rapid response.
- 'Cleaning in Progress' warning signs are displayed at all times, in accordance with Health and Safety policy and procedures. Cardboard signs preferred as these are less dangerous.
- Areas of untidiness are reported by the contractor to the ward staff

2.7 Scheduled cleaning

2.7.1 The services shall be provided as per the needs of each individual site, 7 days of the week as required.

2.7.2 An appropriate on call system should be in place to service emergencies outside of hours, help desk and repaid response.

2.7.3 The Contractor will be required to prepare the schedules (which detail the pattern and frequency of cleaning), equipment demarcation and methods of work for each task and area.

2.7.4 These will be prepared using the functional area information, the National Standards Guidelines and the service user and nursing related duties found in this section and ELFT's requirements.

2.7.5 These schedules are to include **all** cleaning and related duties for each site, department and therapy rooms, detailing equipment and fixtures/fittings relating to each ward/department.

2.7.6 The schedules will be agreed with the respective Authorising Officer and each Clinic Manager. Upon approval these should be displayed in all areas.

2.7.7 Each domestic member of staff is to be also provided with a copy of the schedule and methods of work for their area as part of their internal induction programme.

2.7.8 Schedules should be reviewed at six monthly intervals, or sooner should the service area change. Such reviews are to be formally documented by the Contractor in a monthly report.

2.7.9 The Revised Healthcare Facilities Cleaning Manual is indicative of the required format.

2.7.10 The provision and regular review of schedules is viewed an important aspect of the contract performance and will form part of the monitoring procedures.

2.8 Access for Cleaning

2.8.1 Non access times are provided as a guide of periods when it is inconvenient or impractical to carry out cleaning tasks, most wards/units have protected mealtimes. Access times **must be agreed with each respective Location Manager or Departmental Head** prior to the start of the Contract.

2.8.2 The Contractor shall program cleaning routines around the work carried out by other disciplines who are directly involved with service user care.

2.8.3 The Contractor shall clean the premises to the satisfaction of the Authorised Officer, with as little inconvenience to service users and staff as possible.

2.9 Lone working

2.9.1 The service provider shall operate their own lone working policies and procedures. These procedures shall be in full compliance with Trust procedures and guidance and will be agreed with the Authorised Officer.

2.9.2 The times when access can be gained for cleaning the premises should be agreed with the site manager. The Contractor should bear in mind that access will be limited to circulation, toilets and office areas when clinics are in use. Therefore cleaning must be on a scheduled daily routine whenever possible, as agreed for each unit/ site /ward and department

2.9.3 Due to all of the sites being standalone and lone worker considerations, Contractors may wish to propose innovative solutions to the cleaning of these premises in the form of a

roaming or team clean. This process would not be applicable to inpatient units only administrative offices

2.10 External near site perimeter cleaning service

The site cleaning service shall ensure that all site entrance ways, exits (front and rear) and courtyards are checked daily to ensure that the areas are safe for pedestrians to walk on. The area of responsibility will not normally extend beyond 2-3 metres of the building.

The Contractor (Porter) will be responsible for :

- the collection of litter, glass, debris,
- emptying and cleaning cigarette bins,
- the cleaning of external signage, glass and other cleanable surfaces, including the removal of graffiti,
- ad hoc requests via Helpdesk or site cleaning communication book.

2.11 Ad hoc/reactive cleaning

The Contractor is requested to provide separate costs for the provision of an ad hoc cleaning service, to be available generally during working hours 09:00-17:00 with the option for out of hour's service by agreement with Authorised Officer.

It is anticipated that this service will provide planned routine cleaning within the sites but will also have the capacity to attend to specific emergency cleans upon request.

Reactive cleaning tasks include but are not be limited to:

- Scheduled cleaning that has been omitted or not completed to required standard
- Replenishment of materials/disposables
- Flushing of low use toilet and shower areas - TBA
- Cleans following clinical contamination
- Untoward incidents such as flooding
- Other requests received by the Helpdesk
- Toilet Checks
- Communal areas

2.12 **Bodily fluids spillage**

Nursing and clinical staff will undertake the 'first clean' in their areas of responsibility. The Contractor will then be responsible for the remaining cleaning of the said area.

2.13 **Infection control**

The Contractor shall ensure that their staff understand and conform to the requirements of all sites Control of Infection Policy. ELNFT Infection Control guidance document is in Appendix E.

A close working relationship with the Infection Control team is essential when the Contractor is required to clean isolation rooms. A service user may be nursed in a side room for one of two reasons;

- To prevent the spread of infection from service user to the hospital environment and its staff (**Standard Isolation)**

or

- To prevent the spread of infection from the hospital environment and staff to the service user (**Protective Isolation)**

2.14 Special cleaning

The Contractor is required to undertake a floor maintenance programme using the appropriate methods and in accordance with those minimum standards set down by the National Specifications for Cleanliness in the NHS (2007).

The Contractor will be responsible for providing these cleaning duties on a scheduled or ad hoc basis, on request from an Authorised Officer, Table 4 below is indicative of the required frequencies.

Table 4 – Floor maintenance cleaning frequencies

Cleaning Type	Element/Area	Frequency	Scheduled/Ad hoc
Deep Cleans Soft floors	Carpets in all clinical areas (there should be no carpets in clinical areas i.e. treatment areas	Quarterly and as necessary in between	Scheduled & Ad hoc
	Carpets in high traffic areas i.e. entrance halls, , service users areas(to include dust mats)	Quarterly and as necessary in between	Scheduled & Ad hoc
Deep Cleans Soft floors	Carpets in office areas, low usage areas	Annually and as necessary in between	Scheduled
	Spot clean carpet stains	Daily/ Weekly as required	Ad hoc Within 12 hours of spillage
Deep Cleans Hard floors	Spray clean hard floor	Weekly, daily in clinical areas	Scheduled
	Strip and reseal hard floor (vinyl, linoleum, cork) in average traffic areas	twice yearly.Do not reseal with a high gloss	Scheduled
	Strip and reseal hard floor (vinyl, linoleum, cork) in thoroughfares and high traffic areas	Twice yearly	Scheduled

Cleaning Type	Element/Area	Frequency	Scheduled/Ad hoc
Deep Cleans High activity Rooms	Rehabilitation areas, where cooking, art, craft, pottery etc undertaken	Quarterly, or as required with spillages	Scheduled
	Kitchens, Cafeterias	Quarterly	Scheduled
Deep Cleans Normal activity Rooms	Offices, nonclinical areas	Annually or as necessary in between	Scheduled
Soft furnishings	Chairs, settees etc	Deep clean as appropriate and as required	Check on a weekly basis
Hard furnishings	desks, counters	Deep clean as appropriate (can not deep clean hard furnishings	Check on a weekly basis
additional cleans	Location maintenance, upgrading, redecoration or building work	On request	Ad hoc
Specialist Clean	Deemed as necessary by ICT	On request	Ad hoc

The scheduled frequencies required should be determined by the Contractor in consultation with the Authorised Officer. This service provision is to be costed in the Tender.

2.15 **Wall washing**

The contractor is required to clean all vertical surfaces up to 'reach' height or around two metres on a scheduled basis – every 6 months

High dusting tools should be provided for staff to ensure that they can safely reach higher surfaces to aid the removal of dust build up and cobwebs

All wall washing at a height greater than two metres or 'reach' height is to be undertaken as detailed in the Wall Washing specification in section 6.

2.16 **Curtain valet service**

Definition of curtains and blinds includes window and cubicle curtains and all types of blinds e.g. vertical, roller and venetian blinds.

These items are to be cleaned:

- Twice per year for all therapy curtains
- Twice per year in areas frequented by service users i.e. wards, treatment rooms, clinics etc. or as requested, unless they have bodily fluid on them in which case they must be cleaned immediately if cloth or thrown away if disposable.
- Annually in all other areas or as requested,

The Contractor must follow the manufacturer's instructions to **ensure curtains retain their fire retardant properties**.

The Contractor must ensure any curtains/blinds that unsuitable for laundering are wiped clean, using appropriate detergent, rinsed and dried.

The Contractor is to supply and maintain step stools and other necessary equipment to undertake removal and re-hanging of curtains and blinds in a safe manner.

2.17 **Domestic duties**

The Contractor will be responsible for providing a high quality of service user care related services to all service user areas. The information detailed below is indicative of the types of tasks required but is not exhaustive.

2.18 **Clinical waste**

The Contractor shall maintain an audit trail of all clinical waste bags using a named tagging system. **It is the responsibility of the contractor to supply all the appropriate tags** used in the disposal of waste.

Table 5 - Outline procedures per waste type:

General waste	Bag, secure and tag rubbish in line with ELNFT's procedures. Collecting refuse sacks, and placing at point of collection. Replenish sack holder.
Glass & bottles	To be wrapped/packaged and placed in cardboard boxes, secured and carefully disposed of in bin.
Clinical waste	Bag and tag rubbish in line with ELNFT's procedures. Collecting clinical waste (yellow bags); ensure that all yellow bags have an identification tag fitted to the neck and the tag number is documented prior to them being moved to collection point. Replenish sack holder.
Sharps boxes	Collecting sealed sharps boxes, ensuring an ID tag is completed by a clinician, then applied and placed at the point of collection.
Cardboard boxes	Flat-packing of any cardboard box waste ready for disposal.

Clinical waste must be disposed of following ELNFT guidance given in **Appendix D** – Clinical Waste Disposal Guidance**.**

2.19 **Service Checks**

ELNFT considers regular service checks to be an important element in maintaining high standards and requires the contractor to undertake the following:

- Daily routine checks of toilets in all areas on sites for cleanliness and ensuring an adequate supply of consumables, such as, soap cartridges, alcohol gel, moisturising cream, hand towels and toilet rolls.
- Check all bins in all areas on each site daily to avoid any build-up of waste and empty receptacles as necessary. Domestic and clinical waste must be kept segregated at all times.

2.20 **Visitor Toilets**

ELNFT places a high emphasis on achieving and maintaining high standards especially in terms of the public areas. It is expected that the Contractor will ensure that these standards are maintained at all times. Therefore, it is a minimum requirement that a ‘Cleaning Charter’ will be on display in all public accessible toilets which clearly indicates;

- What standards of cleanliness the public should expect from the facility,
- A checklist to indicate that they are check cleaned on a daily basis,
- A checklist to indicate that public toilets in all community areas have been cleaned daily,
- A contact point or telephone number to report deficiencies or notify of a complaint.

2.21 **Frequency of Supervisor Checks**

The Contractor is required to provide strategically sited supervisory cover when Contractors' staff are on duty 7 days per week.

Regular checks by the Contractor's supervisory team are an essential part of the contract to maintain a uniform standard of service and preventing potential service failures from becoming complaints.

The Contractor must indicate sufficient supervisory staff in the Tender to undertake the required frequency of checks on each site.

All functional areas are to be checked by supervisors on a weekly basis.

2.22 **Service user areas**

It is expected that as a minimum the Contractor's supervisors will check the following functional areas at the frequencies indicated below:

2.23 **Joint Formal Monitoring**

AN ELNFT Monitoring Officer will be responsible for arranging and the reporting of joint formal monitoring arrangements with the nursing and Contractors supervisory team.

2.24 **Bank and Public Holidays**

All Inpatient units require a service 7 days a week.

In all other areas a service is not required on public and bank holidays however a build-up of work following holiday periods must also be envisaged in specific locations and the Contractor must make arrangements to quickly and effectively deal with the backlog. Varied methods of undertaking the provision of the service are permitted on these days with the approval of the Authorised Officer.

Additional services may be required to compensate but a full costing and agreement must be received, before this is initiated.

2.25 **Partnership Working**

The Contractor shall be required to establish agreed liaison arrangements with all related services. This is of paramount importance in relation to staff recruitment, infection control, and food management. The Contractor will be required to indicate in the Tender, what measures they will implement to assist this.

2.26 **Communication**

The contractor shall ensure that supervisors carry a bleep/mobile phone and are contactable by ELNH staff at all times during working hours

2.27 **Staff Management**

The Site Managers and Department/Clinic Managers will be responsible for managing their respective areas.

Although the domestic staff will be professionally managed by the Contractor, in terms of direct employment, training requirements and technically supervised, the site/department/clinic based domestic staff will be accountable to the respective of ELNFT Managers within these areas in the respect of the performance of their duties.

It is therefore a requirement of this specification that the domestic staff become part of the site/department/clinic team and become responsive to their requirements.

The Contractor will be required to set up a 'communication book' system for sites or areas where the Contractors staff are on duty before/after ELNFT staff hours.

2.28 **Staff Flexibility**

A degree of flexibility within all services is essential. Some sites/departments/clinics may request that some sites/ department/clinic based domestic staff undertake tasks, which may not form part of the daily routine at the expense of something that is. It should be accepted that the domestic staff should undertake the task providing that it is a reasonable request and a cleaning related activity, only with approval from the domestic's supervisor and entered into the communication book.

The Contractor will work with the sites/departments/clinics to ensure that any additional/different duties requested enhance service requirements are not undertaken to the detriment of service quality.

2.29 **Staff Recruitment and Placement**

The Contractor is required to organise their duty rotas, so that cleaning staff are attached to individual sites on a long term basis. ELNFT therefore requires the contractor to:

- Encourage new staff to visit the proposed work area as part of the selection process, to promote a fuller understanding of the work environment.
- Introduce new staff to the clinical/departmental team prior to commencement of duties.
- Ensure that no permanent domestic staff changes are made without the prior consent of the relevant site manager.

This practice should also extend to the employment and allocation of relief staff to further enhance continuity.

The Contractors' staff are encouraged to view themselves as an integral member of the clinical team/department involved with the care of service users.

It will be the responsibility of site staff to communicate to the Contractor, any concerns regarding staff either contractually or relating to health and safety issues.

2.30 **Staff Management and Allocation**

The Contractor will be required to indicate in the Tender, both procedures and staffing levels to ensure that:

- There is adequate relief staff to provide full Holiday and Sickness cover for allocated permanent staff and management.
- There is an agreed procedure whereby each sites' staff are notified within one hour of commencement of said shift, if a member of staff will not be reporting for duty.

In addition the Contractor will also be required to communicate to the site affected, within two hours, the relief provision planned.

3 OPERATIONAL INFORMATION

3.1 **Equipment and Materials**

The Contractor will purchase all supplies necessary to operate the Domestic Services and maintain such equipment in a safe, serviceable and clean condition all the equipment used by the contractor's staff on the premises.

Maintenance of the equipment will be the Contractor's responsibility.

The Contractor will be required to submit details of all equipment and materials to be used within the performance of this contract. This should be supplemented by a 'sample' site equipment inventory to support the bid.

Prior to the procurement of new equipment or revised ways of working, the Contractor must seek permission from the Authorised Officer and the Infection Control Team prior to introducing new equipment or products.

Machines conforming to BS5415 are considered suitable for use in service user areas, where sound, pressure levels, air filtration and exhaust air disturbance are important. Sound levels for motorised equipment must be kept at a minimum.

Buckets are to be plastic polypropylene and capable of heat disinfection. Mop heads must be washable and the contractor is expected to implement the daily laundering of all mop heads.

All equipment supplied by the contractor must be CE approved and adhere to the COSHH regulations.

3.2 **Maintenance**

The Contractor must allow for sufficient equipment in order that maintenance is undertaken on a routine basis. All electrical equipment must be tested on an annual basis, and such records must be made available to the Authorised Officer.

3.3 **Specification of Cleaning Materials**

A neutral detergent will be used by the Contractor for all day-to-day general cleaning tasks. A recognised washing up detergent will be used for the washing of crockery, cutlery, tumblers etc. and where mechanical dishwashing is utilised, this will be by the appropriate detergent/powder.

The use of liquid bleach will not be permitted by ELNFT. All other cleaning materials and floor maintenance products will comply with British Standards where appropriate. The Contractor will supply to ELNFT a list of the proposed products, which will be used for carrying out this contract.

Sanitary ware will be cleaned using hypochlorite powder/solution e.g. Hand basins, lavatory pans, lavatory seats, flushing handles, baths and showers, cisterns and pipe work.

Insect killers of the aerosol type that contain tetremethrin/d-phenothrin must not be used.

Where it is necessary to use disinfectants as part of the infection control procedures in relation to vacation cleaning the following will apply:

- Strict Isolation 0.1% hypochlorite solution
- Standard Isolation 0.1% hypochlorite solution
- PTB 0.1% hypochlorite solution

3.4 **Floor Mops**

ELFT prefer the use of micro fibre mops where possible.

String type mop heads must be machine washed daily at the temperatures designated in HSG(95)18.

Disposable mops are to be used in infected clinical areas and disposed of daily.

Disposable mops may only be used in other areas with the permission of an ELNFT Authorised Officer.

3.5 **Colour Coded Equipment**

To assist with the control of cross infection, the NHS national colour-coded system will be required for all areas within ELNFT and this must be supported by promotional material for all staff to follow.

In addition, as a core basic training requirement all new domestic staff must receive full training prior to working in any area.

3.6 **Pressurised Steam Cleaning**

The use of steam cleaning machines is covered under this contract.

All sites would welcome any innovations to improve cleanliness standards. It should be noted however, that any introduction of steam cleaning must be accompanied by a rigorous programme of training, working closely with the manufacturer on the use of such equipment.

3.7 **Materials to be provided by the Contractor for use by ELNFT**.

The Contractor will be required to provide to all sites the materials listed in **Table 7**

The Contractor will be required to fully manage and monitor the usage of the materials on behalf of ELNFT.

The Contractor will be responsible for the ordering, delivery and storage of these items.

The frequency of delivery and quantities of stocks to be held at each site should reflect the individual site's capacity for storage.

The Contractor will be required to assess individual site requirements, seek agreement with local site managers, producing realistic delivery schedules.

The Contractor will be required to provide ELNFT with a monthly list of materials, detailing quantities provided per site/ward.

All cleaning materials and consumables provided are required to meet NHS Logistics specification as per the relevant NPC codes.

Table 7 – Materials/Consumables to be provided for all sites by the Service Provider

All sites	
Product	**Issue size**
Blue Bags	1 Bag
Red & Blue Cloths	1 Cloth
Blue Roll 20"	1 Roll
Soap	1 Soap
Disinfectant-Milton Haz Tablets	1 x 5Ltr
Anti-Bacterial Soap	1 x 1 Ltr
Large Black Sacks	Roll of 10
Gloves	1 Pair
Large Sacks	Roll of 15
Large Yellow Sacks	Roll of 50
Paper Hand Towels	1 Sleeve
Scourers (Non Scratch)	1 Scourer
Small Black Sacks	Roll of 50
Small Yellow Sacks	Roll of 20
Toilet Roll Std	1 Roll
Vac Bags	1 Bag
De-scaler	1x 1 Ltr

3.8 Availability of equipment for emergency use

The Contractor must make arrangements for the provision of emergency cleaning equipment for access by ELNFT staff 24 hours per day.

This provision must be available and satisfy the COSHH requirements in that it is only accessible by staff, not service users and that COSHH data and instruction sheets are easily accessible at the point of storage.

The colour coding of such equipment and the instructions should be easily identifiable within each location also.

The minimum equipment to be provided is:

Table 8 – Equipment for emergency use

Item
Mop to be laundered and changed after each use/daily. Or disposable
Bucket
Bowl
Dishcloths

Item
Dustpan & Brush
Gloves
Hand Towels
Toilet Rolls
Soap

This equipment is to be sited in each domestic's cupboard.

In addition, in emergencies, ELNFT staff shall be permitted to use Contractor's equipment items e.g. vacuum cleaners. However, users will be instructed not to abuse this right.

Domestic equipment should be allocated and marked for individual areas. The Contractor should ensure that the equipment is thoroughly clean at all times. Equipment should be stored in the allocated cleaning cupboards.

3.9 Floor maintenance

3.9.1 Hard floors

Subject to the manufacturer's floor maintenance guidelines, floors are to be maintained as detailed below:

- Non-Ammonia based liquid, for the removal of build up from vinyl thermoplastic etc.
- Xylene Free stripping agent, for the removal of wax and grease from wooden/cork floors.
- Solvent degreaser, for the removal of oil/grease from stone, concrete, terrazzo and granolithic floors.
- Neutralising agent for the final rinse after stripping back.
- Floor polish - metallised polymer. Initial coats prior to spray cleaning procedures.
- Neutral Cleaner, for spray cleaning vinyl thermoplastic and general etc.
- Water based primer, for the base treatment of semi-porous floors in poor condition prior to the application of metallised polymer finish.

3.9.2 Carpeted floors

Soft floors are to be maintained to manufacturers' guidelines.

3.10 Uniforms

3.10.1 All functional areas

The Contractor shall at all times provide a sufficient quantity of uniforms and protective clothing as is necessary to ensure their employees are clean, readily identifiable and presentably attired at all times whilst carrying out their tasks. The style and colour of the uniforms shall be approved by the Authorised Officer on behalf of ELNFT.

Domestics must wear ID badges at all times whilst at work.

The location of suitable storage of personal clothing shall be agreed with the Authorised Officer.

3.10.2 Staff appearance

The contractor is responsible for the appearance of all staff and to ensure all uniform is in a clean and tidy manner.

The Contractor will agree with the Authorised Officer the type of identification badges to be used.

3.10.3 Customer care

All staff shall treat ELFT's staff and service users with dignity & respect.

3.10.4 **High risk areas**

The Contractor's staff shall wear at all times uniforms or protective clothing as advised by the senior person in charge of the location that they are working. The garments must not be worn outside of these areas.

3.10.5 **General**

In addition, all uniforms supplied to the staff should be worn at their place of work only. Staff must be encouraged to change into and from their uniforms at the place of work and must not travel to and from work in their uniforms.

3.11 Minimum training requirements

In addition to the core skills detailed within the Staff Qualifications, the domestic services staff will be required to have induction training on:

- The minimum cleanliness standards for each functional area,
- An understanding of the role of the National Specifications for Cleanliness in the NHS (2007) and its importance,
- Content of the work specification relative to their work area and should become familiar with the content upon induction.
- Personal safety.
- Infection control
- "break away" training

Refresher training will re-emphasise the importance of cleaning routines and will take place annually by their immediate supervisors.

Prior to commencing work, specialist training will be required in the following areas, **before** undertaking duties single-handedly:

Table 9 – Specialist training

Department	Minimum requirement
Ad hoc clean personnel	To be trained in wet carpet extraction procedures, strip, seal and buffing of hard flooring, Isolation cleans and equipment training within the first week of employment.

The risk assessment of each cleaning process should be documented and an integral part of the staff training program.

4 MAINTAINING STANDARDS AND MONITORING

4.1 MONTHLY MONITORING REPORT

4.1.1 The Contractor will be required to prepare and provide ELFT's facility manager with Monthly Monitoring Reports and delivered within the 1st week of the following month.

4.2 The Monitoring Report shall contain the following information in respect of the Contract Month just ended in line with The National Specifications for Cleanliness in the NHS (2007) Scores the:

- monitoring which has been performed in accordance with the Performance Parameters Appendix G with a summary of the findings;
- summary of all incidents and complaints reported to the Helpdesk during the Contract Month including the Service Response/Rectification Times and those achieved;
- Audit scores
- summary of all Failure Events and Quality Failures;
- service aspects affected;
- duration of any Failure Event not rectified on time, with the time and date it commenced and the time and date it ceased;
- relevant volume related data (e.g. Rapid response tasks and periodic cleans);
- staff Training delivered; and
- staff turnover.

5 SERVICE REVIEWS

All issues in respect of the service will be discussed in a monthly service review meeting between the Contract manager and the Authorised Officers. This will include operational issues, quality assurance/control, complaints, training, health and safety, service failures etc. The Contractor will be required to attend user group meetings in respect of the service.

The Contractor will review the work schedules with the service users for each area of ELNFT on at least a six monthly basis.

6 WALL WASHING

6.1 Service scope, objectives & standards

The wall washing service is to be provided to all sites and shall be responsible for:

- The periodic washing, cleaning and dusting of walls and associated items to the satisfaction of the Authorised Officer at the above sites;
- Provision of materials and equipment.

