appg

For the UK Cleaning and Hygiene Industry

Embedding Effective Hygiene for a Resilient UK

This Report was researched by the British Cleaning Council, SC Johnson and The Royal Society of Public Health.

This is not an official publication of the House of Commons or the House of Lords. It has not been approved by either House or its committees. All-Party Parliamentary Groups are informal groups of Members of both Houses with a common interest in particular issues. The views expressed in this report are those of the group.

For the UK Cleaning and Hygiene Industry

The All-Party Parliamentary Group (APPG) for the Cleaning and Hygiene Industry was inaugurated in February 2021, with the support of a sizeable number of MPs from all the major political parties and members of The House of Lords.

The APPG's Chairman is Nigel Mills, MP for Amber Valley. The group exists to promote the critical importance of the cleaning and hygiene industry to the people of the United Kingdom.

The APPG is operated by the MPs and members of the House of Lords with the British Cleaning Council (BCC) acting in the role of secretariat and organising a significant number of steering groups in seeking to carry out the industry's clear, focused and much needed strategic aims.

The APPG was seen as a necessary body and vehicle for the industry given:

- The need for absolute recognition of the skills required in professional cleaning and hygiene.
- The requirement to recognise both the bravery and professionalism of cleaning and hygiene operatives who were in effect a UK frontline defence throughout the Covid-19 pandemic.
- Our strategy to have both Government involvement and recognition in future proofing the UK's hygiene requirements and changing the associated cultural and social acceptance needs.

For additional information, please email the APPG secretariat via Simon Hollingbery at compsec@britishcleaningcouncil.org

Embedding Effective Hygiene for a Resilient UK

CELEBRATING 40 YEARS 1982-2022
BRITISH CLEANING COUNCIL
bcc
YOUR INDUSTRY • YOUR VOICE

Established in 1982, the British Cleaning Council is the authoritative, collective voice of the UK's cleaning, hygiene and waste management industries.

The council's membership is made up of 21 trade and membership associations which all represent different industry sub-sectors. From contract cleaning to waste management, pest control to housekeeping, training providers to machine manufacturers, chemical suppliers to wheelie-bin washers – the BCC coordinates, campaigns and supports the affairs of the UK's entire commercial cleaning ecosystem.

The BCC produces regular research reports. Its 2022 research showed that the cleaning, hygiene and waste sector is one of the ten biggest industries in the UK, worth nearly £59bn and employing 1.47m.

It is also co-producer of The Cleaning Show, which is the sector's biggest and best trade show, and recently launched the We Clean, We Care campaign.

The BCC is the secretariat for the sector's APPG.

For more information, visit www.britishcleaningcouncil.org

The All-Party Parliamentary Group for the Cleaning and Hygiene Industry

Report of an Inquiry into 'Embedding Effective Hygiene for a Resilient UK'

Purpose of the Inquiry

Eighteen months after the initial outbreak of COVID-19 in the United Kingdom, nine months after the Government's 'Living with Covid' Plan was published, and as the formal national public Inquiry into COVID begins its preliminary work, the APPG felt it timely to conduct an inquiry into the role of cleaning and hygiene, and the associated challenges, during the pandemic. The Inquiry was established to examine what strengths and weaknesses in the national approach to cleaning and hygiene became evident during and beyond the pandemic, what lessons can be learnt and what changes might be made by various stakeholders to increase national resilience and preparedness against both any future pandemic event and the ongoing threat of common infections.

Format of the Inquiry

The Inquiry comprised three oral evidence sessions, each focused-on witnesses from one of three groups of stakeholders. These sessions were held on the following dates:

- September 6th: Public health stakeholders.

(the hearings were suspended during the mourning for the late Queen Elizabeth II)

- October 11th: Cleaning service contractors and suppliers and manufacturers of cleaning and hygiene products.

- October 18th: Owners and managers of venues used by the public and by workers.