6.2 Wall washing service description

The Contractor shall undertake the periodic washing, cleaning and dusting of:

- ceilings, walls and floors;
- high level beams, ledges and trunking;
- heating radiators, any pipe work and any electrical switches, sockets or fixed appliances;
- internal surfaces of windows and frames, to include internal glass.

6.3 Operational data

The frequency of wall washing will be at least once a year but emergency situations may occur.

6.4 Wall washing method

The procedures listed below in Table 8 - Wall Washing Method, represents a minimum ELNFT requirement that ensures the least disruption to hospital routine. These minimum procedures shall be incorporated into any methods suggested by the Contractor.

Table 8

Prior to commencing wall washing, cover any furniture, equipment etc. with suitable dust sheets.
Remove all surface dust from high level beams, trunking, pipes, conduits and ledges by using a high performance vacuum cleaner to BS5414.
Clean all surfaces with an appropriate cleaning agent.
Scrape off any stubborn marks.
Thoroughly rinse the surfaces with clean water and dry with a chamois leather, to leave all surfaces bright and free from dirt and streaks.
Estates role.

7 PLANT, TOOLS AND VEHICLES

The Contractor shall provide, maintain and remove all plant, tools and vehicles as necessary to undertake the work, which shall be done in a tidy and careful manner.

All access doors, escape corridors and fire extinguishers are to be kept clear and free from obstruction at all times.

9 ACCESS & FREQUENCY

All visits including general cleaning and monitoring and except emergency calls, shall usually take place between site normal working hours of 08.30 and 17.00, or in discussion with the relevant manager.

10 Disclosure and Barring Service Checks (DBS)

It is a requirement of this Framework Agreement that all contractors' personnel who shall visit any of the Trust Site shall obtain a satisfactory 'Enhanced' certificate from the Disclosure and Barring Service, as required under section 122(2) the Police Act 1997.

Appendices

Appendix A	Standards of Cleanliness
Appendix B	Required Cleaning Outcomes
Appendix C	East London NHS Foundation Core Minimum Cleaning Frequencies
Appendix D	Clinical Waste Disposal Guidance
Appendix E	Infection Control – spillages of blood & bodily fluids
Appendix F	Performance Parameters
Appendix G	Cleaning and Wall Washing Key Performance Indicators
Appendix H	Sustainability/Environmental considerations

Appendix A –Standards of cleanliness

The information in this appendix should be read in conjunction with Appendix B – Required Cleaning Outcomes.

Category	TYPE	DESCRIPTION
Very High Risk and High Risk Areas	Surfaces	**Floors, Walls, Ceilings and Partitions** These should be free from dust, removable soil and stains. Floors should be treated with the appropriate dressings or cleaning agent and completely free from build-up. Soft floor covering should be free from dust, soil and stains. Anti-static floors will be treated in accordance with manufacturer's instruction. Particular attention must be given to ensuring the walls and floors close to waste bins are kept clean of splashes and spillages. The frequency of disposal of refuse will be at least once a day, as requested by clinical leads or as required. **Note:** There is no limit to the height to which cleaning standards apply. The Contractor is to ensure that staff are provided with suitable equipment and training to enable them to reach the tops of walls, ceilings and ledges as necessary to facilitate cleaning.
Very High Risk and High Risk Areas	Surfaces	**Internal Window and Glass Cleaning** Glass panels, glass partitions and any other glass should be free from dust, removable soil, stains and smears on all surfaces with the exception of external windows, except as detailed below: The window ledges, window sills and frames on the inside of external windows should be free from dust, removable soil, stains and smears. The cleaning of external windows is excluded from this contract. Cleaning will include inside surfaces of external windows, (not just glass surfaces) which are to be kept free of removable soil by spot cleaning as necessary. Internal window frames and ledges to be kept free of dust, stains and spillages. The internal and external surfaces of glass doors and partitions that form entrance lobbies to the facilities are to be kept clean of dust, removable soil, stains and smears.
Very High Risk and High Risk Areas	Surfaces	**Fixtures and Fittings** Sanitary Ware - including sinks, hand basins, showers, baths, bidets, bedpan washers, macerators (clinical staff), and paper towel holders. The above should be free from dust, removable soil and stains on inside and outside surfaces. Taps, overflow outlet, chain and plug (plugs should not be used in patient areas) should be free from grease, scum, debris, limescale and deposits. Surrounding pipes should be free from dust and removable soil. Tiled surrounds should be free from dust, mould spores and removable soil. Taps should be free from smears and limescale. Paper towel bins should be cleared at least daily or when the bin exceeds 75% of its capacity in order to prevent overflow.

Appendix A – Standards of Cleanliness		
CATEGORY	**TYPE**	**DESCRIPTION**
Very High Risk and High Risk Areas	Surfaces	**Urinals and Toilets** The above should be free from dust, removable soil, lime scale and stains on inside and outside surfaces. The underside of the WC rim should be free from soil, lime scale and stains. The urinal trap should be free from soil and debris. The WC seat, base, lid, cistern, handle or chain should be free from dust and removable soil. All adjacent pipes should be free from dust and removable soil. All other fittings should be free from dust, removable soil, lime scale and stains. **Sinks, Baths and Showers** The bath/shower including the showerheads should be free from soil, lime scale and stains. The plug trap should be free from soil and debris. The bath/shower curtain should be free from dust and removable soil. Bath/shower curtains will be changed as required/directed. All adjacent pipes should be free from dust and removable soil
Very High Risk and High Risk Areas	Surfaces	**Food and Beverage Preparation Areas** Cookers, microwave ovens, boiling rings, hot-plates, hot-water boilers, kettles, sink units, drying racks, ice machines, working surfaces, tables, fitted cupboards, shelves. The above examples should be free from dust, removable soil, lime scale, food deposits and stains on inside and outside surfaces. Refrigerators and ice making machines will be defrosted and thoroughly cleaned upon a regular, planned basis.- 6 month programme The use of kettles and toasters are discouraged and water boilers are provided in most areas. The de-scaling of kettles and water boilers (water boiler taps should be free from limescale) is not the responsibility of the Contractor.
Very High Risk and High Risk Areas	Surfaces	**Furniture and Apparatus** Beds (excluding mattress, except when deep cleaning for discharge of infected service user)) bedside lockers, bed-tables, chairs, telephones, examination couches, wheelchairs, screens, trolleys, desks, tables, bins, paper sack-holders etc. The above should be free from dust, removable soil and stains and in good repair, including the wheels. Disposable cloths are to be used and discarded at the end of each shift or before as required. Generally the cleaning of medical equipment will be carried out by nursing staff, except for certain specified situations where additional training will be given to cleaning staff. See the Equipment Demarcation Cleaning Responsibilities. In addition to the above observable standards of cleanliness, the Infection Control Team may authorise tests at their discretion.
Significant Risk Areas		**Furniture and Apparatus** Beds (excluding mattress, except when deep cleaning for discharge of infected service user)) bedside lockers, bed-tables, chairs, telephones, examination couches, wheelchairs, screens, trolleys, desks, tables, bins, paper sack-holders etc. The above should be cleaned to the same standards as High Risk areas, except that there may be a minor fault such as a dull finish to part of a floor after spot mopping. Particular attention must be given to ensuring the walls and floors close to waste bins are kept clean of splashes and spillages. The frequency of disposal of refuse must be daily

Low Risk Areas (C)		All offices, committee rooms, waiting rooms, social centres, chapels, support services departments and corridors, stairs and landings not included in High Risk or Clinical areas. These areas should be maintained to a high non-clinical standard and clear of litter, visible debris, removable soil, lime scale build-up, dust and staining. Particular attention must be given to ensuring the walls and floors close to waste bins are kept clean of splashes and spillages. The frequency of disposal of refuse will be daily
Low Risk Areas (D)		Immediate external areas (within 2-3 metres), to include lobbies, steps, and pathways, are to be kept free from litter, leaves, cigarette butts and any other debris. Glass and glazing surrounding entrance doors shall be kept free of debris, smears and fouling by birds. This includes the emptying and cleaning of external bins within these areas; bins will be emptied prior to reaching 75% capacity.
Special Problem Areas		The Contractor will be notified separately of the cleaning standards required in any areas that may be deemed to fall into this categorisation.

Appendix B – Required Cleaning Outcomes

This section details the outcome required of common procedures that shall be provided by the Contractor.

<table>
<tr><td>Damp Dusting</td><td colspan="2">Maintain clean and hygienic surroundings and remove dust, soil, stains and grease without raising dust.
All miscellaneous pencil, ink and other markings are to be removed from vinyl, plastic and fabric and all other furniture surfaces. All desk and table tops and sides, chairs, divans, beds and all other furniture, including the legs, wheels and castors thereof are to be cleaned.
N.B. Damp Dusting to include all ward kitchen appliances. All vinyl covered chairs used by service users to be thoroughly washed daily.</td></tr>
<tr><td rowspan="3">Perimeter Dust</td><td colspan="2">Maintain clean and hygienic surroundings free from dust, soil, stains, grease, fluff, cobwebs, etc. from all low level fixtures and fittings without raising dust. To include any or all:</td></tr>
<tr><td>Doors
Doorframes
Windowsills and Frames
Picture frames
Notice boards
All Blinds</td><td>Ledges and rails
Skirting boards
Sockets and switches
Pipe work
Radiators
Open shelving
Telephones</td></tr>
<tr><td colspan="2">This list represents an example of items to be cleaned but is not exhaustive</td></tr>
<tr><td rowspan="3">High Dust</td><td colspan="2">Using appropriate tools dust all high level areas to include any or all:</td></tr>
<tr><td>Curtain rails
Tops of Partitions
Picture rails
All Blinds</td><td>Cupboards & wardrobe
Staff locker tops
Ledges
Wall clocks</td></tr>
<tr><td colspan="2">This list represents an example of items to be cleaned but is not exhaustive.
Special attention is to be paid to exterior surfaces only of:
Air-conditioning diffusers, extractor fans, table mounted fan grilles and visible ducts or trunking.
N.B A suction cleaner incorporating a Hepa filter is to be used in areas where dust control is essential.</td></tr>
<tr><td>Wall Dusting</td><td colspan="2">Maintain clean walls and hygienic surroundings free from dust, soil, fluff cobwebs, etc.
There is no limit to the height to which cleaning standards apply. The Contractor is to ensure that staff are provided with suitable equipment and training to enable them to reach the tops of walls, ceilings and ledges as necessary to facilitate cleaning.</td></tr>
<tr><td>Washbasin and Baths and Showers</td><td colspan="2">Sanitary Ware - including sinks, hand basins, showers/shower heads baths, bidets, and paper towel holders.
• The above should be free from dust, removable soil, lime scale, mould spores and stains on inside and outside surfaces.
• Taps, overflow outlet, chain and plug should be free from lime scale build up, grease, scum, debris and deposits.
• Surrounding pipes should be free from dust and removable soil.
• Tiled surrounds should be free from dust, mould spores and removable soil.
• Taps should be free from smears and lime scale build up.
• Paper towel bins should be cleared daily Replenish soap and paper towels as required. Check levels weekly</td></tr>
<tr><td>Toilets, Urinals and Sluices</td><td colspan="2">Sanitary Ware - including toilets, urinals and sluices

• The above should be free from dust, removable soil, lime scale build up, and stains on inside and outside surfaces.
• The underside of the WC rim should be free from soil, lime scale build up, and stains.
• The WC seat, lid, base, cistern, handle or chain should be free from dust and removable soil.
• All adjacent pipes should be free from dust and removable soil.
• Replenish toilet tissue and other disposable supplies as required.</td></tr>
</table>

Suction Clean Floor	• Remove surface dirt and fluff provide a clean hygienic environment and to improve cosmetic appearance in such a manner that no dust is raised. **N.B** For all areas remove machine from area before emptying bag and cleaning. • Beds with service users in to be moved only with the permission of Nursing Staff.
Dust Control Mopping	Remove surface dirt in such a manner that no dirt is raised using a tool with a disposable static head which will attract dust. Dust must not be dispersed into the air.
Damp Mopping	Maintain clean and hygienic surroundings. A satisfactory damp mopped floor is without dirt, dust, marks, film, streaks, debris and standing water.
Machine Buff	Improve appearance and remove ingrained dirt. After buffing, floors shall be free of all residual dirt, dust and soil spots and have a uniform appearance when dry.
Spray Buff Clean	To be carried out after routine suction cleaning or dust control mopping.
Machine Scrub	Provide clean and hygienic floor surfaces. A clean floor will be free of all dirt, stains, deposits, cleaning solutions, standing water and have a uniform finish when dry.
Spot Clean	Remove spillage, deposits, stains and ingrained dirt.
Shampoo Carpets	Shampooing should result in a carpet that is free of all types of soil, dry dirt, stains, water-soluble soils and petroleum soluble soils. A clean carpet will be uniform in appearance when dry and vacuumed.
Clean Cupboards	Maintain a clean and hygienic condition of cupboards interior and exterior, which should be free from loose dust and dirt from shelves and stains from spillage.
Clean Table Tops	Remove all loose dust, soil and grease to leave surfaces of a clean, uniform appearance.
Glass/Mirrors	Spot Clean Internal Glass/Mirrors Keep clean and remove on a daily basis spillages or finger prints etc.
Miscellaneous Procedures Replenishment of Disposables	Replace and replenish soap, toilet rolls, paper hand towels and other domestic disposable items to ensure availability at all times. This includes refilling Alcohol Hand Gel dispensers as required, which is supplied by clinical area. In addition to routine procedures, the Contractor must provide for work which cannot be scheduled due to its unpredictable nature, e.g. spillages, ad hoc requests for cleaning services, etc. Such matters should be dealt with whenever they occur during the hours of staff attendance.
Spillages/Ad Hoc Cleaning Spot cleaning	Spot cleaning of smears (removable soil) from all surfaces.
Doormats	Where barrier mats are provided these should be kept free from dirt and removable soil so as to ensure that they remain effective in preventing dirt from being trodden into the building. Entrance doormats will be provided and maintained by the Contractor.
Waste	Refuse bags and sharps bins are to be removed to designated collection points. All procedures should be carried out in accordance with ELNFT's Waste Management Policy. The Contractor will be responsible for the cleaning and sanitizing of all internal refuse bins.
Steam Cleaning	Steam cleaning must be carried out on carpets or upholstery (check with infection control policy) following an incident of bodily fluids soiling. The Contractor will be required to carry out steam cleaning as requested by Infection Control, wards and departments.
Upholstered Furniture	Restore surface appearance, remove ingrained soiling. Ensure only suitable cleaning products/methods are used, in all cases check the effect of the solution/system on a non-visible part of the fabric.

Kitchens (need to read inconjuction with catering contract as some elements overlap)	• Clean Cookers, Microwave Ovens and Refrigerators In All Areas Cookers, microwave ovens, boiling rings, hot-plates, refrigerators, freezers, hot-water boilers, kettles, sink units, drying racks, dishwashing machines, ice machines, working surfaces, tables, fitted cupboards, shelves. The above examples should be free from dust, removable soil, lime scale build up, food deposits and stains on inside and outside surfaces. The freezing compartment of refrigerators and freezers should have a minimal amount of icing only, unless self-defrosting, refrigerators and Freezers are to be regularly defrosted to a planned programme to prevent the build-up of ice. • The internal temperature of all refrigerators and freezers are to be recorded daily and any recorded temperature above 8^0C (refrigerators) and -18~ C (freezers) should be reported immediately to the Ward Manager, Office Manager, or Authroised Officer. All refrigerators and freezers are to be cleaned internally with special attention to the door seal. • Shelving and internal surfaces should be free from stains, spillages and food debris. • Stock should be stored with special attention to the separation of differing food types. • No raw food items will be placed above cooked foods. • All foods should be suitably covered and protected from cross contamination. • There should be no ‘out of date’ food items.
Outside Areas and Covered Walkways	The main entrances to all buildings are of particular importance as these present an initial impression of ELNFT. The Contractor will be responsible for the cleanliness of all entrances within 2-3 metres of the door in all directions in accordance with the standards specified. Outside of these areas will be the responsibility of the Grounds Maintenance Contractor.

Classification	Very High Risk (A)
These include but not restricted to:	Includes departments where invasive procedures are performed and would also normally include isolation areas. Operating Theatres/ Aseptic ITU/ICU/HDU/SCBU High Risk Service user
Required Standard	In the functional areas designated 'very high risk' the required standards are of critical importance to service user care. The outcomes must be achieved through the highest level of intensity and frequency of cleaning. The theatres are to be cleaned via a procedure that conforms to the standards and the requirements as set out in the departments own quality systems. These procedures require that cleaning equipment is dedicated for the cleaning of particular discrete area and that cleaning staff conform to the barrier gowning disciplines Additional internal areas - It is essential that areas adjoining very high-risk functional areas also receive at least the same level of cleaning.
Classification	High Risk (A) this is the standard ELFT requires.
These include but not restricted to:	Sterile Supplies Pharmacy General Wards Acute and Non-acute mental health units All Public areas including thoroughfares and toilets Treatment Rooms, Kitchens, Toilet and Bathrooms
Required Standard	In the functional areas designated 'high risk' the required standards are of high importance. The outcomes must be maintained by frequent schedules cleaning, with a capacity to spot clean. Bathrooms, toilets, staff lounges, offices and other areas adjoining the High Risk functional areas namely the Acute and Non-acute mental health units shall be treated as having the same risk category and reive the same regular levels of cleaning. Additional Internal Areas — It is essential that areas adjoining high-risk functional areas also receive at least the same level of cleaning.
Classification	Significant Risk (B)
These include but not restricted to:	Rehabilitation areas, Outpatient service user clinics, Waiting rooms, Laboratories, Mortuary. Waste holding areas
Required Standard	Required Standard - In the functional areas designated 'significant risk', the required standards are important for both hygiene and aesthetic reasons. The outcomes should be maintained through regular cleaning on a scheduled basis, with some capacity to spot clean in between. Additional Internal Areas — It is essential that areas adjoining significant risk functional areas also receive at least the same level of cleaning.
Classification	Low Risk (C)
These include but not restricted to:	Administrative Offices Meeting Rooms Library Central Stores Chaplaincy Retail Areas Staff Accommodation
Required Standard	In the functional areas designated 'low risk' (C) the required standards are important for aesthetic and, to a lesser extent, hygiene reasons. The outcomes should be achieved through regular cleaning on a scheduled basis, with a capacity to spot clean in between. Additional internal areas — It is essential that areas adjoining 'low risk' functional areas also receive at least the same level of cleaning
Classification	Low Risk (D)
These include but not restricted to:	Record Storage & Archives, External Surrounds

Required Standard	In the functional areas designated ‘low risk’ (D)’ the required standards can be met in these areas through infrequent cleans on a scheduled or project basis. Additional internal areas — It is essential that areas adjoining low risk functional areas also receive at least the same level of cleaning.

Appendix C- ELNFT Minimum Cleaning Frequencies

Patient Areas units that are open 7 days a week

FLOORS	TASK	FREQUENCY	COMMENT
Hard floors in all Ancillary, consulting, treatment & sanitary rooms	Suction clean & damp mop Dust control mop & spray clean Strip & re-seal – not glossy in ANY area.	Once 7 days per week Once 7 days per week Twice per year	Furniture to be moved more frequently if required maintaining appearance.
Hard floors in ALL circulation and entry areas	Suction clean and damp mop Dust control mop and spray clean Strip & re-seal	Once 7 days per week Once 1 day per week Three times per year	Not same day as other tasks. More frequently if required to maintain appearance.
Hard floors in storage rooms and cupboards.	Suction clean and damp mop Strip & re-seal	Once 2 days per week Once per year	 More frequently if required to maintain appearance
All hard floors	Remedial suction or damp mop	once 7 days per week	As required
Soft floors in reception, offices and seminar rooms	Suction clean Bonnet brush / clean Wet shampoo	Once 7 days per week dependant of function of unit Once per 16 weeks Once per 24 weeks	Furniture needs to be moved to enable thorough cleaning.
Soft floors in ALL circulation & entry areas	Suction clean Bonnet brush / clean Wet shampoo	Once 7 days per week dependent of function of unit Once per 16 weeks Once per 16 weeks	 Furniture moved Alternate treatments.
All soft floors	Remedial spot clean & shampoo	As necessary to maintain a clean and safe surface without stains or odour.	As required
SANITARY AND CONSULTING / TREATMENT ROOMS	**TASK**	**FREQUENCY**	**COMMENT**
Wash basins, sinks, taps, mirrors & surrounds	Wet clean & dry Remove lime scale	Once 7 days per week As required	There should be no accumulation of any matter.
Baths / showers & associated equipment	Wet clean or damp clean Remove lime scale Clean / change shower curtain	Once 7 days per week As required As required	 Spare shower curtains are required.
WC's & urinals	Wet clean, dry seats and lids Remove lime scale	Twice 7 days per week As required	
Tables, benches & other surfaces	Damp clean	Once 7 days per week. More frequent if required.	Will need to be monitored and addressed when necessary.
Disabled WC's, toilets, sinks, taps, surrounds, mirrors hand rails and all associated equipment	Wet clean & dry Remove lime scale	Once 7 days per week As required	There should be no accumulation of any matter.

Towels & dispensers	Damp clean & dry dispensers Renew supplies	Once 7 days per week As required	There MUST be a constant supply available.
Soap & soap dispensers	Replenish soap Empty, wash & refill dispensers	As required Once per 2 weeks	Will need to be monitored and addressed when necessary. There MUST be a constant supply available.
All fittings, materials and surfaces as appropriate.	Remedial actions as appropriate	As necessary to maintain hygiene and socially acceptable standards	
Pipe work	Damp clean	Once 1 day per week	
FURNITURE AND FITTINGS	**TASK**	**FREQUENCY**	**COMMENT**
Couch frames including wheels	Damp clean	Once 1 day per week	
Wheelchairs, easy chairs & commode chairs. Frames Hard surfaces Fabric	 Damp clean Suction clean and wet shampoo Wet shampoo	 Once 1 day per week Once 1 day per week Once per 16 weeks	Arrangements MUST be made with ward personnel before commencement.
Tables	Damp clean	Once days per week	
Chairs	Damp clean	Once per week	
Ledges and pipes	Damp clean	Once 2 days per week	
Shelves & other fittings	Damp clean	Once 2 days per week	
Radiators	Suction & damp clean	Once 1 day per week	
Walls, doors, door frames and partitions	Clean as appropriate	Once 1 day per week or as required from hand marks, coffee/tea spillages	Vision panels must also be cleaned to leave no smears.
Surfaces, equipment, furniture & fittings	Remedial or spot cleaning using appropriate materials, equipment & techniques	As necessary to maintain a clean & safe environment. Including items not listed	Arrangements MUST be made with ward personnel before commencement.
Beds	Damp wipe bed frames including feet / legs Mattresses to be either suction cleaned or damp wiped, depending on type of mattress.	Once per week Only When patient vacates a bed (clinical staff to do regularly)	Contractor must inform ward personnel before cleaning in patient's bed area can commence. It may be necessary for a member of ward staff to be present.
Wardrobes / lockers	Damp wipe wardrobe tops, sides and doors.	Once per week	Doors should be left smear free. Contractor must inform ward personnel before cleaning in patient's bed area can commence. It may be necessary for a member of ward staff to be present.
STAFF REST ROOM / WARD KITCHEN.	**TASK**	**FREQUENCY**	**COMMENT**
Work surfaces	Damp clean	Once 7 days per week	
Shelves, drawers & cupboards	Remove contents & damp clean	Once per week	Seek permission from staff before moving items.
Refrigerators Interior	Defrost if not automatic defrost Remove contents & damp clean	Once per month Once per month	

Exterior Temperature	Damp clean Check operating temperature	Once per month Once per month	 Record temperatures daily.(TBC)
Sink, taps & surround	Wet clean & dry Remove any lime scale	Once 7 days per week As required	 Avoid lime scale build up by frequent cleaning!
Tables	Damp clean	Once 7 days per week	
Chairs	Damp clean	Once 7 daysper week	
Soft floor	Suction clean Bonnet brush clean Wet shampoo	Once 7 days per week Once per 16 weeks Twice per year	 More frequent if required.
Towels & towel dispensers	Damp clean & dry dispensers Replenish	Once 1 day per week As required	 Regular monitoring required.
Soap and soap dispensers	Damp clean & dry dispensers Replenish soap Wash & refill dispensers	Once 1 day per week As required	 Constant supply of soap to be maintained.
Food supplies	Receive, check & store correctly	As required	TBC, maybe catering contact
Hot cupboards service equipment.	Damp clean / wash	After each use	TBC maybe catering contract
Other fittings & equipment	Damp clean	Once 7 days per week	Keep free of food particles
Regeneration & food transport equipment.	Remove dirt & grease. Damp clean inside & exterior.	Once 5 days per week	Clean ALL spillages after use. TBC maybe catering contract
Hard floor	Suction clean and damp mop	Twice daily and as required	Kitchen floors MUST be kept clean in interest of safety & food hygiene.
CURTAINS AND BLINDS	**TASK**	**FREQUENCY**	**COMMENT**
Cubicle curtains	Suction clean tops, damp clean tracking. Remove & re-hang replacements	Once per 4 weeks Twice per year unless have bodily fluids	 Second set required.
Window curtains	Suction clean tops, damp clean tracking. Remove & re-hang replacements	Once per week	 Second set required.
Window blinds	Damp clean	Once per week	Including window sills & frames.
RUBBISH	**TASK**	**FREQUENCY**	**COMMENT**
Rubbish including clinical waste. Sack holders Sacks Disposal	 Damp clean Remove & seal sacks – replace Move to secure storage area / room.	 Once 7 days per week As required	Report any loose clinical waste encountered. This should be sealed with coded bag type. and documented
OFFICES / PUBLIC AREAS / SITE IN GENERAL – OTHER TASKS	**TASK**	**FREQUENCY**	**COMMENT**
Chairs, tables, desks, shelves, racks, cabinets & other fittings	Damp clean	Once per week or as required in public areas	Staff to arrange with domestics a clear desk day

All radiators, pipes, walls & doors	Damp clean as appropriate including vision panels	Once per week As required to maintain to clean public area	Vision panels should be smear free.
All rubbish in public areas	Empty bins & collect bagged items. Damp clean bins inside and outside	Once 7 days per week Once per week	Loose rubbish to be bagged, tagged and removed.
TOILETS	**TASK**	**FREQUENCY**	**COMMENT**
Wash basins, taps, mirrors & surrounds	Wet clean & dry Remove lime scale	Once 7 days per week As required	No accumulation of any matter to occur.
W/C's & urinals	Wet clean, dry seats / lids Remove lime scale	Once 7 days per week As required	No discoloration to remain. There should be no build up of lime scale.
Feminine Hygiene dispensers or bins?	All feminine hygiene units should be emptied and replaced according to user instructions	Wards – fortnightly Public toilets - TBC by contractor	Monitoring required for to ensure units are in working order at all times.
Towels, toilet rolls & dispensers	Damp clean & dry dispensers Renew supply of towels & rolls	Once 7 days per week As required	Monitoring is required and replenish if required.
Soap & soap dispensers	Replenish soap Empty, wash & refill dispensers	Once per week Once per 2 weeks	Monitor to ensure constant supply is maintained.
Hard floors	Damp mop Strip & seal	Once 7 days per week Once per 13 weeks	Ensure freedom from stains. More frequently if required.
All fittings, materials & surfaces	Remedial actions as appropriate	As necessary to maintain hygiene and socially acceptable standards	
Pipe work	Damp clean	Once 1 day per week	

All Clinics and Day Centres Opening Mon - Friday

FLOORS	TASK	FREQUENCY	COMMENT
Hard floors in all Ancillary, consulting, treatment & sanitary rooms & kitchens.	Suction clean & damp mop Dust control mop & spray clean Strip & re-seal	Once 5 days per week Once 1 day per week Twice per year	Furniture to be moved more frequently if required maintaining appearance.
Hard floors in ALL circulation and entry areas, dining and Day rooms.	Suction clean and damp mop Dust control mop and spray clean Strip & re-seal	Once 5 days per week Once 1 day per week Three times per year	Not same day as other tasks. More frequently if required to maintain appearance.
Hard floors in storage rooms and cupboards, Need to separate offices & meeting rooms (suction clean every day)	Suction clean and damp mop Strip & re-seal	Once per week Once per year	 More frequently if required to maintain appearance
All hard floors	Remedial suction or damp mop	As necessary to maintain a clean & safe surface	Service to be available as required. Response within 1 hour.
Soft floors in all ancillary & clinical rooms (no soft floor in clinical rooms)	Suction clean Bonnet brush / clean Wet shampoo	Once 5 days per week Once per 4 weeks Once per 16 weeks	Furniture needs to be moved to enable thorough cleaning.
Soft floors in ALL circulation & entry areas, dining and day rooms	Suction clean Bonnet brush / clean Wet shampoo	Once 5 days per week Once per 16 weeks Once per 16 weeks	 Furniture moved Alternate treatments.
All soft floors	Remedial spot clean & shampoo	As necessary to maintain a clean and safe surface without stains or odour.	As required
Soft floors in storage rooms, cupboards offices & meeting rooms.(suction clean every day)	Suction clean Bonnet brush / clean	Once per week Once per 16 weeks	Furniture to be moved to enable thorough cleaning.
offices & meeting rooms.(suction clean every day)	Suction clean Bonnet brush / clean	Once per week Once per 16 weeks	Furniture to be moved to enable thorough cleaning.
FURNITURE AND FITTINGS in outpatient (mon-Fri) clinics	**TASK**	**FREQUENCY**	**COMMENT**
Couch frames including wheels	Damp clean	Once 1 day per week	
Wheelchairs (porters to clean), easy chairs & commode chairs (non patient area). Frames Hard surfaces (do not wet shampoo) Fabric	Damp clean Suction clean and wet shampoo Wet shampoo	Once 1 day per week Once 1 day per week Once per 16 weeks	Arrangements MUST be made with ward personnel before commencement.
Tables	Damp clean	Once 5 days per week	
Chairs	Damp clean	Once 5 per week	
Ledges and pipes	Damp clean	Once 1 day per week	
Shelves & other fittings	Damp clean	Once 1 day per week	
Radiators	Suction & damp clean	Once 1 day per week	

Walls, doors, door frames and partitions	Clean as appropriate	Once 1 day per week	Vision panels must also be cleaned to leave no smears.
Surfaces, equipment, furniture & fittings	Remedial or spot cleaning using appropriate materials, equipment & techniques	As necessary to maintain a clean & safe environment. Including items not listed	Arrangements MUST be made with ward personnel before commencement.
CURTAINS AND BLINDS	**TASK**	**FREQUENCY**	**COMMENT**
Cubicle curtains	Suction clean tops, damp clean tracking. Remove & re-hang replacements	Once per 4 weeks Twice per year or as necessary if contaminated with bodily fluids	 Second set required.
Window curtains	Suction clean tops, damp clean tracking. Remove & re-hang replacements	Once per week Twice per year and before and after refurbishing projects.	 Second set required.
Window blinds	Damp clean	Once per week	Including window sills & frames.
SANITARY AND CONSULTING / TREATMENT ROOMS	**TASK**	**FREQUENCY**	**COMMENT**
Wash basins, sinks, taps, mirrors & surrounds	Wet clean & dry Remove lime scale	Once 5 days per week As required	There should be no accumulation of any matter.
Baths / showers & associated equipment	Wet clean or damp clean Remove lime scale Clean / change shower curtain	Once 5 days per week As required As required	 Spare shower curtains are required.
WC's & urinals	Wet clean &, dry seats, cistern, base and lids Remove lime scale	Once 5 days per week As required	
Tables, benches & other surfaces	Damp clean	Once 5 days per week. More frequent if required.	Will need to be monitored and addressed when necessary.
Towels & dispensers	Damp clean & dry dispensers Renew supplies	Once 1 day per week As required	There MUST be a constant supply available.
Soap & soap dispensers	Replenish soap Empty, wash & refill dispensers	As required Once 1 day per week	Will need to be monitored and addressed when necessary. There MUST be a constant supply available.
All fittings, materials and surfaces including hand rails as appropriate.	Remedial actions as appropriate	As necessary to maintain hygiene and socially acceptable standards	
Pipe work	Damp clean	Once 1 day per week	
STAFF REST ROOM STAFF KITCHEN	**TASK**	**FREQUENCY**	**COMMENT**
Work surfaces	Damp clean	Once 5 days per week	

Shelves, drawers & cupboards	Remove contents & damp clean	Once per week	Seek permission from staff before moving items.
Refrigerators Interior Exterior Temperature	Defrost if not automatic defrost Remove contents & damp clean Damp clean Check operating temperature	Once per month Once per month Once per week Once per month	Record temperatures daily not in staff room.
Sink, taps & surround	Wet clean & dry Remove any lime scale	Once 5 days per week As required	Avoid lime scale build up by frequent cleaning!
Tables	Damp clean	Once 5 days per week	
Chairs	Damp clean	Once 5 days per week	
Soft floor	Suction clean Bonnet brush clean Wet shampoo	Once 5days per week Once per 16 weeks Twice per year	More frequent if required.
Towels & towel dispensers	Damp clean & dry dispensers Replenish	Once 1 day per week As required	Regular monitoring required.
Soap and soap dispensers	Damp clean & dry dispensers Replenish soap Wash & refill dispensers	Once 1 day per week As required 1 day per week	Constant supply of soap to be maintained.
Food supplies	Receive, check & store correctly	As required	Not in staff rooms
Hot cupboards service equipment.	Damp clean / wash	After each use	Not in staff rooms
Other fittings & equipment	Damp clean	Once 5 days per week	Keep free of food particles
Regeneration & food transport equipment.	Remove dirt & grease. Damp clean inside & exterior.	Once 5 days per week	Clean ALL spillages after use. Not in staff room
Hard floor	Suction clean and damp mop	daily and as required	Kitchen floors MUST be kept clean in interest of safety & food hygiene.
OTHER TASKS	**TASK**	**FREQUENCY**	**COMMENT**
office furniture	Damp clean	Once per week	All accessible surfaces, arrange clear desk policy with ELFT staff/unit manager
Rubbish (excluding clinical waste) Sack holders Sacks Disposal	 Damp clean Remove, seal & tagsacks – replace Move to appropriate store	 Once 5 days per week As required	Report any loose clinical waste encountered. Minimum – once each day of operation.

Administrative and other non-clinical areas Monday to – Friday

FLOORS	TASK	FREQUENCY	COMMENT
Hard floors in ALL circulation, entry areas, waiting, stairs, meeting and reception areas	Suction clean and damp mop Dust control mop and spray clean Strip & re-seal	Once 5 days per week Once per month Twice per year	Alternate treatments. More frequently if required to maintain appearance.
Hard floors in offices, & other work areas.	Suction clean and damp mop Dust control mop & spray Strip & re-seal	Once 5 days per week Once per month Twice per year	Alternate treatments. More frequently if required to maintain appearance
All hard floors	Remedial suction or damp mop	As necessary to maintain a clean & safe surface	As required
Soft floors in general circulation, reception, waiting areas, seminar rooms, & meeting areas	Suction clean Bonnet brush / clean Wet shampoo	Once 5 days per week Once per 16 weeks Twice per year	Alternate treatments. Furniture needs to be moved to enable thorough cleaning.
Soft floors in offices	Suction clean Bonnet brush / clean Wet shampoo	Once 5 days per week Once per 16 weeks Twice per year	Furniture moved Alternate treatments.
All soft floors	Remedial spot clean & shampoo	As necessary to maintain a clean and safe surface without stains or odour. Without loss of appearance.	As required
TOILETS & CLOAKROOMS	**TASK**	**FREQUENCY**	**COMMENT**
Wash basins, taps, mirrors & surrounds	Wet clean & dry Remove lime scale	Once 5 days per week As required	No accumulation of any matter to occur.
W/C's & urinals	Wet clean, dry seats / lids, cistern and bases Remove lime scale	Once 5 days per week As required	No discoloration to remain. There should be no build up of lime scale.
Towels, toilet rolls & dispensers	Damp clean & dry dispensers Renew supply of towels & rolls	Once 5 days per week As required	Monitoring is required and replenish if required.
Soap & soap dispensers	Damp clean & dry dispensers Replenish soap Empty, wash & refill dispensers	Once 5 days per week As required Once per 2 weeks	Monitor to ensure constant supply is maintained.
Hard floors	Damp mop Strip & seal	Once 5 days per week. Four times per year.	Ensure free from stains. More frequently if required.
All fittings, materials & surfaces	Remedial actions as appropriate	As necessary to maintain hygiene and socially acceptable standards	
Pipe work	Damp clean	Once 1 day per week	
KITCHEN AREA			
Kitchen surfaces	Wet clean	Once 5 days per week	Ensure free from grime
OTHER TASKS	**TASK**	**FREQUENCY**	**COMMENT**

Chairs, tables, shelves, racks, & other fittings in public circulation, waiting, meeting & reception areas	Damp clean	Once 2 days per week Or as required	Including tidying magazines and other loose items.
All radiators, pipes, walls, hand rails & doors.	Damp clean as appropriate.	Once 1 day per week	More frequently if required.
All rubbish in public areas & offices.	Empty bins & collect bagged items. Damp clean bins inside & outside.	Once 5 times per week Once per week	Loose rubbish to be bagged, tagged & removed.
Window curtains	Suction tops, clean runners, remove & re-hang.	Once 1 day per week Once per year	To include window sills & frames.
Window blinds	Damp clean	Once per week	To include window sills & frames.

Appendix D – Clinical Waste Disposal Guidance

Clinical Waste – Handling and Disposal

It MUST be noted that domestic staff MUST wear disposable gloves before handling clinical waste bags or sharps boxes.

Domestic staff are responsible for the preparing of clinical waste, i.e. applying coded bag ties.

Great care MUST be taken to ensure that sharps are not accidentally placed in the yellow bags.

Domestic/Portering staff MUST be supplied with gauntlet type gloves.

ALL Clinical waste must be identified by the following:

- Yellow bags are used and marked “Clinical Waste”.
- Yellow “Clinical Waste” bags **MUST** be placed in the correct bin or bag holder.
- It is the responsibility of nursing staff to prepare clinical waste for removal from the area.
- Clinical waste bag ties **MUST** be used. These are coded with a unique number allocated to that ward or clinical area. This will enable easy tracing of any damaged clinical waste bags.
- The yellow clinical waste bags **MUST** be removed as soon as possible from areas used by members of the public and service users.
- Until the yellow clinical waste bags and sharps boxes are removed from the wards or other clinical areas, they **MUST** be securely stored.
- Clinical waste bags and sharps boxes are removed from the wards or clinical areas by portering staff.
- When domestic/portering staff have removed the clinical waste items, they **MUST** be taken immediately to the designated area and stored in the lockable yellow clinical waste bins. **It is VERY IMPORTANT that these bins are locked at ALL TIMES.**
- It is very important that when clinical waste bins are collected by the designated contractor, the empty bins being left are checked for faults such as faulty locks. In this instance, the replacement bins **MUST** be refused.

Needle stick injury

In the event of needle stick injuries occurring whilst handling clinical waste, it is **VERY IMPORTANT** to report the incident **IMMEDIATELY** to the contractor’s managerial staff.

Appendix E – Infection Control (spillages of blood or body fluids)

ALL spillages of blood / body fluids MUST be dealt with as quickly as possible. It is the responsibility of CLINICAL STAFF to clear the spillage.

Clinical staff:

Nursing staff are responsible for the initial clearing away of the spillage using **HYPOCHLORITE**. If the spill has occurred on soft furnishings and fabrics, i.e. carpets, damage to the fabric will occur using Hypochlorite. In this case, general-purpose detergent and hot water should be used.

Gloves and aprons MUST be worn when preparing and using Hypochlorite as this can damage skin.

Domestic staff:

Domestic staff are responsible for dealing with any stain or residue that may be left as a result of the initial clean. This may involve mopping, scrubbing or shampooing.

Cleaning spillages of Blood or Body Fluids:

1. Ensure that ALL cuts and/or abrasions on exposed areas of the body are covered with waterproof dressings.
2. Put on disposable gloves and apron. Wear eye protection if there is likely to be splashing. (Always wash hands prior to wearing gloves and after)
3. If the spillage of blood or blood stained body fluid is easily confinable, Hypochlorite granules (e.g. 'Achtichlor') should be sprinkled liberally over the spill and left for 2 minutes. The solidified granules should then be removed with disposable paper towels and discarded into YELLOW clinical waste bag.
4. If the spillage is not easily confinable, or is not visibly blood stained, then Hypochlorite solution should be used.
    - Prepare the Hypochlorite solution.
    - Cover the spillage with paper towels to limit the spread of the spillage and Hypochlorite solution.
    - Pour the Hypochlorite solution onto the covered spillage.
    - Wipe up the spillage with more paper towels soaked in Hypochlorite solution.
    - Place in a **YELLOW** clinical waste bag for the correct disposal.
5. Remove protective clothing and discard into **YELLOW** clinical waste bag. If worn, eye protection should be washed with general-purpose detergent and stored dry.
6. Wash the floor / surface area with general-purpose detergent and hot water.
7. Wash hands thoroughly with liquid soap and warm water. Dry hands with paper towel.

Appendix F - Performance Parameters What does SF Type mean and what do the initials stand for?

I have not amended this as not quite sure what it refers to.

Parameter	Service Failure Type	Response	Rectification	Recording Freq.	Monitoring Method
Scheduled Cleaning					
Comprehensive cleaning schedules have been produced in agreement with an ELNFT Representative and are available for inspection at all times.	Q	N/A	N/A	M	1, 2, 3, 4, 8
Scheduled cleaning in Very High Risk Functional Areas has been completed and all elements meet the Service Standards.	FE	Within 20 minutes of scheduled time.	N/A	D	1, 2, 4, 7, 8
Scheduled cleaning in High Risk Functional Areas has been completed and all Elements meet the Service Standards.	FE	Within 20 minutes of scheduled time.	N/A	D	1, 2, 4, 7, 8
Scheduled cleaning in Significant Risk Functional Areas has been completed and all Elements meet the Service Standards.	FE	Within 20 minutes of scheduled time.	N/A	D	1, 2, 4, 7, 8
Scheduled cleaning in Low Risk Functional Areas has been	FE	Within 20 minutes of scheduled time.	N/A	D	1, 2, 4, 7, 8

Parameter	Service Failure Type	Response	Rectification	Recording Freq.	Monitoring Method
completed and all Elements meet the Service Standards.					
All cleaning practices comply with ELNFT's Control of Infection Policy and procedures.	QF	N/A	N/A	M	1, 2, 4, 5, 8
Cleaning Services undertaken within Access Times except where expressly permitted by AN ELNFT Representative.	FE	5 minutes	N/A		1, 4, 8
Emergency cleaning requests are dealt with in the allocated Response and rectification Time.	FE	Immediate (5 minutes)	10 minutes	PR	1, 4, 8
Urgent cleaning requests are dealt with in the allocated Response and Rectification Time for site	FE	10 minutes/ 2 hours	15 minutes	PR	1, 4, 8
Routine cleaning requests are dealt with in the allocated Response and Rectification Time.	FE	30 minutes	30 minutes	PR	1, 4, 8
Spillages /spoiling (internal and external) of bodily fluids and	Major	0%	2 hours non staffed area Immediate – other areas	Determined by default.	1, 4, 8

Parameter	Service Failure Type	Response	Rectification	Recording Freq.	Monitoring Method
other substances are Attended within the Attendance Time.					
Planned and periodic cleaning is undertaken at frequencies agreed and stated in specification	FE	Within 15 minutes of agreed time	N/A	PR	1, 2, 4, 8
Barrier cleaning, including MRSA cleaning, is carried out to the agreed standard and within by the agreed time.	FE	Within 15 minutes of agreed time	1 hour	PR	1, 2, 4, 8
Equipment					
All equipment used in the provision of the Cleaning Service is maintained, cleaned and stored in accordance with ELNFT' Control Infection Policy.	QF	N/A	N/A	M	2, 3, 4, 8
All equipment and materials used in the provision of the Domestic Service is compliant with NHS colour coding to indicate specific areas of use.	QF	N/A	N/A	Q	2, 3, 4, 8

Parameter	Service Failure Type	Response	Rectification	Recording Freq.	Monitoring Method
All equipment used within sensitive areas of the site are appropriately noise restricted and fitted with high quality dust filters.	QF	N/A	N/A	Q	2, 3, 4, 8
All equipment is compliant with all relevant legislation and holds a portable appliance certificate where appropriate.	QF	N/A	N/A	Q	2, 4, 7, 8
All equipment and materials used in the provision of the Cleaning Service is maintained, cleaned and stored in accordance with ELNFT' Control Infection Policy and COSHH requirements.	QF	N/A	N/A	M	2, 4, 8
All evidence of pests and pest excreta are promptly reported to the Helpdesk, all pest contaminated areas cleaned and disinfected as agreed.	FE	10 minutes	1 day	Per Event	1, 2, 4, 8
Waste is collected, bagged and stored in accordance with the	FE	10 minutes	N/A	PR	1, 2, 3, 4, 8

Parameter	Service Failure Type	Response	Rectification	Recording Freq.	Monitoring Method
Waste Management Service Level Specification.					
Linen in on-call and relatives rooms is changed daily during occupation and or the day following occupation.	FE	Within 20 minutes of agreed time.	1 hour	PR	1, 4, 8
Used linen is collected and bagged in accordance with the Linen Service Level Specification.	FE	10 minutes	15 minutes	D	1, 4, 8
Supervisor Checks					
Routinely check all public toilets and washing facilities four times per day and take corrective action as necessary.	Major	0%	4 hours	Determined by default.	
Routinely check all consumables and feminine hygiene dispensers in public toilets and washing facilities four times per day and take corrective action as necessary.	Major	0%	2 hours	Determined by default.	
Feminine Hygiene					

Parameter	Service Failure Type	Response	Rectification	Recording Freq.	Monitoring Method
The Contractor shall ensure feminine hygiene dispensers are stocked fortnightly/monthly as per service specification and disposal units emptied at a frequency to ensure their continued use.	Major	0%	1 day	Determined by default.	
Quality Standards & Rectification					
Rectification of quality standards are to be responded to as per the rectification times in Table 2.	Major	0%	Table 2	Determined by customer feedback/monitoring.	

Glossary to Appendix F

Service Failure	Description
QF	Quality Failure
FE	Failure Event
Major	Major Failure

Performance Monitoring Period	Frequency
PR	Per request
R	Randomly, at any moment in time
D	Daily
W	Weekly
M	Monthly
Q	Quarterly
B	Bi-annually
A	Annually

Monitoring Method	Description/Source
1	ELNFT/Contractor reports to Reception, Reception Records
2	Comparison with agreed Method Statements
3	Comparison against agreed benchmark (applies to format of reports etc.)
4	Contractor self-monitoring (in accordance with the Performance Monitoring Programme)
5	Analysis of information contained in Contractor duty rotas and other operational records
6	User satisfaction surveys (ELNFT staff, visitors and service users)
7	Review/reports by Statutory bodies
8	ELNFT audit (analysis of complaints, random visits, validation checks of Contractor data, deliberate testing etc)

Appendix G – Cleaning and Wall Washing Key Performance Indicators

Ref	Key Performance Indicators	Performance Range			
		Green	Amber	Red	Financial Reduction For Performance in Red Band and below
01	National Standards of Cleanliness Score:				
	Very High Risk	99%	95%	90%	6%
	High Risk	95%	90%	> 85%	5%
	Significant Risk	90%	85%	> 80%	4%
	Low Risk	85%	80%	> 75%	3%
02	Average emergency attendance time for ad hoc service requests.	< 121 minutes	121 - 180 minutes	> 180 minutes	2%
03	Average urgent attendance time for ad hoc service requests.	< 181 minutes	181 - 240 minutes	> 240 minutes	1%
04	Average attendance time for bodily fluid spillage service requests.	< 121 minutes	121 - 180 minutes	> 180 minutes	2%
05	Percentage of periodic cleans completed as per agreed schedule.	100%	90%	> 90%	5%
06	Percentage of scheduled cleaning completed as per agreed schedule.	100%	90%	> 90%	5%
07	No of Performance Parameter failures	5	10	15	2%
08	No of incidents and complaints reported to the Helpdesk	5	10	15	1%
09	Percentage of waste segregated and disposed of as per ELNFT Waste Policy.	100%	90%	> 90%	5%

Appendix H

Environmental/Sustainability requirements

Key aims

- East London NHS Foundation Trust is committed to maintaining high standards of business integrity. We aim to improve sustainability in procurement based on our following strategic priorities:
- To encourage our suppliers and contractors to minimise negative environmental and social impact associated with the products and services they provide.
- ELFT expects a minimum standard of CSR and environmental performance from our suppliers, their sub-contractors and our business partners.