Contributors

The full list of stakeholders who gave evidence was as follows:

Session 1

- Dr Lisa Ackerley - Director of Medical and Scientific Engagement, Hygiene, Reckitt; Trustee, RSPH
- Professor Jim McManus - Director of Public Health, Hertfordshire County Council; President, Association of Directors of Public Health

Session 2

- Dr. John Hines - Global Director of RD&E, SC Johnson Professional -
- Jim Melvin – Chairman, British Cleaning Council; CEO The Exclusive Services Group
- Paul Ashton – Chairman, Cleaning and Support Services Association; CEO Birkin Group Ltd
- Delia Cannings – Director, Environmental Excellence Training & Development
- Nicholas Parrish - Managing Director, Wightman and Parrish

Session 3

- Fredy Caballero – Facilities Manager, Leicester University
- Raymond Martin - Managing Director, British Toilet Association
- Sean Edwards - Director of Facilities, Havant, South Downs and Alton Campuses

Summary of evidence: Session 1

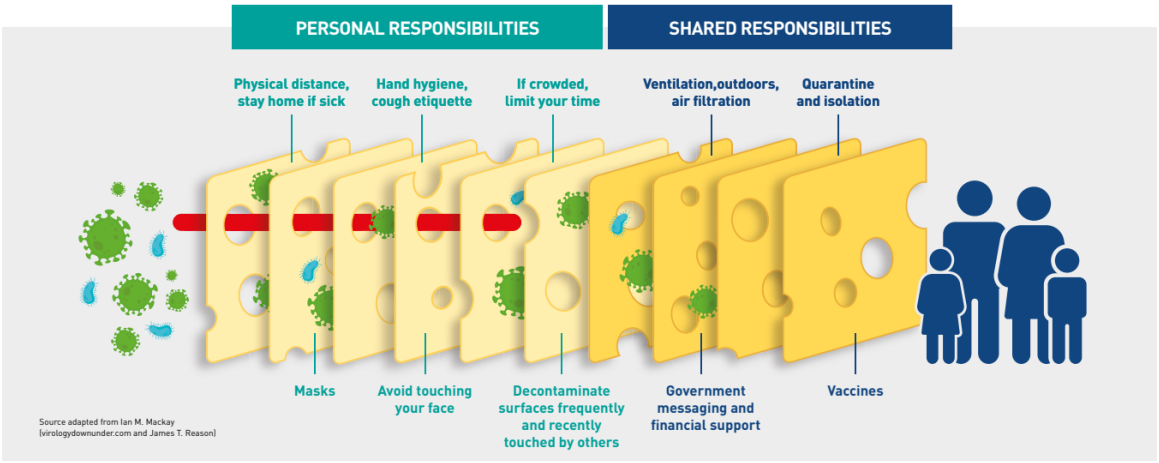
The Inquiry heard from public health professionals regarding the principles of preventing infection. Among the key points put forward by witnesses were that:

At the first inquiry, public health professionals shared their expertise, learnings, and experiences regarding the pandemic. This included how the SARS-CoV-2 virus is transmitted, the role of hygiene for public health and how/if the scientific community's understanding of viral transmission translated into effective COVID-19 hygiene measures. Witnesses also commented on the public health workforce's involvement in supporting local businesses and facilities in implementing such measures

The COVID-19 pathogen was largely transmitted through the air, but it is more common that pathogens are transmitted by hand-to-hand or surface-to-hand and thence via the face into the body. COVID-19 is spread when an infected person speaks, breathes, coughs, or sneezes, and releases droplets containing the virus into the air. These droplets can stay suspended in the air, meaning that the disease is airborne. However, these droplets can also land on surfaces, including hands and other objects like door handles. The virus is passed on when an uninfected person makes contact with these droplets, by either breathing them in or getting them on their hands and then touching their nose or mouth. These two routes of transmission also apply to other common diseases, such as influenza.