What ELFT expects from its contractors/suppliers

- Give preference to products and services that can be manufactured, used and disposed of in an environmentally friendly way.
- Encourage minimal packaging and where possible subscribe to a take back scheme for packaging / equipment which can be recycled.
- Explore opportunities to reduce, reuse and recycle materials as appropriate.
- Encourage our suppliers to disclose their carbon footprints and provide a roadmap to improvement.
- Avoid, where practicable, products which contain environmentally harmful substances and select products or services that have a minimal effect on the depletion of natural resources and bio-diversity.

Expected minimum standard of CSR performance from our contractors/suppliers

- To have developed and implemented an environmental / CSR / Sustainability policy and operate in compliance with all applicable laws and regulations addressing environmental protections.
- As a minimum, to demonstrate compliance (as far as reasonable possible) with equality, human rights and Health and Safety at work legislation.
- To support and recognise the United Nations Universal Declaration of Human Rights and to ensure that they are not involved in human rights abuses.
- Employees at our suppliers, their sub-contractors and our business partners must be provided with a safe and healthy workplace in compliance with the applicable laws and regulations.
- Every employee will be treated with respect and dignity. No employee will be subject to any physical, sexual, psychological or verbal abuse or harassment pertaining to any aspects of their gender, race, religion, age or lifestyle, background or origin.
- Standard working hours must comply with national laws affording protection to the employee.
- No child labour, involuntary labour, bonded or forced labour will be used in line with the ILO Conventions C138 and C182.
- Chemicals and other materials identified as hazardous when released to the environment are to be managed to ensure their safe handling, movement, storage, reuse or disposal. The use of hazardous materials should be minimised when other less hazardous alternatives are available.
- Continuous improvements in resource efficiency are integrated in management and operations. Waste of all types and emissions to air, water and soil shall be minimised, characterised and monitored.
- Will not offer or accept gifts, payments or other advantages which might be capable to induce a person to enact contrary to prescribed duties.

Document no 5a.5

Service specification – catering

Tender 22112 - ELFT/TENDER/15/338 - Hard and Soft FM services for East London NHS Foundation Trust properties located in Bedfordshire and Luton

1 Catering service requirements

1.1 Overview

The Trust requires a high quality Catering Service which offers a range of appetising and nutritious food and drink to enable all patients, staff and visitors to have a choice which reflects their dietary needs and tastes 24 hours per day, 365(6) days per year.

The Trust requires the Contractors service to respond to the special needs of vulnerable, very ill, young, old and long stay patients with a catering service that meets their personal, individual requirements.

There shall be a wide and varied selection of food and beverages, to meet the dietary and cultural needs of the patients and staff. In addition the Contractor should enter into a partnership approach with the trust to participate in health promotion initiatives and aim for continual service developments in line with the development of the Better Hospital Food Programme.

The services needs to be flexible, providing for changing customer needs, and adapt to the nature of the service provided within the Trust.

The Contractor's service must, when required, be able to respond to meet exceptional requirements.

The services will provide good quality, safe, wholesome and nutritious meals, snacks and beverages in compliance with requirements of all food safety legislation, and to the frequency and standard as laid out in the NHS plan: Better Hospital Food Initiatives and associated implementation timetable.

The Trust requires the service to provide high quality catering with due consideration to cost, representing best value.

2 GENERAL DESCRIPTION OF THE CATERING SERVICE

2.1 Objectives of the Catering Service

The Trust has established the following objectives for the services:

2.1.1 The Catering Specification aims to meet the nutritional and therapeutic needs of all our client groups and staff.

2.1.2 The service shall be provided in accordance with current food hygiene legislation and assured safe catering systems and be fully compliant in the delivery of the NHS Plan: Better Hospital Food Initiative.

2.1.3 The embracing of the Better Hospital Food guidelines and the use of food as an integral part of the patients' medical treatment is also the foundation for the specification.

The Contractor must have the ability to react immediately to requests to supplement foods or increase amounts that may otherwise have detrimental effects on our patients. Additional foods that can be prepared locally will be available on sites should a patient require alternative foods at short notice.

2.2 Bedfordshire and Luton Mental Health and Wellbeing Services Background and service locations

2.2.1 Bedfordshire and Luton Mental Health and Wellbeing Services provides a wide range of mental health and community and inpatient services to children, young people, adults of working age and older adults, to the Bedfordshire and Luton area. The Trust operates from approximately 33 community and inpatient sites and have 280 general and specialist inpatient beds.

2.2.2 Given the nature of the sites, security is paramount both for staff, service user and Supplier safety.

2.2.3 Catering services under the framework could be requested to be carried out at any of the following service locations:

- Charter House, Alma Street, Luton LU1 2PL
- 105 London Road, Luton, LU1 3RG
- 54 Lewsey Road, Luton, LU4 0EP
- Luton & Central Beds MH Inpatient Unit 1, Ground Floor - Crystal Ward, Calnwood Road, Luton, LU4 0LX
- Luton & Central Beds MH Inpatient Unit 1, First Floor - Outpatients etc., Calnwood Road, Luton, LU4 0LX
- Luton & Central Beds MH Inpatient Unit 2, Robin Pinto Unit, Calnwood Road, Luton, LU4 0FB
- Luton & Central Beds MH Inpatient Unit 2, Admin Block, Calnwood Road, Luton, LU4 0FB
- Luton & Central Beds MH Inpatient Unit 2, Multi Purpose Hall, Calnwood Road, Luton, LU4 0FB
- Luton & Central Beds MH Inpatient Unit 2, Onyx Ward, Calnwood Road, Luton, LU4 0FB
- Luton & Central Beds MH Inpatient Unit 2, ECT Suite and Pharmacy, Calnwood Road, Luton, LU4 0FB
- Luton & Central Beds MH Inpatient Unit 3, Coral Ward, Calnwood Road, Luton, LU4 0DZ
- Luton & Central Beds MH Inpatient Unit 3, Jade ward, Calnwood Road, Luton, LU4 0DZ
- Oakley Court, Angel Close, Luton, LU4 9WT
- 35 Alexandra Road, Bedford, MK40 1JB
- 67 High Street North, Dunstable, LU6 1JD
- Barford Ave, 29 Barford Ave, Bedford, MK42 0DS
- Beacon House, 5 Regent Street, Dunstable, LU6 1LR
- Beech Close Resource Centre, 5 Beech Close, Dunstable, LU6 3SD
- Biggleswade Hospital (Spring House only), Spring House, Potton Road, Biggleswade, SG18 0EL
- Cedar House, Bedford Health Village, 3 Kimbolton Road, Bedford, MK40 2NT
- Crombie House, 36 Hockliffe Street, Leighton Buzzard, LU7 8HE
- Day Resource Centre, Bedford Health Village, Bedford, MK40 2NU
- Disability Resource Centre, Poynters House, Poynters Road, Dunstable, LU5 4TP
- EMPOWA, 3 Woburn Road, Bedford, MK40 1EG
- Florence Ball House, Bedford Health Village, 3 Kimbolton Road, Bedford, MK40 2NT
- Fountains Court, Bedford Health Village, 3 Kimbolton Road, Bedford, MK40 2NT
- Grove Place, 24 Grove Place, Bedford, MK40 3JJ
- Healthlink-Bromham Road, 26/28 Bromham Road, Bedford, MK40 2QD
- Rush Court 5-7 & 9, 5-9 Rush Court, Off Grove Place, Bedford, MK42 3JT

- The Poplars, Mayer Way, Houghton Regis, LU5 5BF
- Steppingley Hospital (Meadow Lodge only), Meadow Lodge, Ampthill Road, Steppingley, MK45 1AB
- The Crescent, 21 The Crescent, Bedford, MK40 3JJ
- The Coppice, 2 The Glades, Northampton Road, Bromham, Bedford, MK43 8HJ
- The Lawns, The Baulk, Biggleswade, SG18 0PT
- Townsend Court, Mayer Way, Houghton Regis, LU5 5BF
- Twinwoods, The Lodge, Milton Road, Clapham, Bedford, MK41 6AT
- Twinwoods, Admin Block, Milton Road, Clapham, Bedford, MK41 6AT
- Twinwoods, Clinical Resource, Milton Road, Clapham, Bedford, MK41 6AT
- Twinwoods, Raymond Smith (Specialist Medical), Milton Road, Clapham, Bedford, MK41 6AT
- Twinwoods, Russell Block, Milton Road, Clapham, Bedford, MK41 6AT
- Twinwoods, Whitbread Centre, Milton Road, Clapham, Bedford, MK41 6AT
- Weller Wing, Bedford Hospital, Ampthill Road, Bedford, MK42 9DJ
- Whichellos Wharf, The Elms, Stoke Road, Linslade, Leighton Buzzard, LU7 2TD
- Whichellos Wharf – Cottage, The Elms, Stoke Road, Linslade, Leighton Buzzard, LU7 2TD
- 8 Kilgore Court, Leighton Buzzard.

2.2.4 At any time during the contract period a site may be added to the sites which require service or alternatively removed.

2.3 Current Service

The in-patient catering services are currently cook-chill meal delivery method, with regeneration and service taking place at ward level.

2.4 Scope of the Catering Service

The Contractor is required to provide:

- A meal service for patients provided by cook chill as per site requirements;
- Special and cultural dietary requirements for patients;
- Catering for functions and conferences;
- Ordering, purchase, storage, preparation, provision and safe cooking;
- Management of on-site storage for food and provisions;
- Receipt of all provisions and meals;
- 24 hour catering service as per ‘Better Hospital Food’.

2.5 Summary of Service Requirements

Each site will require all or a selection of the above services.

2.6 Equipment

The existing equipment provides for a cook-chill meal system, it is understood this equipment is owned and operated by the existing service provider. The contractor will detail their approach to the provision of suitable equipment at each of the locations to facilitate the cook-chill meal system.

The Trust require tenderers to indicate the equipment replacement costs for catering equipment, within their bid and identify this separately.

2.7 Site Activity Information

Current site activity is detailed in the table below:

Inpatient Summary (provided 7 days per week)

Location	Ward / Unit	Number of days per week	Maximum meals per sitting per day
Luton & Central Beds MH Inpatient Unit 1	Ground Floor - Crystal Ward	7	16
Luton & Central Beds MH Inpatient Unit 2	Robin Pinto Unit	7	To be confirmed
	Onyx ward	7	22
Luton & Central Beds MH Inpatient Unit 2	Coral ward	7	32
	Jade Ward	7	9
Angel Close	Oakley Court	7	36
Bedford Health Village	Cedar House	7	16
Bedford Health Village	Fountains Court	7	26
The Poplars, Mayer Way	The Poplars, Mayer Way	7	16
Townsend Court, Mayer Way	Townsend Court, Mayer Way	7	26
Weller Wing	Keats Ward	7	20
Weller Wing	Chaucer Ward	7	15
The Elms, Whichellos Warf	The Elms, Whichellos Warf & Cottage	7	16

The Contractor will be required to ascertain the occupancy levels of each unit on a daily basis. The Contractor shall note that these values are for patient meals only. Additional chargeable staff meals may also be requested at these locations.

Ad-hoc Hospitality catering requested may also be requested by the Authorised Officer at the following locations:

- Luton & Central Beds MH Inpatient Unit 1, First Floor - Outpatients etc., Calnwood Road, Luton, LU4 0LX
- Luton & Central Beds MH Inpatient Unit 2, ECT Suite and Pharmacy, Calnwood Road, Luton, LU4 0FB
- Twinwoods, The Lodge, Milton Road, Clapham, Bedford, MK41 6AT
- Twinwoods, Admin Block, Milton Road, Clapham, Bedford, MK41 6AT
- Twinwoods, Clinical Resource, Milton Road, Clapham, Bedford, MK41 6AT
- Twinwoods, Raymond Smith (Specialist Medical), Milton Road, Clapham, Bedford, MK41 6AT
- Twinwoods, Russell Block, Milton Road, Clapham, Bedford, MK41 6AT
- Twinwoods, Whitbread Centre, Milton Road, Clapham, Bedford, MK41 6AT

2.8 Catering Terminology

In the Service Level Specification the following words and phrases shell have the following meaning unless the context otherwise requires:

'Approved Supplier'	Means suppliers of goods and/or services to the Contractor who have been subject to vetting and inspection by qualified inspectors, to ensure that the premises, procedures, goods and services are of an acceptable standard and capable of meeting the requirements of this Service Level Specification.

‘Assured Safe Catering Programme’	Means a programme that has been subject to HACCP/Risk Analysis by qualified environmental health or food technology specialists.
‘Catering Service’	Means the catering service to be provided pursuant to the Service Specification including: a) Patient catering; b) Employee and visitor catering; c) Hospitality catering; d) Vending machine service.
‘Dietitian’	Means a professional suitably qualified to understand catering.
‘Ethnic Diet’	Means a diet for a specific ethnic minority that has a cultural basis.
‘Food Supplement’	Means food supplements and/or substitutes provided by or on behalf of the Trust which are required in addition to or in the place of the standard meals and which are provided to meet the nutritional requirements of a Patient.
‘In Patient’	Means a Patient who requires admission to a ward at the Site.
‘Meal Times’	Means the times set out in paragraph 3.4.2 of this Services Level Specification at which meals are to be provided to Patients.
‘Modified Diets’	As defined in paragraph 3.10.1.
‘Other Patients’	Means a patient who is not an In-Patient or an Out-Patient.
‘Out-Patients’	Means a patient who is not admitted to the Site for an overnight stay.
‘Quality Standards’	Means the quality standards set out throughout the specification and in Appendix G.
‘Religious Diet’	Means a diet that meets the needs of Patients who require a diet based on their religious requirements.
‘Service Standards’	Means the service standards set out in the specification.
‘Modified ‘texture’ Meals’	As defined in paragraph 3.10.4.
‘Special Diet’	As defined in paragraph 3.10.
‘Therapeutic Diet’	Means a diet for a specific disease condition that contributes to its cure.
‘Vegan Diet’	Means a diet that excludes meat, poultry, fish and dairy products.
‘Vegetarian Diet’	Means a diet that excludes meat, poultry and fish products.

2.9 General Catering Considerations

The Contractor must undertake to adhere to the conditions and requirements contained within the DHSS Circular HC (86) 14 and the requirements contained in the DHSS booklet “Health Service Catering Hygiene 1986”.

The Contractor will be expected to comply with any future national standards and guidelines on hospital catering.

The Contractor must also comply with:

- The NHS Plan 2000
- Better Hospital Food – The NHS Menu
- The Food Safety (General Food Hygiene) Regulations 1995
- DoH document HACCP – Hazard Analysis and Critical Control Points
- The Nutrition Guidelines for Hospital Catering 1995
- Dietary Reference Values for Food Energy and Nutrients for the UK 41 COMA 91
- Nutritional Aspects of Cardiovascular Disease 46 COMA 94
- Catering for Health: The Recipe File – DoH HMSO 1990
- Hospital Catering – Delivering a Quality Service 1996
- Health and Safety at Work Act 1974
- COSHH Regulations
- Standards for Better Health
- NHS Estates – Patient Environmental Action Requirements
- The Dietetic Interface with food service, May 2002, British Dietetic Association
- “Hospital Food as Treatment” British Association for Parenteral and Enteral Nutrition (1999)

3 THE PATIENT MEAL SERVICE

The specification expects the Contractor to deliver a cook-chill meal service as per the current arrangements, but would expect to see service developments which fully deliver the Better Hospital Food initiative.

The Contractor will be responsible for providing the breakfast provisions, the lunch and supper meals, twice-daily snacks and ward issues.

The Contractor will be responsible for receiving deliveries i.e. cook chill and provisions from suppliers at all sites.

3.1 Breakfast

The breakfast consists of continental style service with cereals served at ward level by nursing personnel.

The Contractor will also provide a bulk hot breakfast service. The Contractor will deliver the meals in time for regeneration at ward level at the preferred service time. Meal times will be agreed with each ward/unit, prior to contract commencement. Guideline times for meals are in Table 1 and Table 2.

3.2 Lunch and Supper

All wards are served a bulk meal service. The Contractor will deliver the meals in time for regeneration at ward level at the preferred service time. Meal times will be agreed with each ward/unit, prior to contract commencement. Guideline times for meals are in Table 1 and Table 2.

3.3 Patient Catering Duties: Meal, Beverage and Snacks Service

The Contractors staff will place the prepared/cooked food into appropriate food containers and distribute to the wards.

These meals should be transported in appropriate containers capable of maintaining the required temperature. These will be transported by the Contractor's staff to the appropriate service areas and stored according to appropriate instructions and the relevant ward/food service staff informed.

The service of meals is currently undertaken by the nursing staff.

The Contractor's staff will be required to undertake the following duties:

- Lay tables/trays for breakfast, lunch and supper;
- Prepare breakfast;
- Check correct delivery of food;
- Plate up breakfast, lunch and supper;
- Prepare trolley and serve beverages and mid-morning and afternoon snacks;
- Prepare and load regeneration trolleys;
- Temperature recording of food for patients prior and after regeneration cycle;
- Temperature recording of wards refrigerators twice daily;
- Reporting and acting upon temperature failures to immediate supervision or ward personnel in charge;
- Issuing and collection of patient menus;
- Ensuring that the daily menu board and bedside menu booklets are available and accurately displayed;
- Collect dirty cutlery, crockery and meal trays;
- Clean meal trays, tables and regeneration trolley;
- Wash all cutlery and crockery.

The clearance of all crockery, cutlery and trays will be undertaken by the Contractor's staff under the supervision of the nursing personnel.

The Contractors staff will collect and keep clean all the meal delivery containers and regeneration trolleys.

3.4 Menu Structure

3.4.1 The menu structure shall follow that of the National menu and the Contractor will ensure that the standard requirements for the following daily meal programme are met. The recommended daily meal programme is as follows:

Service	Time	Undertaken By
Early morning beverage	0700	Nursing Staff
Breakfast: Continental and cooked	0800 – 0815	Nursing / Contractor
Beverage	0830	Contractor
Mid-morning beverage & snack	1030	Contractor
Lunch	1215 – 1230	Nursing / Contractor
Beverage	1230	Contractor
Mid-afternoon beverage & snack	1430	Contractor
Supper	1715 – 1730	Nursing / Contractor
Beverage	1800	Contractor
Evening Beverage	2030	Nursing Staff

3.4.2 **Meal times**

Meal times will be agreed with each ward/unit prior to contract commencement.

The Contractor will need to adhere to agreed timings to enable the successful implementation of 'Protected Mealtimes'.

Guidelines times for meals are detailed below:

Location	Ward	Lunchtime	Supper time
Luton & Central Beds MH Inpatient Unit 1	Ground Floor - Crystal Ward	1215 – 1230	1715 - 1730
Luton & Central Beds MH Inpatient Unit 2	Robin Pinto Unit	1215 – 1230	1715 - 1730
	Onyx ward	1215 – 1230	1715 - 1730
Luton & Central Beds MH Inpatient Unit 3	Coral ward	1215 – 1230	1715 - 1730
	Jade Ward	1215 – 1230	1715 - 1730
Bedford Health Village	Cedar House	1215 – 1230	1715 - 1730
Bedford Health Village	Fountains Court	1215 – 1230	1715 - 1730
The Poplars, Mayer Way	The Poplars, Mayer Way	1215 – 1230	1715 - 1730
Townsend Court, Mayer Way	Townsend Court, Mayer Way	1215 – 1230	1715 - 1730
Weller Wing	Keats Ward	1215 – 1230	1715 - 1730
Weller Wing	Chaucer Ward	1215 – 1230	1715 - 1730
The Elms, Whichellos Warf	The Elms, Whichellos Warf & Cottage	1215 – 1230	1715 - 1730

3.4.3 Menus

The menus shall be designed to cater for the elderly, vegetarians, modified 'texture' diet, special diets and religious/cultural requirements as well as for those who would require a traditional diet.

The menus must incorporate at least one healthier eating choice for main course and desserts.

The menu must be 'patient friendly' and enable them to select foods, which meet their taste and appetites. Menus must include a choice of popular foods and fishes and a selection of courses to meet personal preferences.

Special attention should be afford to the high proportion of elderly patients within the wards and the need to offer a traditional type of menu, without alienating the younger patients.

Special attention must be afforded to the provision of healthy menu options.

The Contractor will be required to establish a good working relationship with the Trusts Nursing Staff and the Dietitians with respect to the menu planning, to ensure that the nutritional needs of the patients can be met.

3.5 Meal Requirements

The Contractor will provide the following meal requirements, subject to any revisions made at a local level or in terms of the National Menu.

3.5.1 **Breakfast**

Breakfast is currently provided at ward level. The Contractor will be expected to provide special dietary meals and the delivery of milk, juice, butter, cereals and dry provisions. The Contractor will also be expected to provide at least one hot non vegetarian and one hot vegetarian option.

3.5.2 **Lunch**

The following should be available at each lunchtime service;

- Soup with roll or juice;
- At least one hot non vegetarian and one hot vegetarian option;
- A salad, plus two vegetables, potato and rice/pasta choice (as appropriate);
- Choice of two different sandwiches;
- At least one hot dessert, a cold dessert, yoghurt, fruit, cheese, and biscuits. (Milk pudding).

3.5.3 **Supper**

The following should be available at each supper service;

- At least two hot meal choices, and at least one potato choice and one hot vegetable choice;
- A choice of two sandwiches, offering meat and vegetarian options;
- A salad choice;
- A hot dessert, milk pudding, yoghurt, fresh fruit and cheese and biscuits.

3.5.4 **Snacks**

Snacks should be available mid-morning and mid-afternoon. These should provide 150kcal or more each, to include high energy options.

The mid-morning and afternoon snack will consist of a selection of cakes, biscuits and fruit provided by the Contractor. These should be individually wrapper and served with the appropriate crockery and napkin/wipe.

3.5.5 **24 Hour Catering**

The “Better Hospital Food” guidelines require all inpatient units to provide 24-hour catering. Therefore the Contractor will be required to provide provisions to support a snack and beverage service.

The Contractor will provide, on a daily basis, snack and beverage provisions, in accordance with “Better Hospital Food”.

These must cater for both a regular diet and a vegetarian option. To ensure equality, patients with special dietary requirements such as celiac, renal diets or texture modified diets should also have access to a variety of snacks.

A selection of fruit should be displayed and available at all times on wards.

The Contractor will be required to provide ‘Build Up’ or ‘Complan’; as part of these provisions (to include Build Up soup as a savoury option) and dietary supplements and items such as cranberry juice / actimel etc. as a separate cost to the Trust.

Final choice of provisions to be agreed with the Trust Dietitian and Authorised Officer.

3.5.6 **Snack Boxes and Light Bites**

The Trust requests that the Contractor submits a quote for the provision of the 'snack box' and 'light bites' twenty four hour catering service.

However, this may not be adopted due to the patient group and the trust may wish to enter into a partnership approach to seeking alternative more appropriate solutions during the lifetime of the contract.

Contractors may wish to outline proposals, which they feel are more suitable within their bid.

A snack box should be available for patients who have missed meals, have been admitted to the ward late, attended as an all-day outpatient or are discharged with a lengthy journey home etc.

3.5.7 **Beverages**

Tea, coffee, hot chocolate, fruit juices, squashes and water are to be available to patients, 24 hours per day. The Contractor should provide a minimum of 5 drink rounds as detailed in paragraph 3.4.

3.5.8 **Condiments**

The Contractor is to ensure that patients have access to salt, pepper, sauces etc at all meal times.

3.6 Ward Provisions

The Contractor will be expected to provide daily provisions to the Trusts' wards and some departments.

Milk, (full fat and semi-skimmed), bread, butter, low fat spread, snacks and all catering provisions, including dietary issues, will be provided by the Contractor over the seven day period as required.

The Contractors own staff will be expected to deliver such items.

The Contractor will also be responsible for the provision of ward issues to departments. All items provided to departments will be authorised by the appropriate head of department and a cost code provided for cross charging by the Trust.

The Contractor will ensure that all food deliveries to the wards are placed in appropriate store and that the store is left in a clean and tidy condition. The Contractor will work with the Ward Manager to ensure that the food store is managed in terms of stock control, maintained in a clean and tidy condition and that stock is rotated appropriately.

Direct issues will be made in a variety of pack sizes.

The cost of the direct issues will be no more than the purchase price from NHS Logistics / PASA for comparable quality items.

3.7 Menus and Menu Choice

A wide range of choices are to be provided from a jointly agreed menu, which will reflect the dietary needs and tastes of the patient population served and meets the Better Hospital Food programme.

The menu must encompass 21/28 days and at least three choices per day reflecting the Chefs Leading Dish.

This could either be a sandwich, soup or main entrée or dessert choice, but must be clearly indicated on the menu.

The Contractor is required to provide a menu card service to supplement the bedside booklet and enable patients to select and order their meal requirements. The contractor will be responsible for the provision of a delivery to each ward.

The menu should be presented in the standard NHS format, appropriately coded with sufficient copies to be made for each bedside. It is recognised that not all patients would find this of a benefit; however, it would be a benefit to their relatives/carers.

A printed menu is to be available in the appropriate cultural languages and suitable for visually impaired patients at each nurses' station, to be provided by the Contractor.

Patients should have the option of being able to make a choice of portion size. The Contractor will identify with the nursing representatives of each ward, the nature of the patients eating requirements and therefore the patients likely to require larger or smaller portions and shall have a flexible system that is able to accommodate a change in portion size requirement at no additional cost.

Menus must be designed to assist patients in selecting foods to meet their particular tastes and appetites. Menus must include a wide variety and choice of popular foods and dishes. The menus must be agreed with the Trusts' dietitians and Authorised Officers.

3.8 Meal Selection System

The Contractor will provide a meal ordering system which will mean that the patient;

- Will order no more than 2 meals in advance;
- Have a choice of portion sizes;
- Receive an individual menu card, supplied by the Contractor;
- Is able to identify the appropriate menu code for each dish;
- Is able to access a menu in large print and own language on each ward.

In some wards, the aim will be to offer the patients a choice of meal at the point of service. The Contractor shall therefore work with nursing personnel to agree the required take up of meals for each area and implement control to minimise food wastage.

A choice of main courses and desserts for lunch and supper must be made available which are suitable for the following;

- Patients eating normally, everyday foods and snacks to be available which may include roast, grilled or fried food choices;
- Patients requiring modified texture or pureed meals. Appropriate menu choices available in a modified texture and each dish modified separately. Puree choices may be moulded into appropriate shapes. Additional sauces or gravies must also be available;
- Patients requiring high energy meals;
- Patients on vegetarian / vegan diets;
- Patients prescribed therapeutic diets; foods and quantities of foods prescribed by medical staff or dietitians;
- Patients requiring a traditional choice;
- Patients from different ethnic groups. Review of Menus.

Menus will be reviewed every 3 months. Any changes in menus will be agreed between the Contractor and the Authorised Officer after they have been checked by the Trusts' Dietitian(s).

During the lifetime of the contract the menu must be changed to reflect the needs of the patient, especially long term patients in accordance with the National Agenda for Better Hospital Food.

The Contractor is requested to propose 'special theme day' menus for long term patients to reduce menu fatigue. Menus should be changed at least twice per year.

3.9 Meal Service Numbers

The number of patients per ward/unit for whom the Contractor will be expected to provide meals, is detailed below. Tenderers should base their bids on the information provided.

Inpatient Summary (provided 7 days per week)

Location	Ward / Unit	Number of days per week	Maximum meals per sitting per day
Luton & Central Beds MH Inpatient Unit 1	Ground Floor - Crystal Ward	7	16
Luton & Central Beds MH Inpatient Unit 2	Robin Pinto Unit	7	To be confirmed
	Onyx ward	7	22
Luton & Central Beds MH Inpatient Unit 2	Coral ward	7	32
	Jade Ward	7	9
Angel Close	Oakley Court	7	36
Bedford Health Village	Cedar House	7	16
Bedford Health Village	Fountains Court	7	26
The Poplars, Mayer Way	The Poplars, Mayer Way	7	16
Townsend Court, Mayer Way	Townsend Court, Mayer Way	7	26
Weller Wing	Keats Ward	7	20
Weller Wing	Chaucer Ward	7	15
The Elms, Whichellos Warf	The Elms, Whichellos Warf & Cottage	7	16

The Contractor will be required to ascertain the occupancy levels of each unit on a daily basis. The Contractor shall note that these values are for patient meals only. Additional chargeable staff meals may also be requested at these locations.

The Contractor will indicate their Tender proposal, the system that will ensure the accuracy of patient meal numbers ordered and delivered for invoicing and auditing purposes.

The Contractor will implement a flexible system of providing meals at short notice and out of hours to wards, with the availability of accommodating late arrivals and patients not able to eat at traditional times, as per the Better Hospital Food initiative.

3.10 Special Diets

The Contractor will make arrangement s to provide suitably modified and special diets as requested by the Dietitian, Medical or Nursing staff.

The Contractor will be expected to provide the appropriate cultural meals for the patient mix and it is expected that such menus should be made available to these patients within the appropriate printed form.

The Contractor will ensure that both vegetarian and non-vegetarian options are always available for patients requiring special diets.

3.10.1 Modified Diets

Modified diets (for example, diabetic, modified consistency) will be required for some patients for therapeutic reasons to control obesity, diabetes, hyperlipidaemia and patients with vary degrees of dysphagia. Ideally there should be more than one choice and preferably taken from the main menu. This is recommended for economy and to reduce the stigma for patients on special diets.

3.10.2 **Reducing (weight reduction)**

These meals should be high in fibre, low in fat and sugar. Above all they should be nourishing and provide energy. They should include plenty of vegetables, protein, fruit and carbohydrates.

3.10.3 **Diabetic Diets**

Diabetic patients are often required to eat foods low in simple sugars and fat and to have at least 50% of their total energy from carbohydrates.

3.10.4 **Modified 'Texture' Diets**

3.10.4.1 **Soft**

Including foods which are inherently soft, others may be softened on the plate with a fork and would be acceptable only after consultation with the dietitian.

3.10.4.2 **Puree Meals**

These diets can be required at different consistencies, depending on the patients swallowing problem.

3.10.4.3 **Low Salt / Sodium Diet**

This diet may be suggested for patients with oedema (fluid retention). Usually, a 'no added salt' diet is sufficient. This also means excluding sodium bicarbonate, monosodium glutamate, tinned meats, fish and vegetables, soups, stock cubes and powders, salted meats (ham and bacon) and cheeses.

3.10.4.4 **Other Therapeutic Diets**

Upon request, the dietitian for the trust may be used as a resource for advice on any other therapeutic diets, for example, gluten free, very low fat, high and low protein. It is essential that the Contractor responds immediately to fulfil dietary requirements.

3.10.7 Vegetarian, Vegan and Cultural Choices

Some patients may need to be provided with foods that differ from the main menu. These may be requested due to religious, cultural or moral reasons. Considering the needs of the patient mix within the community, the Contractor must be able to provide the following meals on demand;

- Kosher;
- Halal;
- Asian Vegetarian;
- Vegetarian;
- Vegan;
- Afro-Caribbean.

3.11 Additional Patient Catering Requirements

The Contractor will be expected to provide special catering services at appropriate times of the year, Christmas and New Year period and other significant special religious and cultural events.

3.11.1 **Birthday Cakes**

The Contractor will be expected to provide birthday or special occasion cakes when requested by the ward manager. Wherever possible 48 hours' notice will be given. The Contractor will provide a celebration cake; this should not be a frozen gateau and must suffice for the ward. The Contractor will detail the numbers issued per month when recharging the Authorised Officer. A standard unit celebration cake price is requested as part of the tender.

3.11.2 **Christmas and Special Holidays**

The Contractor will be required to provide a special service on Christmas Day, Boxing Day, New Year's Day and any other days agreed by the Authorised officer. The Contractor will inform the Authorised Officer at least 21 days in advance of the proposed menus, to allow ward staff, dietitians and patients to be fully involved in the special arrangements. During the Christmas period the quantity of meals required may fluctuate.

4 LOGISTICS AND HANDLING

4.1 Delivery of Meals

All food consumed on the ward must be delivered direct to the required ward and not transported between wards. This is to ensure that good food handling practices are maintained and food temperature is not comprised.

The meals will be placed into suitable containers capable of maintaining the required temperature.

The Contractor will make arrangements for all meals to be ready for collection at an appropriate time dependant on the specific food preparation requirements.

Regular food temperature checks must be recorded by the Contractor, to meet the requirements demanded by the particular method of food storage and delivery at the main kitchen and at ward level, and of all "high risk foods" to ensure that all foods are maintained at the correct safe temperature prior and during service. For hot foods at the point of service, above 70°C and all cold meals below 5°C. The Contractor will be required to submit copies of these checks to the authorised officer on a monthly basis.

Each ward will have at the very minimum 3 breakfast, 3 lunch and 3 supper checks per week. Any "high risk foods" or meals found outside the above temperatures will be rejected and the Contractor must dispose of and make a replacement available as quickly as possible, at least within 30 minutes of receipt of such a complaint/report.

High risk foods include:

- All cooked meat and poultry;
- Cooked meat products, including gravies and stocks;
- Cream, artificial cream, custard and dairy produce;
- Cooked eggs;
- Shellfish and seafood;
- Cooked rice.

All 'special diets', diet supplements or standard diets that cannot be incorporated into the cook chill system should be delivered at the same time.

The Contractor will ensure that individual diet meals are individually plated and clearly identifiable by the ward and intended recipient.

4.1.1 Items not delivered by the Contractor

Any omissions of food or errors in the provision of the meals will be reported to the Contractor. The Contractor and their staff must make every effort not to omit items from the delivery and have mechanisms in place to replace such items within 15 minutes.

4.1.2 Dirty Food Trolleys and Containers

The Contractors staff will clean the following items in time for the next meal service:

- All trolleys and insulated containers;
- All containers, flasks etc, used in the meal service;
- All regeneration trolleys. These are retained at ward level and should be cleaned in situ.

All meal boxes should be collected after lunch by 1345 hours and at supper by 1945 hours at the very latest. The Contractors staff will be responsible for the delivery and collection.

4.2 Crockery and Cutlery

Patients' crockery and cutlery is to be retained at each ward/regeneration area in time for the next meal service.

The condition and appearance of all such items is of high importance. All items must be checked, to ensure that they are thoroughly clean and free form any food debris or staining. Cracked or chipped crockery and trays are to be discarded. The Contractor is responsible for replacing all cutlery and crockery.

5 STAFF CATERING SERVICE

The Contractor is required to provide the following services for staff:

- Staff meal service at inpatient locations
- Function and Hospitality services;

5.1 Staff meal service at inpatient locations

In delivering the care at the inpatient locations some of the clinical staff eat with the patients.

The Contractor shall therefore allow to provide additional meals to the inpatient locations. The meal quantities shall be agreed with the Clinical Staff and the Authorised Officer. All additional staff meals will be charged separately as agreed with the Authorised Officer. It is assumed the additional staff meals shall be provided for all meal sittings in the day requested.

5.2 Hospitality and Function Catering

The following will be expected to be provided by the Contractor between the hours of 0800 hours and 1800 hours as and when request to all Trust locations. Therefore, the Contractor must include the costs of suitable transportation within the Tender price.

Staffing costs for Hospitality must be included within the tendered labour costs. The Contractor should therefore charge for material cost only, except in the case of larger functions where additional staff support is required.

- Coffee;
- Tea;
- Biscuits;
- Sandwiches;
- Fruit Juices;
- Mineral Waters.

5.3 Function Catering

The Contractor will provide the Authorised Officers with a function menu and price list for refreshments. The service will include the preparation, delivery and a 'laid' service (as per user requirements). The range of requirements are:

- Finger Buffet;
- Cold Fork Buffet;
- Assorted Sandwiches;
- Selection of Beverages, Hot & Cold.

The prices should remain 'held' for a period of 12 months and reviewed under the terms of the contract.

Occasionally, the Contractor may be requested to provide ad-hoc special catering which may include hot served functions. These will be arranged and costed separately on an ad-hoc basis.

Table linen, serviettes and all appropriate trimmings should be included in the provision of hospitality and function catering by the Contractor.

The Contractor, wherever possible will be given 48 hours' notice to provide Hospitality and Function catering, The Contractor will need to implement a method for receiving requests that should include:

Date	Time
Venue	Requirements
Numbers	Style/Type of Layout
Authorisation by the Head of Department Requesting catering.	
All Requests to be authorised a Relevant budget code.	

The refreshments must be received at the required time and any delivery later than 15 minutes from the agreed time will result in the waiver of the function costs. At the end of each month the Contractor will provide the Authorised Officers a breakdown of all Hospitality within each respective organisation.

Note: The only restrictions the Trusts will place on Function or any other catering is:

- It must not have any adverse effects on the delivery of the patient catering service.
- Catering for non-Trust events must be agreed by the Authorised Officer.

Once requested the Trust or their Authorised Office shall have up to 48hrs before the event to cancel the order.

6 PROCUREMENT, STORAGE AND PREPARATION OF INGREDIENTS

The Contractor will procure all food and ingredients within the “Better Hospital Food – Ingredients Specification’ and only from companies that are registered in accordance with the Food Premises Registration Regulations and are on an NHS Approved List of Contractors.

The Contractor will implement quality control procedures for all incoming ingredients and foodstuffs to ensure that goods are within their stated expiry date, free from damage and pest infestation/damage and have been stored and transported at the correct temperature and suitable for consumption as per the PASA ‘Code of Practice for Manufacture. Distribution and Supply of Food Ingredients and Food Related Products.’

The Contractor will ensure that all food is handled, stored, prepared and cooked appropriately, that procedures are in place to ensure that it is kept at the required temperature at all times including but not limited to storage prior to preparation, during cooking and during transfer to the wards and departments.

All dishes should be prepared using conventional cooking methods and wherever possible fresh ingredients to produce meals with the quality of traditionally cooked food. All food provided should be branded and purchased to the specifications that are agreed with the Authorised Officers.

The Authorised Officers can request proof of purchase being made to the required specifications at any time.

Water used in any prepared products or from washing of/or refreshing of any cooked products shall be free from;

- Any substances in quantities likely to cause harm to health;
- Any substances likely to accelerate corrosion of containers within the lifecycle of the product;
- Any harmful micro-organisms or toxins.

Products that are pre-cooked and supplied by a third party to the Contractor are acceptable provided that this is agreed with the Trust.

The Contractor must provide proof of due diligence for any high risk third party meal or ingredient supplier.

Irradiated foods may not be used without the express written permission of the Authorised Officers. It will be the Contractors responsibility to request authorisation should the need arise. Genetically modified food must, wherever possible be identified and approved for use by the Authorised Officers.

All cooking or heat treatment processes shall involve the heating of a product to a minimum core temperature of 72°C for two minutes or use an alternative heat processing method to achieve the same result.

All appropriate products must receive an effective pasteurisation process. The specified process time and temperature should be measured and recorded for each batch. Records should be available for inspection by the Trust Authorised Officers at quality monitoring meetings. Following pasteurisation the product shall be subject to cooling within 30 minutes from the completion of cooking, a core temperature of 3°C or below shall be achieved within 90 minutes from the completion of cooking. Where further processing is required whilst a product is hot, the product shall be maintained at a temperature of above 63°C until processing is complete and then cooled within 30 minutes.

After pasteurisation each product shall be chilled to between 0°C and 3°C at the core temperature within 90 minutes of commencement of chilling, Records shall be kept for each batch detailing the

time taken and the temperature reached. Chilling activity shall, where possible, take place in a location separate from other activities. The chilling equipment will be of such a design to rapidly chill a product to less than 3°C and protect the product from contamination. All temperatures shall be measured using calibrated measuring equipment with a system accuracy of +/- 0.5°C.

6.1 Microbiological Standards

Microbiological testing of Cook Chill products or ingredients will be made on a basis that provides a profile of the product rather than a day of production accept/reject basis. The objective of microbiological analysis being to simulate the status of the meal at the point of consumption.

The Contractor shall satisfy the Trust that full microbiological profiles of any 'new' finished recipe dishes purchased by the Contractor or cooked, high risk ingredients used by the Contractor are obtained prior to their introduction by the Contractor.

Results of microbiological samples should be retained for a period of six months for inspection by the Trust.

The Trust standard requires any Chilled Food manufacturer to ensure that a sample of 100 grams of food produced is tested. Each sample should represent the contents of the meal and contain the main protein within the meal, together with the sauce or gravy accompaniment.

The samples should be kept under such conditions, and for such a period, to represent the normal handling conditions of the Trust and of maximum shelf life of the product under these conditions.

Results from each batch should be within the following criteria:

- Total aerobic colony count after incubation of agar plates for 48 hours at 30°C- less than 10,000 per gram;
- Salmonella species – not detected in 25 grams;
- Escherichia coli – less than 10 per gram;
- Staphylococcus aureus (coagulase positive) – less than 20 per gram;
- Clostridium perfringens – less than 200 per gram;
- Listeria monocytogenes – not detected in 25 grams.

The Trust requires the Manufacturer to notify the Contractor and the Contractor to notify the Authorised Officers of any results outside of the above criteria. This information should include details of any investigations and intended action to prevent recurrence.

The Trust may, on the basis of any notification required above, require further action from the Contractor and may review approval status for certain product lines.

Catering practices, with regard to cook chill systems and conventional catering, vary within the NHS. The following 'accepted' practices are conditional on the caterer operating a 'Safe Assured Catering System', that has been subject to HACCP/Risk Analysis by qualified environmental health and food technology specialists.

Caterers are additionally required to operate a system of supplier audit and ensure that their operating procedures, staffing levels, training programmes and recruitment health screening produces safe clean food, at the point of consumption, for customers, many of whom may be likely to be susceptible to food borne infections.

All hot meals, served to patients, must be put through regeneration ovens for a minimum of 35 minutes and a core temperature of at least 75°C must be achieved.

Caterers must operate a system of temperature records at all regeneration points to prove that the system is safe. Failure to be able to provide point of regeneration proof will result in the Trust

restricting the use of cook chill food within the catering system. Temperature recording must be carried out by thermometers that are calibrated and proof of calibration must be maintained. Records must be kept for six months.

6.2 Packaging and Labelling

The meals must be supplied in ovenable, food grade packaging, sealed so as to prevent contamination of the contents. All food products must be suitably sealed to ensure that there is minimal spillage. All goods must be provided in containers that are robust and fit for the purpose.

Outer packaging must be kept to a minimum e.g. trays, pallets etc. These will remain the responsibility of the Contractor for removal/disposal.

All individual packs of chilled meals will be clearly marked, on labels able to withstand condensation, heating processes and other effects or normal handling which may make the contents illegible, with the following information clearly displayed;

- Product description and code;
- Number of portions;
- Production date;
- Use by date;
- Colour coding for day of use;
- Identification/batch code;
- Diet code (include allergy inducing ingredient identification);
- Net Weight;
- Regeneration instructions and best method of regeneration for example lid on or off.

The labels will comply with relevant food labelling legislation.

7 MAINS FED WATER COOLERS

The Trust currently has approximately 80 mains fed water coolers located to meet the occupier's requirements across all the locations. The Contractor will be required to provide, manage and service all mains fed water coolers. The Contractor will also provide new water coolers as required and requested by a Trust Authorised Officer.

The Contractor will provide a cost for the management and service of the existing mains feed water cooler installations including the sanitation of maintenance of the equipment as detailed. The contractor will also provide a cost for the provision, installation and management for each new mains water cooler requested by a Trust Authorised Officer.

7.1 Mains Fed Water Cooler Installations

The risks associated with the provision of mains-fed chilled water dispensers and the requirement to maintain them free from contamination have been evaluated fully to identify microbiological hazards associated with their use and for existing equipment/approved equipment the following guidance must be followed:

7.1.1 Under no circumstances will the use of '**Free Standing**' bottled water dispensers be allowed because of the Infection Risk.

7.1.2 mains fed water coolers will be installed in accordance with trust polices and:

- British Water Cooler Association (BWCA) current Code of Practice

- British Water Cooler Association (BWCA) 'Guidelines for the location, use and servicing of (Bottled Water) & Mains-fed Water Coolers in Hospitals, Hospices & Nursing Homes'

7.1.3 The provision of equipment connected to the cold water service (from which the only aim is cooling the water supply without affecting in any way its quality) is restricted to areas where there is a proven need to provide chilled water for the benefit of patients.

7.1.4 The location of the mains fed water cooler will be agreed with the Trust Authorised Officer in accordance.

7.1.5 New mains fed water coolers will be of the type which minimises tap contamination.

7.1.6 The plumbing installation will be in accordance with best practice will use WRAS approved components and fittings.

7.1.7 The plumbing installation shall avoid high environmental temperature locations.

7.1.8 The mains fed water cooler will be fitted with a carbon granular or block type with nominally 1 micron porosity

7.2 Water cooler locations

Under no circumstances should water coolers be located in:

- Intensive care and Neonatal units;
- Oncology and transplant units;
- Surgical wards and operating theatres;
- Laboratories;
- Toilets.

7.3 Medium-risk areas

Coolers may be placed in the following areas subject to consultation with the Trusts infection prevention and control team;

- General wards and day rooms;
- Hospices and geriatric units;
- Kitchens.

7.4 Low-risk areas

Coolers may be installed in the following areas without special precautions:

- Office / administration and staff rooms;
- Outpatient areas, public areas and waiting rooms.

7.5 General Guidance

Coolers will be located:

- away from heat sources should be and direct sunlight;
- away from areas where they may create an obstruction.

7.6 Sanitation and filters for mains-fed coolers

Where a mains-fed cooler is non-pressurised and vented, an air filter of at least 5 micron performance should be incorporated.

Sanitising and maintaining mains-fed coolers should only be undertaken by BWCA trained personnel at intervals not exceeding 3 months.

Weekly disinfection of taps with an appropriate food-grade disinfectant spray by Contractors cleaning staff will be required, COSHH documentation and risk analysis for authorised chemicals should be provided.

Warning notices must be displayed to prevent inadvertent use while sanitisation and filter changes are being carried out.

Cooler sanitisation procedures should be documented and supplied to the Trust Authorised Officer.

Note: Only personnel with relevant BWCA approved training should carry out installation, sanitisation and filter changing procedures.

Following any assessment of the risk, risk reduction strategies and procedures must be implemented where possible to reduce the likelihood and/or severity of incidents from infection.

Risk Reduction strategies/procedures include:

- policy awareness and implementation;
- appropriate maintenance of internal systems and approved equipment;
- training;
- local cleaning procedure development;
- reporting and recording;
- evaluating effectiveness of risk reduction strategies/procedures;
- reviewing in the light of experience; look at incident investigation and inspection reports. Do they show improvement?
- re-train staff if required, reading available policies, strategies and procedures;
- always review clinical and workplace risk assessments after reports of any adverse events.