Hygiene is concerned with disrupting and minimising a person's contact with pathogens (the microbes that cause disease) and therefore breaking the chain of transmission. There are many measures which can be taken to disrupt the transmission of pathogens, both through the air and via surfaces. These include 'personal' responsibilities – surface decontamination at home, social distancing, the avoidance of face-touching, mask-wearing, cough/sneeze etiquette and practising hand hygiene – and 'shared' measures such as surface decontamination in common and public spaces, ventilation, vaccines, and the use of quarantine and self-isolation.

While each of these has value in reducing the transmission of pathogens, they are most effective when used in combination with each other in a co-ordinated approach to infection-prevention. This was summarised in the “Swiss Cheese” model, depicted below.



While the public and other responsible actors were keen to adopt these public health practices and behaviours during the initial COVID outbreak, many of the measures have been formally abandoned or informally downplayed, such that adoption has fallen. This drop may have other contributory causes, including: the ‘too clean’ hypothesis; (justified) questions over the effectiveness of some ‘hygiene theatre’ practices; ‘hygiene fatigue’; and concern over chemical use and sustainability issues. Further, while the public often incorrectly regard hygiene as synonymous with cleanliness, it is understandable the public expect a certain degree of visual cleanliness in public places to instil confidence that it is also hygienic.

This relaxation in many behaviours and procedures creates the prospect of an increased risk of transmission of COVID - which remains a significant threat - and of other air-and surface-borne pathogens such as influenza and norovirus, and so makes the retention and wide adoption of a selected but critical number of measures increasingly important.

Central to these is the ‘targeted hygiene’ approach. Targeted hygiene offers a risk-based methodology to minimising the risk of infection from many diseases by breaking the chain of infection in specified places, at specified moments and in specified ways (surface disinfection and hand hygiene, as appropriate). The International Scientific Forum on Home Hygiene (IFH) has codified the approach, defining a number of key ‘moments’ where it is critical to practice good hygiene at home. This approach is equally applicable and relevant in commercial premises, both those with public access and those with restricted users (e.g., schools, workplaces, etc.).

For targeted hygiene to work effectively, it requires two conditions to be in place: adequate ‘infrastructure’ to enable hand hygiene to be properly practised, and user understanding and willingness to comply. The first can be largely achieved through the provision of sufficient properly-situated and regularly-replenished places for sanitising hands - with water or by other means - throughout the premises. The second can be more challenging and may require the application of behavioural change theory to educate the public about the hazards, risks

and potential costs of infection, so as to heighten their motivation to practice effective hygiene behaviours.

These conditions can both be effectively achieved through the use of partnership working. Regarding the owners and managers of venues, good-practice can be shared though local business organisations such as Chambers of Commerce or other local and national business groupings, and by systematic cross-functional working within and between organisations, with public/environmental health, Health & Safety and general management actively collaborating in planning and implementation. In any such partnership, it is essential that the cleaning & hygiene sector – with their unique knowledge-bank and network - should be a principal partner. While such partnerships were formed, and overall worked well, during the COVID pandemic, it is important that they should be built upon for the longer term to achieve a state of structured preparedness and readiness which was not necessarily in place in March, 2020. A local authority Director of Public Health should take the lead in building these partnerships and structures in a defined area, in a collaborative, not didactic, fashion and should aim to build businesses' motivation and capability for the future.

To secure public understanding and buy-in, and achieve sustained compliance with good hygienic practice, the use of traditional and non-traditional behavioural science approaches may be required to secure attention and understanding and overcome 'hygiene fatigue' – which is a complex phenomenon which goes beyond boredom and rooted in inadequate understanding of risk and insufficient appreciation of hygiene's critical role. In communication, it is important to look beyond a strict 'rules-based' approach, which does not contribute to sustained knowledge and understanding, nor enables individuals to make informed and appropriate risk-assessments for themselves and modify their behaviour accordingly. Guidance which informs and empowers individuals to act in a responsible fashion, allowing them to assume accountability for decisions impacting their own health and that of others is more likely to result in enduring behaviour-change.

It was noted that targeted hygiene techniques, combined with the application of behaviour change theory, was used to safeguard participant well-being at the COP26 conference in Glasgow in 2021. It was further noted that the experience of COVID had resulted in fatigue among the public health workforce.