Water coolers must not be switched off for more than a few minutes.

Where water coolers have been switched off for more than 36 hours they should not be put back into use before the Contractots water cooler specialist supplier has sanitised them.

If water coolers have not been used for 3+ days (including holidays) but left “switched on” they must be flushed through before use recommences. 4 litres would be the minimum recommended).

Mains-fed coolers should not be “un-plumbed” without the cooler company being given prior warning.

7.7 General Maintenance

Drip-tray emptying and exterior cleaning of the cooler between contracted cooler care visits are considered to be part of the Contractors catering equipment cleaning regime. Staff undertaking such work should be advised that only clean, unused cloths or wipes and food-grade disinfectants should be used.

Disposable drinking cups should be kept in their protective sleeves or a cup dispenser before use. Unused cups should be stored in a clean dry place and a bin located nearby for safe disposal of used cups.

7.8 Specialist Maintenance

The Contractor will also undertake the following specialist maintenance procedures for mains fed water coolers:

- a full sanitisation programme must be in place (6-Monthly minimum or more frequently (3 months) for coolers with high risk);
- filter to be changed 6 monthly (3-monthly for high risk);
- tap outlets should be replaced 6-monthly (3-monthly for high risk);
- descaling of outlet tap by brushing or use of de-scaler spray, monthly;
- disinfection of tap outlets (with, say, hydrogen peroxide), weekly or daily for high use coolers.

Note: 'high risk' can be defined as a combination of frequent use, poor environmental surroundings, public usage, lack of interim disinfection and location where immuno-compromised users are present.

All of the maintenance actions should be undertaken by a suitably trained operative.

The Contractor will ensure the specialist maintenance is recorded on suitable log sheet attached (in plastic cover) to the mains fed water cooler to allow recording of:

- cooler description and serial number;
- dates of maintenance;
- type of sanitation carried out (including name of any agent used);
- signature of operative.

It will be essential that these maintenance procedures are put in place immediately the dispenser is brought into service and continued at the detailed frequencies for the life of the equipment.

7.9 User awareness

The Contractor will ensure guidance about maintaining 'good hygiene' practices when using the dispenser is provided.

8 CONTINGENCY PLANNING

The Contractor must submit proposals for contingency in the event of the following situations to ensure the continuation of the required service:

- Failure of utilities, gas, electricity, water;
- Equipment breakdown;
- Deep freeze and refrigeration malfunction or failure;
- Failure of external deliveries;
- Staff absence;
- Partial or complete withdrawal of food sacks, due to unfavourable microbiological tests;
- Adverse weather conditions;
- Major incident or event;

9 CODES OF HYGIENE PRACTICE AND INSPECTIONS

The Trust recognises that the highest standards of hygiene, both environmental and personal, are necessary to prevent food poisoning and the contamination of food. This is critical within healthcare establishments where patients are already infirm or ill. A food poisoning outbreak in these circumstances would be extremely serious and could lead to fatalities.

In addition, catering staff, required to 'cross task'. i.e. serve food, handle cash, clean, empty bins etc. must have clear guidance and training of the correct procedures to follow in relation to hand washing and hygiene requirements.

The Contractor is obliged to ensure that all food handling procedures comply with:

- The Food Safety Act 1990;
- The Food Hygiene Regulations 1995;
- The Health and Safety at Work Act 1974 and associated regulations;
- The Control of Substances Hazardous to Health (COSHH);
- And any other relevant current and subsequent legislation.

The Contractor is responsible for ensuring adequate training of all staff involved with food handling and maintaining records of all training achieved. The Authorised Officers will expect the Contractor to comply with the Trusts Food Hygiene Policy and be advised of any operational changes. Any defects noted whilst operating Trust equipment must be notified immediately to the Authorised Officer for appropriate action to take place.

The Contractor shall permit any of the Trust staff, nominated for such purpose by the Trust or any inspector appointed by the Environmental premises, equipment, material or food used or proposed to be used by the Contractor in or about the provision of the services and to test and take samples as required.

The Contractor shall establish a working relationship with the local Environmental Health Officer to ensure that standard continue to be met.

Copies of the Environmental Health Inspectors reports will be sent to the Trusts Authorised Offices within 48 hours of receipt by the Contractor. The Contractor will undertake to comply with the recommendations of the report in the areas for which the Contractor is liable and inform the Authorised Officer of the actions taken.

9.1 Staff Health and Hygiene

The Catering Contractor is required to be fully informed of all legislation relevant to food hygiene. The Contractor should only employ persons who are in good health and have a high standard of oral and personal hygiene. The Contractor must ensure that prior to an offer of employment, all staff employed in the catering service, receive and pass Occupational Health Screening.

The Trust will supply Occupational Health Screening, for which the Contractor will be charged.

Any staff member who, whilst on duty, becomes aware that they are suffering from sickness, diarrhoea or any other illness including skin breaks or wounds on the hands should SHALL notify their supervisor/manager immediately.

Any staff member, who has been absent from duty for medical reasons, may not resume food handling duties, until medically certified as having attained the health standards stated above.

The Contractor is required to detail procedures to be implemented and maintained relating to the monitoring of the health of staff handling food.

The Contractor will provide their own kitchen linen and be responsible for the laundering of all linen and uniforms.

10 MAINTAINING CATERING STANDARDS

Patients are to be provided with meals that satisfy the expectations of the Trust and Better Hospital Food.

The Trust expects the Contractor to ensure that all elements of the catering service are integrated and result in patients' needs being fully met. Thus the Trusts expect the Contractor to take the lead professional role in the co-ordination, monitoring and reporting on the quality outcomes of the catering service.

The Trust requires the Contractors service to respond to the special needs of vulnerable, old and long-term patients.

11 CATERING EQUIPMENT AND CLEANING

11.1 Catering Equipment

The existing equipment provides for a cook-chill meal system, it is understood this equipment is owned and operated by the existing service provider. The contractor will detail their approach to the provision of suitable equipment at each of the locations to facilitate the cook-chill meal system.

The Trust requires tenderers to indicate the equipment replacement costs for catering equipment, within their bid and identify this separately.

The costs must be detailed separately in the Tender.

It is the responsibility of the Contractor to assess the standard and appropriateness of the current equipment and detail any new equipment required with their tender. Any new equipment shall be agreed with the Authorised Officers.

The Contractor will ensure that there are appropriate maintenance contracts in place and that any equipment requiring repair is repaired within 24 hours unless agreed with the Authorised Officers.

For equipment requiring repair, it will be the responsibility of, and at the cost of, the Contractor to arrange appropriate arrangements to ensure that service provision is not affected by the breakdown.

All equipment will be passed onto a new Contractor or be returned to the Trust at the end of the contract period, should the Contractor continue to provide the service.

The Contractor will be responsible for the supply of all cutlery and crockery and for any special utensils for patients with feeding difficulties.

All items of cutlery and crockery will be of a standard acceptable by the Authorising Officers and tenderers will detail their proposals for the type of crockery and cutlery to be used on this contract.

Should any equipment breakdown, or for any other reason, and disposables are required to be used, this shall be at cost of the Contractor, unless the necessity to do so is caused by the Trust.

The Contractor should aim to ensure that no more than two meals are served on disposables, except in exceptional circumstances agreed by the Authorising Officer.

11.2 Cleaning

The Contractor will be responsible for the daily and other routine cleaning of all areas, facilities and equipment within the catering department, servery and restaurants.

The Contractor will arrange, as a minimum, for a deep clean of all areas within the main kitchen, ward kitchens and servery on a quarterly basis. In any event it will be the responsibility of the Contractor to maintain an environment that is acceptable to the local Environmental Health Officer.

The Contractor will prepare and submit with the tender, proposed cleaning schedules for all items of equipment, areas and facilities to be cleaned in the departments, showing the method of work and frequency of cleaning.

The Contractor shall be responsible for the removal of waste from the main kitchen and restaurant. The waste will be removed by the Contractor to the appropriate waste skips and collected by the domestic waste contractor.

The Contractor will be responsible for the supply of all consumables and cleaning materials required in the performance of the catering service within the fixed cost.

12 EDUCATION AND DEVELOPMENT

All catering staff will have induction training, which shall include, but not be limited to subjects such as customer care, COSHH, infection control, manual handling and basic food hygiene.

All catering staff shall be trained in food regeneration, Health and Safety Legislation, Food Hygiene Policies and Procedures and must attain a Basic Food Hygiene Certificate as a minimum standard, which shall be the equivalent to the Chartered Institute of Environmental Health officers Basic Food Hygiene Certificate.

All supervisory Staff and Chefs will attain the Intermediate Food Hygiene Certificate.

Catering Managers shall attain an Advanced or RIPHH Diploma in Food Hygiene.

All staff will be assessed annually in respect of competencies and retrained as necessary and receive refresher training as and when appropriate.

The Contractor is to provide adequate cook chill and food hygiene training to all Food Handlers, free of charge. The Contractor will liaise with the Authorised Officers in respect of arranging such training and record keeping.

13 SERVICE REVIEWS

The Contractor will review the service with service users on an annual basis as a minimum.

14 Disclosure and Barring Service Checks (DBS)

It is a requirement of this Framework Agreement that all contractors' personnel who shall visit any of the Trust Site shall obtain a satisfactory 'Enhanced' certificate from the Disclosure and Barring Service, as required under section 122(2) the Police Act 1997.

15 MAINTAINING STANDARDS AND MONITORING

The Contractor will work in partnership with the nursing personnel and the Trust contract monitoring officer to monitor the levels of satisfaction and aim to reduce the food wastage wherever possible.

All issues pertaining to the services shall be discussed at a monthly contract review meeting between the Contract Manager and the Authorised Officer.

The Contractor will be required to attend user group meetings in respect of the service as required.

The Monitoring Report shall contain the following information in respect of the Contract Month just ended:

- The monitoring which has been performed in accordance with the Performance Parameters shown below, with a summary of the findings;
- A summary of all incidents and complaints reported to the Helpdesk during the Contract Month including the Service Response/Rectification Times and those achieved;
- A summary of all Failure Events and Quality Failures;
- The service aspects affected;
- The duration of any Failure Event not rectified on time, with the time and date it commenced and the time and date it ceased;
- The relevant volume related data (e.g. no of meals, ward provisions, functions etc.);
- Staff training;
- Performance measured in Performance Penalty Criteria shown below.

Performance Parameters	SF Type	Service Response Time	Rectification Time	Performance Monitoring Period	Monitoring Method
Robust food safety and hygiene systems are in place and are compliant with an Assured Safe catering Programme.	QF	N/A	N/A	M	2, 3, 4, 7, 8
Staff maintain personal hygiene and personal apparel in accordance with Good Industry Practice.	FE	N/A	5 Minutes	At any moment in time	1, 2, 4, 7, 8
Supervisory staff hold a valid Food Hygiene standard certificate.	QF	N/A	N/A	M	2, 3, 4, 5, 7, 8
Catering managers hold a valid advance or RIPHH Diploma Food Hygiene standard certificate	QF	N/A	N/A	M	2, 3, 4, 5, 7, 8
All food and/or ingredients are produced from NHS approved suppliers in accordance with 'Better Hospital Food – Ingredient Specification'	QF	N/A	N/A	M	2, 4, 7, 8
Robust quality control measures are in place and all foodstuffs are judged suitable for consumption as per PASA 'Code of Practice for the manufacture, distribution and supply of food ingredients and food related products'.	QF	N/A	N/A	M	2, 3, 4, 7, 8

Robust and auditable procedures are in place to ensure procedures for storage, handling, preparation and cooking of foods are fully complied with.	QF	N/A	N/A	M	2, 3, 4, 7, 8

Performance Parameters	SF Type	Service Response Time	Rectification Time	Performance Monitoring Period	Monitoring Method
Equipment, crockery, cutlery and other implements and resources required for the provision of the Catering Service are provided as agreed.	QF	N/A	N/A	M	2, 3, 4, 7, 8
Crockery, cutlery and other re-useable items used in the provision of catering services are distributed, returned and cleaned according to agreed procedures.	QF	N/A	N/A	D	2, 4, 7, 8
Users of the catering service are regularly asked to comment on the menu offered.	QF	N/A	N/A	Q	2, 3, 4, 7, 8
Menus offer a range of services including choice of meals, snacks and drink to reflect the customer feedback within the dietary requirements.	QF	N/A	N/A	Q	2. 3, 4, 6, 8
The Trust representative has approved all menus and ingredients prior to their implementation or use.	QF	N/A	N/A	M	2, 3, 4, 7, 8
The menu has a minimum 21 day cycle and includes the provision of festive meals when appropriate.	QF	N/A	N/A	M	2, 3, 4, 8

Menus are available to all users to the catering service in the format agreed with the Trust Representative.	QF	N/A	N/A	M	2, 3, 4, 8
A robust and auditable meal ordering system is operational and all ordered meals are distributed accordingly.	QF	N/A	N/A	M	2, 3, 4, 5, 8

Performance Parameters	SF Type	Service Response Time	Rectification Time	Performance Monitoring Period	Monitoring Method
All catering waste is disposed of in accordance with the Waste Management Service Level Specification	QF	N/A	N/A	M	2, 3, 4, 7, 8
Meal delivery schedules have been approved by the Trust Representative prior to implementation and are within the Meal Times.	QF	N/A	N/A	M	2, 3, 4, 7, 8
All scheduled meals and snacks including Special Diet meals and snacks are delivered according to agreed delivery time and Service and Quality Standards in the specification.	FE	N/A	5 Minutes	Pre delivery time.	2, 3, 4, 8
Ad hoc meals and snacks including Special Diets meals are deliver to the designated Patient, by the agreed delivery time and with the correct order at the correct Service and Quality Standard.	FE	N/A	20 Minutes	PR	1, 2, 4, 8
A choice of meals and beverages including fortified soups and drinks are available at times to meet all special dietary, religious and cultural requirements.	QF	N/A	N/A	M	2, 3, 4, 8

A range of snacks and beverages as agreed with the Trust representative are available to Inpatients at least 7 times in any 24 hour period.	QF	N/A	N/A	M	1, 2, 4, 8

Performance Parameters	SF Type	Service Response Time	Rectification Time	Performance Monitoring Period	Monitoring Method
Dirty crockery and cutlery and use disposables are removed within 10 minutes of the Patients completing their meals.	FE	N/A	5 Minutes.	Per meal.	1, 2, 4, 8
Wards and food regeneration areas are free from dirty crockery and cutlery outside Meal Times.	FE	5 Minutes.	10 Minutes.	PR	1, 2, 4, 8
All tables are cleared of and cleaned within [5] minutes of diners completing their meal.	FE	Immediate	5 Minutes.	Any moment in time.	2, 4, 8
Service of and payment for all meals and beverages from the restaurant is achieved within 5 minutes of joining the queue.	FE	Immediate	5 Minutes.	Any moment in time.	1, 2, 3, 4, 5, 8
Chilled and ambient temperature water and suitable receptacles are available at all times within the restaurant area.	FE	5 Minutes.	5 Minutes.	At any moment in time.	1, 2, 4, 8
All elements of the hospitality service are provided as agreed with the Trust on the agreed date and time.	QF	N/A	N/A	PR	1, 2, 3, 4, 8
A robust and auditable hospitality booking system is in operating at the agreed standard.	QF	N/A	N/A	M	1, 2, 3, 4, 5, 8

All temporary hospitality staff are fully inducted and trained in provision of the hospitality service.	QF	N/A	N/A	PR	2, 3, 4, 5, 8
A portfolio of menus and current prices is available to the Trust representative on demand.	QF	N/A	N/A	PR	1, 2, 3, 4, 8

Glossary to Performance Parameters

Service Failures

FE	Failure Event
QF	Quality Failure

Performance Monitoring

Period	Frequency
PR	Per request
D	Daily
W	Weekly
M	Monthly
Q	Quarterly
B	Bi-Annually
A	Annually

Monitoring Method	Description/Source
1	Trust/Contractor reports to Helpdesk, Helpdesk records.
2	Comparison with agreed Method Statements.
3	Comparison against agreed benchmark (applies to format of reports etc).
4	Contractor self-monitoring (in accordance with the Performance Monitoring Programme).
5	Analysis of information contained in Contractor duty rotas and other operational records.
6	User satisfaction surveys (Trust staff, visitors and patients).
7	Review/reports by Statutory bodies.
8	Trust audit (analysis of complaints, random visits, validation checks of Contractor data, deliberate testing etc).

Key Performance Indicators SAMPLE

KPI	Standard	Performance Range		
Ref		Green	Amber	Red
K01	Meal cost per day			

K02	Customer satisfaction			
K03	Substitute meals: total meals			
K04	% Food waste			

Document no 5a.6

Service specification - pest control

Tender 22112 - ELFT/TENDER/15/338 - Hard and Soft FM services for East London NHS Foundation Trust properties located in Bedfordshire and Luton

1 Pest control service requirements

1.1 Overview

The contractor is to provide a pest control service to deliver the following:

1.1.1 A programmed and reactive pest control and preventative measures service.
1.1.2 A pest control service to be provided during office hours, 365 days a year.
1.1.3 The pest control service applicable to all sites as stated in the service locations.

2 Definitions

2.1 In this specific service specification the following words and phrases shall have the following meanings:

2.1.1 “Attendance” means attending the location of the reported pests, by suitable qualified staff to establish the appropriate action plan, communicating that action plan to the Trust’s Representative, and investigating the first steps of that action plan.

2.1.2 “Pest Control Services” means those services to be carried out pursuant to required output and deliverables.

3 Key Objectives

3.1 In addition to the key objectives, stated within the general services specification the contractor shall:

3.1.1 Provide the Trust with a comprehensive, technical and fully operational Pest Control Service.

3.1.2 Ensure that effective pest control measures are implemented that do not conflict with the Trust’s provision of patient care, and trust Policies.

4 Bedfordshire and Luton Mental Health and Wellbeing Services Background and service locations

4.1 Bedfordshire and Luton Mental Health and Wellbeing Services provides a wide range of mental health and community and inpatient services to children, young people, adults of working age and older adults, to the Bedfordshire and Luton area. The Trust operates from approximately 33 community and inpatient sites and have 280 general and specialist inpatient beds.

4.2 Given the nature of the sites, security is paramount both for staff, service user and Contractor safety.

4.3 Pest control services under the framework could be requested to be carried out at any of the following service locations:

- Charter House, Alma Street, Luton LU1 2PL
- 105 London Road, Luton, LU1 3RG
- 54 Lewsey Road, Luton, LU4 0EP
- Luton & Central Beds MH Inpatient Unit 1, Ground Floor - Crystal Ward, Calnwood Road, Luton, LU4 0LX
- Luton & Central Beds MH Inpatient Unit 1, First Floor - Outpatients etc., Calnwood Road, Luton, LU4 0LX
- Luton & Central Beds MH Inpatient Unit 2, Robin Pinto Unit, Calnwood Road, Luton, LU4 0FB
- Luton & Central Beds MH Inpatient Unit 2, Admin Block, Calnwood Road, Luton, LU4 0FB
- Luton & Central Beds MH Inpatient Unit 2, Multi Purpose Hall, Calnwood Road, Luton, LU4 0FB
- Luton & Central Beds MH Inpatient Unit 2, Onyx Ward, Calnwood Road, Luton, LU4 0FB
- Luton & Central Beds MH Inpatient Unit 2, ECT Suite and Pharmacy, Calnwood Road, Luton, LU4 0FB
- Luton & Central Beds MH Inpatient Unit 3, Coral Ward, Calnwood Road, Luton, LU4 0DZ
- Luton & Central Beds MH Inpatient Unit 3, Jade ward, Calnwood Road, Luton, LU4 0DZ
- Oakley Court, Angel Close, Luton, LU4 9WT
- 35 Alexandra Road, Bedford, MK40 1JB
- 67 High Street North, Dunstable, LU6 1JD
- Barford Ave, 29 Barford Ave, Bedford, MK42 0DS
- Beacon House, 5 Regent Street, Dunstable, LU6 1LR
- Beech Close Resource Centre, 5 Beech Close, Dunstable, LU6 3SD
- Biggleswade Hospital (Spring House only), Spring House, Potton Road, Biggleswade, SG18 0EL
- Cedar House, Bedford Health Village, 3 Kimbolton Road, Bedford, MK40 2NT
- Crombie House, 36 Hockliffe Street, Leighton Buzzard, LU7 8HE
- Day Resource Centre, Bedford Health Village, Bedford, MK40 2NU
- Disability Resource Centre, Poynters House, Poynters Road, Dunstable, LU5 4TP
- EMPOWA, 3 Woburn Road, Bedford, MK40 1EG
- Florence Ball House, Bedford Health Village, 3 Kimbolton Road, Bedford, MK40 2NT
- Fountains Court, Bedford Health Village, 3 Kimbolton Road, Bedford, MK40 2NT
- Grove Place, 24 Grove Place, Bedford, MK40 3JJ
- Healthlink-Bromham Road, 26/28 Bromham Road, Bedford, MK40 2QD
- Rush Court 5-7 & 9, 5-9 Rush Court, Off Grove Place, Bedford, MK42 3JT
- The Poplars, Mayer Way, Houghton Regis, LU5 5BF
- Steppingley Hospital (Meadow Lodge only), Meadow Lodge, Ampthill Road, Steppingley, MK45 1AB
- The Crescent, 21 The Crescent, Bedford, MK40 3JJ
- The Coppice, 2 The Glades, Northampton Road, Bromham, Bedford, MK43 8HJ
- The Lawns, The Baulk, Biggleswade, SG18 0PT
- Townsend Court, Mayer Way, Houghton Regis, LU5 5BF

- Twinwoods, The Lodge, Milton Road, Clapham, Bedford, MK41 6AT
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- Twinwoods, Raymond Smith (Specialist Medical), Milton Road, Clapham, Bedford, MK41 6AT
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- Weller Wing, Bedford Hospital, Ampthill Road, Bedford, MK42 9DJ
- Whichellos Wharf, The Elms, Stoke Road, Linslade, Leighton Buzzard, LU7 2TD
- Whichellos Wharf – Cottage, The Elms, Stoke Road, Linslade, Leighton Buzzard, LU7 2TD
- 8 Kilgore Court, Leighton Buzzard.

4.4 At any time during the contract period a site may be added to the sites which require service or alternatively removed.

5 Scope

5.1 The Contractor is to provide a total pest control service in order to keep Customer's premises free from rodents, birds, insects and other pests. The Contractor shall provide a full action plan for dealing with the range of pests encountered within the premises. A detailed survey of the site is necessary before any control is undertaken. The findings and results of the survey, together with other information, are then used in formulating the action plan, of which control is a major part.

5.2 The Contractor must determine the site conditions and make a list of all the pests identified during the site visit. All Health and Safety issues must be addressed, regarding access, dangers regarding the type of pest and possible treatments, and therefore the relevant legislation that has to be adhered to.

5.3 Within the Pest Control service the Contractor shall provide a pigeon and bird control service, to minimise the presence of pigeons and other birds at the premises, and to clean the exteriors of premises to keep the premises free of bird droppings.

5.4 It is the responsibility of the Contractor to ensure that all measures taken to prevent avian access, such as nets and roosting wires, where applicable, are maintained to a high standard at all times.

5.5 It will be the Contractor's responsibility to prepare a programme for the agreement of the Authorised Officer, for the control of avian pests, and to remedy the damage their droppings may do to the premises.

5.6 Inspection and service will take place during visits to the premises by the Contractor. Visits will be of three types and conditions may be developed covering each:

5.6.1 A pre-arranged number of regular inspections shall be negotiated. No fewer than 12 visits per annum are anticipated, as fewer visits will be insufficient to prevent infestations from developing.

5.6.2 Pests covered in contract to be; rats, mice and cockroaches.

5.6.3 Unlimited emergency call outs and follow ups to be included as part of the

contract value. Emergency Call Outs related to pests outside of contract will be chargeable.

5.6.4 Additional follow up visits may be required to reinforce control measures. These will often occur at the beginning of a contract to rid premises of existing infestations and following emergency call outs to ensure that actions taken prevent infestations from developing.

5.7 Legislation restricts what pesticides can be used, where and how. Only adequately trained personnel may use pesticides or make decisions about how they are used (The Control of Pesticides Regulations, The Pesticide Manual, The UK Pesticide Guide, Wildlife and Countryside Act). Selection of the appropriate pesticide is the Contractor's responsibility. Methods are to be efficient but carried out in a humane way.

5.8 The Contractor must make every effort to use Environmentally Preferable materials and equipment if available, provided that their efficacy is adequate for the purpose for which they are intended.

5.9 The Contractor or their specialist sub-contractor must be affiliated to either of the two Pest Control Associations and show how long they have been affiliated with confirmation from the associations with certificates and relevant qualifications gained.

5.10 Certificates must be provided showing each of the technician's qualifications and aptitudes in the Pest Control techniques and processes.

5.11 The Contractor shall provide all materials and equipment associated with the Pest Control service. No material or equipment associated with this service is allowed to be stored at any of Trust premises.

5.12 The Pest Control Service shall provide, manage and operate a comprehensive system of pest control management in accordance with the provisions of the required output and deliverables. Types of pest historically experienced by Trusts in past years have included but are not limited to:

Insects including:

- Flies;
- Cockroaches;
- Millipedes;
- Wasps;
- Stored product insects such as moths;
- Lice and mites;
- Silverfish;
- Ants;
- Fleas;
- Crickets;
- Bees;
- Hornets;
- Bedbugs

Rodents and mammals including:

- Rattus Norvegicus (common, brown or Norway rat);
- Rattus Rattus (ship or black rat);
- Mus domesticus (house mouse);
- Grey Squirrels;
- Rabbits;
- Foxes;
- Feral cats;
- Moles;

Birds including:

- Feral pigeons

6.0 Required Output and Deliverables

The Trust will require the provision of an efficient and effective service delivered in a timely manner resulting in but not limited to the following key outputs with regards to Communication Systems;

6.1 Response to requests as below;

Rodents	Attendance to site within **1 working day**
Bedbugs, cockroaches, fleas	Attendance to site within **2 working day**
Avian Wasps, foxes, squirrels, bees and others	Attendance to site within **5 working days**

6.2 The Contractor shall institute a system of written reports on all pest control site visits. These shall be dated and describe the extent of treatments undertaken. Only approved pesticides must be recommended, and used in accordance with the label instructions and conditions and the Control of Pesticides Regulations. The identity of all pesticides applied shall be recorded and the product name and COSHH number of the pesticides used (if applicable), together with any warnings/precautions to be undertaken by Customer's staff in relation to the pesticides applied/work carried out.

6.3 Reports shall be written at the survey stage and after each site visit. They may need to be supplemented by annotated maps, plans or sketches. The reports shall be clear, concise and complete. They shall contain a summary of what was found including the species involved the degree and extent of infestation and its significance, and possible origin. Comments on hygiene, proofing, structure, design and management practises as they affect pest infestation or control shall be included.

6.4 Customer requires a pest control service that would control, if not eradicate all pests from site, including the removal of dead creatures. Customer will look for the Contractor to use the most effective and humane methods possible and to remove animal corpses on discovery.

6.5 Tenderers must provide as part of tender submission their phased approach to achieving the above required outputs.

6.6 The overriding principle must be adherence to undertake the services, meeting with the satisfaction of the Trust authorised officer and the achievement of the Trust KPI's.

7 Sub-Contracting

7.1 Tenderers shall indicate within their tender proposal aspects of any part of the service that they intend to sub contract and/or employ a third part to fulfil this service.

7.2 The tenderers shall provide name(s), addresses(s) and contact details of all proposed sub-contractors and/or third parties.

7.3 The tenderers shall not sub-contract any part of the works to the communications systems without prior consent in writing from the Trust's authorised officer.

7.4 Where sub-contracting arrangements do exist, the tenderers shall arrange for all invoices to be coordinated with the Trust receiving invoices only from the main contractor.

8 Previous Experience

8.1 Please provide details of previous experience in the NHS including Mental Health and Secure Services and any other Public Sector body, in pest control services, in the last three years.

9 Management and Team Structure

Tenderers must provide details of any professional institutes/associations they are accredited with and advise conformance to all relevant Government legislation with regards to Pest Control Services.

10 NHS Requirements and Trust Policies

10.1 The Contractor will ensure Services are delivered in accordance with Trust Policies.

10.2 The Contractor will ensure their operational activities are documented in Method Statements incorporating risk assessments which minimise the impact on Trust activities, and such are made available to the Trust within 24 hours.

10.3 The Contractor will ensure their Services are delivered in accordance with these operational task based method statements.

11 Sustainability

All Contractors are asked to provide their Sustainability Policy outlining mechanisms for ensuring that processes in place are sustainable and designed to reduce Environmental, Economic and Social impact.

12 Contractors Personnel

The following are requirements for any employees working and entering Trust premises.

12.1 Alcohol - No alcohol is to be brought or consumed on site.

12.2 Radio Receivers - The use of radio receivers, cassette players and other audio equipment will not be permitted in or adjacent to occupied premises.

12.3 Tobacco - The Contractor shall not allow his employees to smoke tobacco on any of the Trust Sites

13 Site Procedures

The Contractor is to adhere to the following procedures when working on Site.

13.1 Every employee of the Contractor, or any sub contractor, who attends a Site should be appropriately dressed in overalls or the contractors uniform in the Contractor's colours with the name and/or logo of the Contractor clearly displayed.

13.2 All the Contractors employees must be clean and respectable in appearance and have the appropriate appearance and behaviour for working at a varied number of Sites: especially for those Sites where patients, mentally and physically handicapped persons, or members of the public may be in attendance.

13.3 All personnel attending any Site must carry an identity pass, stating the name and address of the company, the name of the employee and a passport size photograph of that employee. This identity pass must be produced when initially reporting to the Trust Authorised Officer or nominated person whether it is requested or not. Subsequently the identity pass must be produced when requested by any member of the participating Trust

13.4 On arrival at the Site, the Contractor's vehicle must be safely parked in an appropriately marked parking space. The vehicle should be locked and the keys retained by the Contractor's employee. The participating Trust will not accept liability for any damage or theft from vehicles parked at, or within the vicinity of, any NHS Trust Site. The Contractor should note that the trust does not operate car parks at all locations. The Contractor will be responsible for all parking charges and costs associated with the attendance by the Contractors Employees.

13.5 On leaving and arriving at the Trust Sites, for whatever reason, the Contractor must inform the Trusts Authorised Officer or their authorised representative. Where appropriate, the Contractor should also give an indication of the time and date of their return.

13.6 Where the Contractor is required to leave the Site, for whatever reason, and the repair/ work is incomplete, the Contractor will be held liable for leaving the area of repair safe, clean, tidy and secure.

14 Disclosure and Barring Service Checks (DBS)

It is a requirement of this Framework Agreement that all contractors' personnel who will visit any of the Trust Site will obtain a satisfactory 'Enhanced' certificate from the Disclosure and Barring Service, as required under section 122(2) the Police Act 1997.

15 Safety on Premises

Where Works are carried out on the Trusts premises the Contractor shall take all reasonable care to avoid damaging the property or contents and shall make good all damage which arises from the Works.

Where Works are carried out in, or adjacent to occupied premises the Contractor shall ensure that materials, plant and equipment etc., are not left in locations which may endanger or expose to risk the premises, its contents or occupants.

The Contractor shall not leave steps, ladders or other plant accessible for unauthorised persons to enter the site, the premises or any adjoining property.

16 Liabilty Insurance

The Contractor will provide details of Employers and Public Liability Insurance of at least £5,000,000.

Document 5a.7

Service specification – grounds and gardens maintenance

Tender for the supply of Hard and Soft FM services for East London NHS Foundation Trust properties located in Bedfordshire and Luton

TENDER 22112 - ELNFT/TENDER/15/338

1 Grounds and garden maintenance service requirements

1.1 Overview

This framework is to provide grounds and garden maintenance services to all trust sites which may include but is not limited to the following service activities:

1.1.1 Grounds maintenance eg. Clearing weeds, cutting grass etc
1.1.2 Installation of garden features eg. Raised beds etc
1.1.3 Cutting and pruning of hedges, bushes, trees and other like species
1.1.4 Laying of ground including grass, paving, slabs and other like materials
1.1.5 Repairs and installation of garden fences
1.1.6 Planting of flowers, plants and other shrubs
1.1.7 Advising on grounds and gardens related queries/questions such as tree preservation orders, ideal planting solutions, garden design and any other queries which may arise
1.1.8 Winter gritting and snow clearance

2 Required output and deliverables

2.1 The Contractor shall:

2.1.1 Provide the Trust with a comprehensive, technical and fully operational grounds and garden maintenance service.

2.1.2 Ensure that effective grounds and gardens maintenance measures are implemented that do not conflict with the Trust's provision of patient care, and Trust policies.

3 Bedfordshire and Luton Mental Health and Wellbeing Services Background and service locations

3.1 Bedfordshire and Luton Mental Health and Wellbeing Services provides a wide range of mental health and community and inpatient services to children, young people, adults of working age and older adults, to the Bedfordshire and Luton area. The Trust operates from approximately 33 community and inpatient sites and have 280 general and specialist inpatient beds.

3.2 Given the nature of the sites, security is paramount both for staff, service user and Supplier safety.

3.3 Grounds and Gardens maintenance under the framework could be requested to be carried out at any of the following service locations:

- Charter House, Alma Street, Luton LU1 2PL
- 105 London Road, Luton, LU1 3RG
- 54 Lewsey Road, Luton, LU4 0EP

- Luton & Central Beds MH Inpatient Unit 1, Ground Floor - Crystal Ward, Calnwood Road, Luton, LU4 0LX
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- Luton & Central Beds MH Inpatient Unit 2, Onyx Ward, Calnwood Road, Luton, LU4 0FB
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- Crombie House, 36 Hockliffe Street, Leighton Buzzard, LU7 8HE
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- Disability Resource Centre, Poynters House, Poynters Road, Dunstable, LU5 4TP
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- Grove Place, 24 Grove Place, Bedford, MK40 3JJ
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- The Poplars, Mayer Way, Houghton Regis, LU5 5BF
- Steppingley Hospital (Meadow Lodge only), Meadow Lodge, Ampthill Road, Steppingley, MK45 1AB
- The Crescent, 21 The Crescent, Bedford, MK40 3JJ

- The Coppice, 2 The Glades, Northampton Road, Bromham, Bedford, MK43 8HJ
- The Lawns, The Baulk, Biggleswade, SG18 0PT
- Townsend Court, Mayer Way, Houghton Regis, LU5 5BF
- Twinwoods, The Lodge, Milton Road, Clapham, Bedford, MK41 6AT
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- Whichellos Wharf – Cottage, The Elms, Stoke Road, Linslade, Leighton Buzzard, LU7 2TD
- 8 Kilgore Court, Leighton Buzzard.

3.4 At any time during the contract period a site may be added to the sites which require service or alternatively removed. Any additions or deletions will be fully communicated to the Contractor at least 4 weeks before the change takes place. Any amendment to the contract price shall be mutually agreed by both parties.

4 **Scope**

4.1 The Contractor will be responsible for providing with a comprehensive, technical and fully operational grounds and garden maintenance service including but not limited to the following:

- Carry out plant and landscaping maintenance.
- Cut grass every 2 weeks between April and October, all cuttings to be removed from site on completion of each cut.
- Inspect all plants and wOverater in accordance with their species requirements.
- Remove any damaged or dead leaves and carry out any formative pruning that is required.
- Attend to weeds in a timely manner and before they become unsightly.
- Feed all plants with a suitable fertilizer where necessary to ensure healthy growth.
- Treat car parks, paths, paviers and external areas as necessary with herbicides (weed killers) to prevent weed growth using procedures that conform to the relevant COSHH, health and safety regulations, Trust polices, NHS guidance and CQC guidance.
- Prune trees, to ensure ongoing stability of tree and to reduce the impact on the service operation and risk of damage to surrounding personnel, building fabric and the like from overhanging branches and leaves.
- Prune shrubs, to reduce the trapping of litter and other food sources for that might encourage vermin and pests.
- Remove any dead leaves, foliage, soil etc from the interior of the Estate.
- Treat all encountered pests and diseases using procedures that conform to the relevant COSHH, health and safety regulations, Trust polices, NHS guidance and CQC guidance.

- Where damaged repair garden fences.
- Install new garden fences as required and in agreement with the Authorised Officer.
- Replace plants that have failed due to a lack of effective maintenance service with a new equivalent specimen.
- Install garden features e.g. raised beds etc as required and agreed with the Authorised Officer.
- Planting of flowers, plants and other shrubs as required and in agreement with the Authorised Officer.
- Lay ground covering such as grass, paving, slabs and other like materials as required and in agreement with the Authorised Officer.
- To carry out winter gritting and snow clearance duties including, preventative gritting, reactive gritting and reactive snow clearance.
- To provide a reactive service for the making safe and or removal of trees and or branches that following adverse weather are deemed a hazard to people or property.
- Appoint a resource to monitor all aspects of service delivery to ensure that standards are maintained to the Authorised Officers satisfaction.
- Visit the Site within 24 hours of any complaint being received by the Service Provider with the objective of rectify the problem swiftly and to the Authorised officers satisfaction.

4.2 It will be the Contractor's responsibility to prepare a programme for the agreement of the Authorised Officer, for the delivery of the grounds and gardens maintenance service.

4.3 Only adequately trained personnel may use pesticides and herbicides or make decisions about how they are used. Selection of the appropriate pesticide and or herbicide is the Contractor's responsibility. All pesticides and herbicides must be used in accordance with procedures that conform to the relevant COSHH, health and safety regulations, Trust polices, NHS guidance and CQC guidance.

4.4 The Contractor must make every effort to use Environmentally Preferable materials and equipment if available, provided that their efficacy is adequate for the purpose for which they are intended.

4.5 The Contractor shall provide all materials and equipment associated with the grounds and gardens maintenance service. No material or equipment associated with this service is allowed to be stored at any of Trust premises.

5 **Winter Gritting and Snow Clearance**

5.1 The Contractor will provide a winter gritting and snow clearance service as follows:

5.1.1 The Contractor will carry out preventative winter gritting treatments as required. The treatments will be instigated by Met Office forecast data and in agreement with or at the request of the Authorised Officer.

5.1.2 At the start of the contract the contractor will agree with the Authorised Officer a site gritting plan for each of the service locations. The Contractor will be responsible for reviewing the effectiveness of the gritting plan following cold adverse weather and will agree any changes with the Authorised Officer.

5.1.3 As a minimum the Contractor will salt / grit road ways, footpaths, car parks and delivery areas associated with each of the service locations.

5.1.4 The Contractor will provide a reactive service for additional gritting and salting requirements. The additional service will be requested by the Authorised Officer. At the end of the cold adverse weather period the Contractor will review the additional gritting and salting reactive requests with the Authorised Officer and will update the site gritting plans accordingly. Where the review highlights that the additional gritting was required do to the location of an item for which the Trust is responsible e.g. rain water down pipe, trees etc. The Contractor will review options for modifying the item with the Authorised Officer to prevent future occurrences.

5.1.5 The Contractor will provide a reactive snow clearance service in the event of prolonged and heavy snowfall that prevents staff and patients accessing the Trust services. Generally the snow clearance service will be carried out by the Contractors staff using hand tools.

5.2 Where the Contractor causes damage to the surfaces in carrying out the winter gritting and snow clearance service, the Contractor will repair and reinstate the surface to the satisfaction of the Authorised Officer.

6.0 Response to requests

In respect of the grounds and garden maintenance service the contractor shall respond to requests as follows:

Urgent request e.g. Unsafe tree or branch, snow clearance, additional gritting to essential access route.	Attendance to site within **2 hours**
Request e.g. additional preventative gritting.	Attendance to site within **1 working day**
New requirement	Quote within **2 working days** Attendance within **5 working days** from acceptance of quote.

7 Sub-Contracting

7.1 Tenderers shall indicate within their tender proposal aspects of any part of the service that they intend to sub contract and/or employ a third part to fulfil this service.

7.2 The tenderers shall provide name(s), addresses(s) and contact details of all proposed sub contracted suppliers and/or third parties.

7.3 The tenderers shall not sub-contract any part of the works to the grounds and gardens maintenance service without prior consent in writing from the Trust's authorised officer.

7.4 Where sub-contracting arrangements do exist, the tenderers shall arrange for all invoices to be coordinated with the Trust receiving invoices only from the Contractor.

8 Previous Experience

8.1 Please provide details of previous experience in the NHS including Mental Health and Secure Services and any other Public Sector body, in grounds and gardens maintenance services, in the last three years.

9 Management and Team Structure

The Contractor must provide details of any professional institutes/associations they are accredited with and advise conformance to all relevant Government legislation with regards to grounds and gardens maintenance services.

10 NHS Requirements and Trust Policies

10.1 The Contractor will ensure Services are delivered in accordance with Trust Policies, NHS guidance and CQC guidance.

10.2 The Contractor will ensure their operational activities are documented in Method Statements incorporating risk assessments which minimise the impact on Trust activities, and such are made available to the Trust within 24 hours.

10.3 The Contractor will ensure their Services are delivered in accordance with these operational task based method statements.

11 Sustainability

All Contractors are asked to provide their Sustainability Policy outlining mechanisms for ensuring that processes in place are sustainable and designed to reduce Environmental, Economic and Social impact.

12 Contractors Personnel

The following are requirements for any employees working and entering Trust premises.

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12.3 Tobacco - The Contractor shall not allow his employees to smoke tobacco on any of the Trust Sites

13 Site Procedures

The Contractor is to adhere to the following procedures when working on Site.

13.1 Every employee of the Contractor, or any sub-contractor, who attends a Site should be appropriately dressed in overalls or the contractors uniform in the Contractor's colours with the name and/or logo of the Contractor clearly displayed.

13.2 All the Contractors employees must be clean and respectable in appearance and have the appropriate appearance and behaviour for working at a varied number of Sites: especially for those Sites where patients, mentally and physically handicapped persons, or members of the public may be in attendance.

13.3 All personnel attending any Site must carry an identity pass, stating the name and address of the company, the name of the employee and a passport size photograph of that employee. This identity pass must be produced when initially reporting to the Trust Authorised Officer or nominated person whether it is requested or not. Subsequently the identity pass must be produced when requested by any member of the participating Trust

13.4 On arrival at the Site, the Contractor's vehicle must be safely parked in an appropriately marked parking space. The vehicle should be locked and the keys retained by the Contractor's employee. The participating Trust will not accept liability for any damage or theft from vehicles parked at, or within the vicinity of, any NHS Trust Site. The Contractor should note that the trust does not operate car parks at all locations. The Contractor will be responsible for all parking charges and costs associated with the attendance by the Contractors Employees.

13.5 On leaving and arriving at the Trust Sites, for whatever reason, the Contractor must inform the Trusts Authorised Officer or their authorised representative. Where appropriate, the Contractor should also give an indication of the time and date of their return.

13.6 Where the Contractor is required to leave the Site, for whatever reason, and the repair/ work is incomplete, the Contractor will be held liable for leaving the area of repair safe, clean, tidy and secure.

13.7 Where grounds and garden maintenance services are carried out in or adjacent to occupied premises, the Contractor will agree a safe method of working with the Trust Authorised Officer before commencing work.

13.8 The Contractor will notify in writing the occupants of the site or the person in charge of the occupants or users of the premises on which grounds and garden maintenance services are in progress or about to be carried out, all restrictions guidance or other precautions which are desirable or necessary for the safety of all persons occupying or using the premises in consequence of the grounds and garden maintenance services. The Contractor will provide all barriers and warning notices required for that purpose and shall make effective arrangements for the occupant or person in charge to consult and communicate with the Contractor throughout the duration of the grounds and garden maintenance services, on the effects and nature of such precautions.

13.9 The Contractor will exercise care when entering and leaving the site, and shall take all adequate precautions to safeguard the occupants and general public from injury as a consequence of the grounds and garden maintenance services.

13.10 The Supplier shall confine to as small an area as practicable any work which may affect the surface of the site and reinstate the site after the grounds and garden maintenance services are completed.

13.11 The cost of making good such loss or damage shall be wholly borne by the Supplier

14 Disclosure and Barring Service Checks (DBS)

It is a requirement of this Framework Agreement that all contractors' personnel who will visit any of the Trust Site will obtain a satisfactory 'Standard' certificate from the Disclosure and Barring Service, as required under section 122(2) the Police Act 1997.

15 Safety on Premises

15.1 Where Works are carried out on the Trusts premises the Contractor shall take all reasonable care to avoid damaging the property or contents and shall make good all damage which arises from the Works.

15.2 Where Works are carried out in, or adjacent to occupied premises the Contractor shall ensure that materials, plant and equipment etc., are not left in locations which may endanger or expose to risk the premises, its contents or occupants.

15.3 The Contractor shall not leave steps, ladders or other plant accessible for unauthorised persons to enter the site, the premises or any adjoining property.

16 Waste disposal

The Supplier shall comply with the Environmental Protection Act 1990 and exercise the duty of care required under Section 34. In addition the Supplier shall comply, as appropriate, with the Control of Pollution (Amendments) Act 1989 and the Controlled Waste (Regulations of Carriers and Seizure of Vehicles) Regulations 1991.

17 Out of hours call out service

17.1 The Contractor must provide and maintain unless otherwise agreed with the Authorised Officer an out of hour's emergency service to avoid danger to the health and safety of building users and the public, or services damage to buildings and other structures. The service must be provided 24 hours each day including weekends and during all holiday periods. A static landline telephone number may be provided for this purpose.

17.2 The telephone must be manned and must not be an answering machine.

18 Contingency

18.1 The Supplier is to provide contingency plans/policies in the event of the following:

- Fuel shortages.
- Vehicle breakdown/accidents.
- Staffing losses.
- Adverse weather conditions.
- Major incident or event.

Document 5a.9

Service specification – Porter and Courier

Tender for the supply of Hard and Soft FM services for East London NHS Foundation Trust properties located in Bedfordshire and Luton

TENDER 22112 - ELNFT/TENDER/15/338

1 Porter and Courier service requirements

1.1 Overview

This framework is to provide a Porter and Courier service to all trust sites which may include but is not limited to the following service activities:

1.1.1 Transportation of medical records, specimens, medical supplies, miscellaneous items, moving of equipment and office furniture to specified locations.
1.1.2 Collection and delivery of mail within specified routes.
1.1.3 Daily collection of medicines from ELFT Central Pharmacy at Mile end Hospital London E1 and distribution to Pharmacy hubs in Luton and Bedfordshire.

2 Required output and deliverables

2.1 The Contractor shall provide a porter and courier service to deliver the following:

2.1.1. Provide the Trust with a comprehensive, technical and fully managed porter and courier service.
2.1.2 Ensure that effective porter and courier service measures are implemented that do not conflict with the Trust's provision of patient care, and Trust policies.
2.1.3 The porter and courier service shall be provided to all areas of the service locations as agreed with the Authorised Officer.

3 Bedfordshire and Luton Mental Health and Wellbeing Services Background and service locations

3.1 Bedfordshire and Luton Mental Health and Wellbeing Services provides a wide range of mental health and community and inpatient services to children, young people, Adults of working age and older adults, to the Bedfordshire and Luton area. The Trust operates from approximately 33 community and inpatient sites and have 280 general and specialist inpatient beds.

3.2 Due to the Nature of our occupants and Service Users, security is paramount both for staff, service user and Contractor safety.

3.3 Porter and courier services under the framework could be requested to be carried out at any of the following service locations:

- Charter House, Alma Street, Luton LU1 2PL
- 105 London Road, Luton, LU1 3RG
- 54 Lewsey Road, Luton, LU4 0EP
- Luton & Central Beds MH Inpatient Unit 1, Ground Floor - Crystal Ward, Calnwood Road, Luton, LU4 0LX
- Luton & Central Beds MH Inpatient Unit 1, First Floor - Outpatients etc., Calnwood Road, Luton, LU4 0LX
- Luton & Central Beds MH Inpatient Unit 2, Robin Pinto Unit, Calnwood Road, Luton, LU4 0FB
- Luton & Central Beds MH Inpatient Unit 2, Admin Block, Calnwood Road, Luton, LU4 0FB
- Luton & Central Beds MH Inpatient Unit 2, Multi Purpose Hall, Calnwood Road, Luton, LU4 0FB
- Luton & Central Beds MH Inpatient Unit 2, Onyx Ward, Calnwood Road, Luton, LU4 0FB
- Luton & Central Beds MH Inpatient Unit 2, ECT Suite and Pharmacy, Calnwood Road, Luton, LU4 0FB
- Luton & Central Beds MH Inpatient Unit 3, Coral Ward, Calnwood Road, Luton, LU4 0DZ
- Luton & Central Beds MH Inpatient Unit 3, Jade ward, Calnwood Road, Luton, LU4 0DZ
- Oakley Court, Angel Close, Luton, LU4 9WT
- 35 Alexandra Road, Bedford, MK40 1JB
- 67 High Street North, Dunstable, LU6 1JD
- Barford Ave, 29 Barford Ave, Bedford, MK42 0DS
- Beacon House, 5 Regent Street, Dunstable, LU6 1LR
- Beech Close Resource Centre, 5 Beech Close, Dunstable, LU6 3SD
- Biggleswade Hospital (Spring House only), Spring House, Potton Road, Biggleswade, SG18 0EL
- Cedar House, Bedford Health Village, 3 Kimbolton Road, Bedford, MK40 2NT
- Crombie House, 36 Hockliffe Street, Leighton Buzzard, LU7 8HE
- Day Resource Centre, Bedford Health Village, Bedford, MK40 2NU
- Disability Resource Centre, Poynters House, Poynters Road, Dunstable, LU5 4TP
- EMPOWA, 3 Woburn Road, Bedford, MK40 1EG
- Florence Ball House, Bedford Health Village, 3 Kimbolton Road, Bedford, MK40 2NT
- Fountains Court, Bedford Health Village, 3 Kimbolton Road, Bedford, MK40 2NT
- Grove Place, 24 Grove Place, Bedford, MK40 3JJ
- Healthlink-Bromham Road, 26/28 Bromham Road, Bedford, MK40 2QD
- Rush Court 5-7 & 9, 5-9 Rush Court, Off Grove Place, Bedford, MK42 3JT
- The Poplars, Mayer Way, Houghton Regis, LU5 5BF
- Steppingley Hospital (Meadow Lodge only), Meadow Lodge, Ampthill Road, Steppingley, MK45 1AB
- The Crescent, 21 The Crescent, Bedford, MK40 3JJ
- The Coppice, 2 The Glades, Northampton Road, Bromham, Bedford, MK43 8HJ
- The Lawns, The Baulk, Biggleswade, SG18 0PT
- Townsend Court, Mayer Way, Houghton Regis, LU5 5BF
- Twinwoods, The Lodge, Milton Road, Clapham, Bedford, MK41 6AT

- Twinwoods, Admin Block, Milton Road, Clapham, Bedford, MK41 6AT
- Twinwoods, Clinical Resource, Milton Road, Clapham, Bedford, MK41 6AT
- Twinwoods, Raymond Smith (Specialist Medical), Milton Road, Clapham, Bedford, MK41 6AT
- Twinwoods, Russell Block, Milton Road, Clapham, Bedford, MK41 6AT
- Twinwoods, Whitbread Centre, Milton Road, Clapham, Bedford, MK41 6AT
- Weller Wing, Bedford Hospital, Ampthill Road, Bedford, MK42 9DJ
- Whichellos Wharf, The Elms, Stoke Road, Linslade, Leighton Buzzard, LU7 2TD
- Whichellos Wharf – Cottage, The Elms, Stoke Road, Linslade, Leighton Buzzard, LU7 2TD
- 8 Kilgore Court, Leighton Buzzard.

3.4 At any time during the contract period a site may be added to the sites which require service or alternatively removed. Any additions or deletions shall be fully communicated to the Contractor at least 4 weeks before the change takes place. Any amendment to the contract price shall be mutually agreed by both parties.

4 Scope

4.1 The Contractor shall be responsible for providing the Trust with a comprehensive, technical and fully managed porter and courier service at the service locations agreed with the Authorised Officer including but not limited to the following:

- Transportation of medical records, specimens, medical supplies, miscellaneous items, moving of equipment and office furniture to specified locations in appropriate containers.
- All transportation and handling of the above shall be carried out in a safe manner in line with agreed protocols including Trust operating procedures, ADR (transportation of dangerous goods), HSC COSHH regulations, and local manual handling protocols.
- Collection and delivery of mail within specified routes and ensure compliance with the timetable and ensure that all mail / parcels are delivered in the correct way (according to weight, external or internal distribution).
- Driver routes. Collection frequencies and hours of service shall be agreed with the Authorised Officer within the first three months of the commencement date to ensure that there reflect operation requirements.
- Daily collection of medicines from ELFT Central Pharmacy at Mile end Hospital London E1 and distribution to Pharmacy hubs in Luton and Bedfordshire.

4.2 Service specification

4.2.1 Basic Principles of the Service

The Porter Service will be managed and supervised by the Contractor, but staff shall be reactive to the reasonable requests of Trust staff working at the locations receiving a Porter Service.

The Porter Service shall consist of a mixture of planned routine tasks, performed to a written schedule of work, and ad-hoc work, arising from requests made by Trust staff.

The Trust wishes to receive tender submissions which clearly and convincingly demonstrate that all labour time used in the provision of the Porter Service is used productively for the benefit of the Trust.

Staff engaged in Porter duties will be highly visible to service users, Trust staff, and visitors. Porter Staff shall therefore be smartly presented at all times, and shall receive training in customer care.

4.2.2 Hours of operation

The Contractor shall provide a porter and courier service seven days per week between the hours of 07:00 and 20:00.

As deemed necessary to full fill Contract requirements.

4.2.3 Routine Porter Duties

Scheduled routine Porter duties are required at each location identified as requiring one.

The Contractor shall provide a written work schedule for each location which defines the frequencies and times at which these tasks will be undertaken.

4.2.4 Litter Picking

The Contractor shall clear litter, including cigarette ends, from the grounds of the hospital, including entrance areas, on a daily basis. This shall also include the emptying of waste bins within the grounds and the periodic cleaning of the bins.

On occasions the Contractor will be required to clear away broken glass. This requirement is infrequent in nature.

For the avoidance of doubt the requirement for litter picking in this specification is not forming Cleaning duties.

4.2.5 Collection of Waste

The Contractor shall collect waste from disposal holds and transfer safely to the central collection point. The Contractor shall include a method statement detailing the method which will be used to ensure the separation and safe handling of the different waste streams.

- The Trust operates the following waste streams:
- Domestic Waste;
- Clinical Waste, including sharps bins and pharmaceutical waste;
- Offensive Waste;
- Cardboard for Recycling;
- Paper for Recycling;
- Other recyclables;

- Broken or redundant furniture, electrical equipment (the Contractor must ensure the relevant Trust Waste Disposal forms are completed where required;
- Confidential Waste.

This service shall be performed, as a minimum twice daily.

The Contractor shall ensure that waste consignment notes are collated and sent to the appropriate Trust Officer.

4.2.6 Collection of Used Linen

The Contractor shall collect used linen from disposal holds and transfer safely to the central collection point. The Contractor shall include a method statement detailing the method which will be used to ensure the separation and safe handling of the used linen.

This service shall be performed, as a minimum once a day.

4.2.7 Distribution of Clean Linen

The Contractor shall distribute clean linen from the designated collection point and deliver to wards and departments. Typically clean linen is distributed 3 days per week.

4.2.8 Receipt and Distribution of Goods

The Contractor shall be responsible for receiving the delivery of goods and equipment. The Contractor shall ensure all items delivered are checked, signed for and distributed to the purchaser of the goods.

The Contractor shall be responsible for the safe keeping of goods which have been delivered until they have been distributed. This will mean that goods are stored appropriately and handled with care. This shall also include goods which may have to be returned.

The Contractor shall ensure that all relevant paperwork associated with the delivery of goods is maintained, signed off and forwarded to the Authorised Officer in a timely manner.

For the avoidance of doubt this does not include the receipt of pharmacy but the Contractor will be expected to direct the delivery to the correct location.

The Contractor should include a detailed method statement for the receipt of goods.

4.2.9 Medical Gases

The Contractor shall be responsible for the distribution of medical gasses from the designated storage point to the receiver point and vice versa.

The Contractor shall be responsible for the tidiness of the medical gas storage area and to ensure the bottles are being stored appropriately.

For the avoidance of doubt the Contractor shall not be responsible for changing over or checking the gas bottles.

4.2.10 **Ad Hoc Portering Duties**

4.2.10.1 Receipt and Recording of Requests

It is required that the Contractor shall provide a single point of contact to receive requests for ad-hoc porter tasks.

As a minimum, it is required that this helpdesk will be manned between 07.00 and 20.00. It will be acceptable for the helpdesk to be switched to answerphone at other times.

All requests to the helpdesk will be logged, given a priority, and the times of receipt of request and completion of task recorded. For task requests received out of hours the time of receipt will be recorded as 07.00. (A summary of recorded requests will form part of the Monthly Report as detailed later in this section).

Ad-hoc duties may be required at any of the locations requiring a Porter Service.

4.2.10.2 Equipment and Furniture Movement

The Contractor will undertake any request for the transfer and relocation of heavy goods, furniture or equipment, at the instruction of the Authorised Officer

4.2.10.3 Specimen and Blood Collection

The Contractor will respond immediately to any reasonable request for the transfer of specimens and blood collections.

4.2.10.4 Office Relocations, Ward Moves and Decants

Office or departmental relocations will be pre-booked. At the discretion of the Authorised Officer, a ‘specialist contractor’, usually a removals company, may be employed by the Contractor to assist with or complete the relocation. The ‘specialist Contractor’ shall be arranged and managed by the Contractor in agreement with the Authorised Officer. Subject to the agreement of the Authorised Officer, which shall not unreasonably be withheld, the Trust will be responsible for payment of the ‘specialist Contractor’.

4.2.10.5 Major Incidents and Other Special Circumstances

In the event of a Major Incident causing a serious disruption of services, the Contractor’s staff shall assist in contingency arrangements as requested by the Authorised Officer. This may include the immediate evacuation of patients, visitors, staff and equipment and removal of water and debris, assisting in relocating departments, placing equipment in temporary storage, and other similar duties.

The Contractor will provide additional services and assistance as requested by the Authorised Officer where possible to meet the needs of emergency weather conditions,

incidents, special visits and events, and other occasions when Porter Services will be required. The Contractor will take part in any practice runs or table top exercises undertaken in respect of major incidents.

4.2.10.6 Porter Equipment Cleaning

The Contractor shall ensure that all porter equipment used by the porters are in a good state of cleanliness and repair at all times. The Contractor is expected to ensure there are designated colour coded equipment available to ensure separation of clean and dirty items.

4.2.10.7 Litter Picking

The Contractor will carry out litter picking responsibilities during quieter times of the day. It is expected that all porters will carry out this function during the course of the day as part of their normal duties. Additionally, the Contractor shall respond to requests for the clearance of any litter as requested.

4.2.10.8 Waste Compounds and Storage Areas

The Contractor will ensure that all waste compounds and storage areas used for the delivery of the service are kept clean and tidy at all times. The clinical and pharmacy waste bins will be secured at all times. All boxes for waste disposal will be broken down before being placed in recycling bins or cardboard balers. Any non-collections of waste by the waste contractor will be reported to the Authorised Officer.

The Contractor will ensure that waste compounds, where there are locks and padlocks, are used and kept secure at all times.

4.2.10.9 Other Duties

The Contractor will undertake any other reasonable porter type request made e.g. snow clearing. Should the Contractor believe that an unreasonable request has been made this should be reported to the Authorised Officer who will determine the reasonableness of the request.

The Contractor shall manage the Porter Service such that the most efficient use of resources is provided at all times.

Note: The Contractors are advised that the level of ad-hoc requests made is currently low.

4.2.10.10 Logging and Reporting of Requests

The Contractor shall respond to requests for porter duties, as described above in accordance with the following performance requirements:

Type	**Response time**
Emergency	5 minutes
Urgent	30 minutes
Routine	4 hours

Booked	Within 15 minutes of the time agreed at time of booking. Booked requests shall be made at least 48 hours before the performance of the task is required.

The response category will be defined by the person originating the request, acting reasonably. As a general guide, emergency requests will require a response to mitigate an immediate risk of death or injury or very serious damage to property. The Trust will make every reasonable effort to ensure that requesters act reasonably in categorising response types and do not wrongly categorise routine requests as “Urgent” or “Emergency”.

For the avoidance of doubt, the response time shall be defined as the time elapsing between receipt of request and the despatch of appropriate operatives to address the request. It is understood that for outlying sites travel time will be necessary.

Between 07.00 and 20.00, all requests will be made to the Helpdesk.

Between 20.00 and 07.00, Emergency and Urgent requests will be made to the Emergency Call Out number, and Routine requests shall be left on the Helpdesk answerphone. Such routine requests will be deemed to have been made at 07.00, and the permitted response time shall commence at 07.00.

4.3.1 **Staffing**

4.3.1.1 General

The Contractor shall carry out all Porter Services using competent staff with sufficient training to undertake the work effectively and safely.

All porter staff shall be presented in a clean and tidy manner, and shall wear the appropriate uniform or protective clothing and photographic name badge during their entire shift or duty. Tenderers should provide details of the uniforms which it proposes their staff will wear.

4.3.1.2 Training

The Contractor is to provide training for all staff to ensure the highest level of service is maintained at all times.

The Contractor shall ensure that all of its employees receive technical training in the performance of porter tasks.

The Contractor shall ensure that all staff attend fire lectures, conflict avoidance training, infection control training, safeguarding vulnerable adults and children training, information governance training provided by the Trust at the direction of the Authorised Officer. This training shall be provided without charge by the Trust. All other training shall be at the expense of the Contractor. For the avoidance of doubt it is expected that all staff will have at least a basic standard of literacy and numeracy upon appointment and that no specific training will be required to achieve this during employment.

For the avoidance of doubt there will be no additional charges incurred by the Trust to cover any associated costs of training such as providing cover for staff who are attending any training sessions, or providing training programmes provided directly by the Contractor. The Trust will not accept reduced staffing levels or poor performance caused by staff attending training sessions.

The Contractor shall further ensure that all relevant staff are trained in the following areas:

- PLACE criteria;
- Customer Care;
- Infection Control
- Contractual performance requirements;
- COSHH;
- Manual Handling;
- Health and Safety;

4.3.1.3 Technical Training

Safe Systems of Work

The Contractor shall conduct a formal written risk assessment of each porter task, (for example, collection of waste, distribution of bread and milk).

Using the mitigations put in place to reduce the risk of performance of the task, the Contractor shall produce a written Method Statement describing in detail the required performance of each task. This Method Statement will form the basis of a discrete training module for the performance of each task.

Staff shall be trained in the performance of each task that they are required to perform, using the written Method Statement. Staff will not be permitted to perform tasks until they have completed the training and there exists a written record of this training, which shall be dated, and which shall bear the signatures of both trainer and trainee.

4.3.1.4 Absence Cover

Absence of any kind shall be covered by the Contractor, with appropriately trained Staff with commensurate knowledge of the duties that they are to undertake.

4.3.1.5 Equipment and Materials

The Contractor shall be responsible for providing all equipment, which may include but not necessarily be limited to, vehicles, manual handling equipment, barrows, and tugs, required to undertake the porter service, with the exception of wheelchairs and oxygen cylinder trolleys which will be provided by the Trust.

The Contractor shall ensure that trolleys and cages are returned to the Functional Area that they are taken from and that they are situated in appropriate places to ensure an efficient service provision.

The Contractor shall provide all porters with mobile communication, which will be licensed by the Contractor and will be on a frequency agreed by the Trust.

Any materials required to provide the service will be provided by the Contractor.

4.4.1 Transportation and courier service

The Contractor shall ensure that all vehicles and drivers obey the relevant road traffic acts and guidance and as a minimum:

- All drivers shall hold a full driving licence for the class of vehicle they are driving.
- All drivers shall obey road traffic laws including speed limits, parking restrictions, and driving hours.
- All drivers shall comply with requests to stop from the police.
- All vehicles shall be suitable for the carriage of the goods or items in transit.
- All vehicles shall be kept clean.
- The driver shall secure the vehicle when unattended.
- The vehicle shall be in good condition and well maintained.
- The vehicles shall have current MOT test certificate for the vehicle type.
- The vehicles excise duty for the vehicle shall be current.
- The vehicles shall be fully insured. For the avoidance of doubt the Contractor shall be responsible for all loss and damages of Trust items from or by the vehicles.
- Drivers shall be physically fit to drive and shall not be under the influence of alcohol or drugs (prescription or otherwise).

The Contractor shall agree driver routes and collection times with the Authorised Officer. These shall be reviewed as required to meet the requirements of the Trust.

4.5.1 Emergency refresh of areas

The nature of the clinical services provided at the service locations means occasionally areas are damaged beyond repair by a patient, including damage to building fabric and fixtures and fittings.

Again due to the type of patient being treated there is a requirement for specialist equipment and furniture to be used. In particular the equipment will feature anti ligature components and designs.

The Trust recognises that these items are typically not available “off the shelf”. In order to continue to provide the service the Trust requires a capability to refresh an area in an emergency.

The Contractor shall provide an emergency refresh service for areas in the service locations as follows:

- The Contractor shall agree a minimum stock holding of fixtures and furniture not available “off the shelf” or by overnight courier. The stock holding shall be agreed with the Authorised Officer. The Contractor shall store the spare items in a secure location.

- When requested by the Authorised Officer the Contractor shall attend the location requiring emergency refresh and assess the items required to be replaced. The Contractor shall collect the fixture items from the secure location and install in the area requested.
- Where through the purchase and installation of spare parts on a long lead time will bring the equipment back up to a serviceable standard the Contractor shall obtain the spare parts and carry out the repair. Once the repair is completed the item shall be placed in the secure store ready for reissue.
- Where the item is beyond economic repair or part are no longer available the Contractor shall dispose of the item in accordance with the waste management procedures.
- The Contractor shall maintain and accurate inventory of all items and spares held in the secure area.
- The Contractor shall accurately record all resources both labour and materials used in the emergency refresh for later review by the Authorised Officer.
- There may be a requirement for other members of the Contractors team or other Trust Contractors to attend as part of the emergency refresh. The Contractors staff shall liaise and coordinate with the other Contractors as part of their duties in carrying out the emergency refresh.

4.5.1 **Records**

The Contractor shall maintain a system of records detailing the porter and courier service and the quantities and frequencies of tasks performed. The records shall include as a minimum:

- Porter task type, including duration and location.
- Category of linen items.
- Quantity of items laundered.
- Quantity of items delivered and their location.
- Details of new items supplied.
- Details of item repairs.
- Details of condemned items disposed of.

Any other information in relation to the provision of the laundry and linen service requested and agreed with the Authorised Officer.

5 Sub-Contracting

5.1 The Contractors shall indicate within their tender proposal aspects of any part of the service that they intend to sub contract and/or employ a third part to fulfil this service.

5.2 The Contractors shall provide name(s), addresses(s) and contact details of all proposed sub contracted Contractors and/or third parties.

5.3 The Contractors shall not sub-contract any part of the porter and courier service without prior consent in writing from the Trust's authorised officer.

5.4 Where sub-contracting arrangements do exist, the tenderers shall arrange for all invoices to be coordinated with the Trust receiving invoices only from the Contractor.

6 Previous Experience

6.1 Please provide details of previous experience in the NHS including Mental Health and Secure Services and any other Public Sector body, for the provision of porter and courier services, in the last three years.

7 Management and Team Structure

7.1 The Contractor must provide details of any professional institutes/associations they are accredited with and advise conformance to all relevant Government legislation with regards to porter and courier services.

8 NHS Requirements and Trust Policies

8.1 The Contractor shall ensure Services are delivered in accordance with Trust Policies, NHS guidance and CQC guidance.

8.2 The Contractor shall ensure their operational activities are documented in Method Statements incorporating risk assessments which minimise the impact on Trust activities, and such are made available to the Trust within 24 hours.

8.3 The Contractor shall ensure their Services are delivered in accordance with these operational task based method statements.

9 Sustainability

All Contractors are asked to provide their Sustainability Policy outlining mechanisms for ensuring that processes in place are sustainable and designed to reduce Environmental, Economic and Social impact.

10 Contractors Personnel

The following are requirements for any employees working and entering Trust premises.

10.1 Alcohol - No alcohol is to be brought or consumed on site.

10.2 Radio Receivers - The use of radio receivers, cassette players and other audio equipment shall not be permitted in or adjacent to occupied premises.

10.3 Tobacco - The Contractor shall not allow his employees to smoke tobacco on any of the Trust Sites

11 Site Procedures

The Contractor is to adhere to the following procedures when working on Site.

11.1 Every employee of the Contractor, or any sub-contractor, who attends a Site should be appropriately dressed in overalls or the contractors uniform in the Contractor's colours with the name and/or logo of the Contractor clearly displayed.

11.2 All the Contractors employees must be clean and respectable in appearance and have the appropriate appearance and behaviour for working at a varied number of Sites: especially for those Sites where patients, mentally and physically handicapped persons, or members of the public may be in attendance.

11.3 All personnel attending any Site must carry an identity pass, stating the name and address of the company, the name of the employee and a passport size photograph of that employee. This identity pass must be produced when initially reporting to the Trust Authorised Officer or nominated person whether it is requested or not. Subsequently the identity pass must be produced when requested by any member of the participating Trust.

11.4 On arrival at the Site, the Contractor's vehicle must be safely parked in an appropriately marked parking space. The vehicle should be locked and the keys retained by the Contractor's employee. The participating Trust shall not accept liability for any damage or theft from vehicles parked at, or within the vicinity of, any NHS Trust Site. The Contractor should note that the trust does not operate car parks at all locations. The Contractor shall be responsible for all parking charges and costs associated with the attendance by the Contractors Employees.

11.5 On leaving and arriving at the Trust Sites, for whatever reason, the Contractor must inform the Trusts Authorised Officer or their authorised representative. Where appropriate, the Contractor should also give an indication of the time and date of their return.

11.6 The Contractor shall exercise care when entering and leaving the site, and shall take all adequate precautions to safeguard the occupants and general public from injury as a consequence of the security services.

12 Disclosure and Barring Service Checks (DBS)

It is a requirement of this Framework Agreement that all contractors' personnel who shall visit any of the Trust Site shall obtain a satisfactory 'Enhanced' certificate from the Disclosure and Barring Service, as required under section 122(2) the Police Act 1997.

13 Safety on Premises

13.1 Where Works are carried out on the Trusts premises the Contractor shall take all reasonable care to avoid damaging the property or contents and shall make good all damage which arises from the Works.

13.2 Where Works are carried out in, or adjacent to occupied premises the Contractor shall ensure that materials, plant and equipment etc., are not left in locations which may endanger or expose to risk the premises, its contents or occupants.

13.3 The Contractor shall not leave steps, tools, equipment, materials other items accessible for unauthorised persons to tamper with. This shall be particularly important where anti- ligature procedures are in place at the service location.

14 Waste disposal

The Contractor shall comply with the Environmental Protection Act 1990 and exercise the duty of care required under Section 34. In addition the Contractor shall comply, as appropriate, with the Control of Pollution (Amendments) Act 1989 and the Controlled Waste (Regulations of Carriers and Seizure of Vehicles) Regulations 1991.

15 **Contingency**

The Contractor is to provide contingency plans/policies in the event of the following:

- Fuel shortages.
- Vehicle breakdown/accidents.
- Staffing losses.
- Adverse weather conditions.
- Major incident or event.