Summary of evidence: Session 2

The Inquiry heard from leading figures involved in the cleaning services industry and its suppliers. Key evidence points included:

The UK cleaning industry is worth around £59bn and employs 1.47 million people, making it a 'top 10' employer. 21% of its workers are migrant workers compared to an 18% UK average.

It was unacceptable that cleaning and hygiene operatives were not recognised as being key workers throughout the pandemic, despite performing a vital role in which they were arguably front-line workers: a symptom of a wider culture of lack of regard for the industry and its role. An example was that hospital machinery maintenance staff were classified as key workers, but cleaning operatives using that machinery were not. Similarly, it was reported

that the NHS Workforce plan covers all professions except hospital cleaners. The industry believes that this situation must change if it is to further establish and develop its position as a keystone of public health, both during pandemic situations and in its ongoing work. Similarly, there is a misperception that the industry is all about 'mops and buckets' when there has been a significant, demonstrable increase in continuous improvement and innovation involving the use of technology and sophisticated equipment – a trend which the pandemic accelerated. Recognition of this fact would assist the required step-change of the industry in the eyes of both the public and potential employees.

The industry suffered in the pandemic from a lack of engagement and direction from Government, though the various elements of timely financial support from Government during the pandemic was acknowledged and appreciated. It believes that Government should establish a preparedness team with industry to draw up a joint plan which defines the cleaning and hygiene requirements in all key functions in time of emergency, both in advance of and during any such emergency. The team should have regular discussions to ensure the plan remains current and be capable of defining at short-notice which products are required in any given emergency.

The industry also experienced significant difficulties during the pandemic in procuring the materials necessary to fully and properly perform its role. Protective 'ring-fencing' of supplies (including masks, PPE, sanitiser and other cleaning products), including by Government was an issue: much time was also lost on dealing with 'pop-up' product supply companies, which proved incapable of adequately resourcing the industry whilst charging exorbitant prices. Imports were often delayed and of poor quality. The Government-industry action plan should cover strategic procurement arrangements in which industry and government experts agree procurement needs, to avoiding unnecessary delays and waste of money.

Labour shortages hampered the ability of the industry to fully service the huge volume of work during the pandemic and continue to do so. The number of total job vacancies within the United Kingdom (according to ONS figures) for July to September 2022 was 1,246,000, which was 56.6% above the January to March 2020 pre-coronavirus (COVID-19) level. Vacancies in the UK cleaning industry have been estimated at 225,000. It was suggested that a short-term recruitment strategy, similar to that established for commercial drivers and, potentially, temporary changes to the Immigration Act were required to address this substantial shortfall in labour, which is causing shortfalls in cleanliness in key venues currently and could prove a very serious issue in the face of a public health crisis. A precedent for such an initiative had already been set by the Government, for example for poultry workers, fruit pickers and commercial drivers. It was a matter for regret that the industry's longstanding attempts to discuss this issue with the Home Office and BEIS for over two years had not met with a hearing. Industry representatives warned that failure to agree both a temporary fix and a future strategy to address the problem would lead to a reduction in standards, with a consequent impact on confidence among the public and in the commercial sector, in the cleaning and hygiene industry's ability to deliver.

Related to this, it was suggested that in order to improve recruitment and retention in the industry and to build esteem for its work within and outside the sector, it was important to look beyond the important issues of pay and workload to training and qualifications for

cleaning staff. A standard qualification for cleaning which recognises the increasing skill levels required and which incorporates the increased application of science and use of technology within the profession was advocated. Organisations should adequately budget for the training of their cleaning staff. Upskilling the workforce was seen as precondition for being better prepared for future pandemics. The industry felt strongly that its members had paid large sums through the Apprenticeship Levy without having seen any benefit from it, and that accreditation of the Apprenticeship Levy-funded industrywide training programme and apprenticeship by the Institute of Apprenticeships and Technical Education was now an essential component of a strategy to ensure a steady stream of properly qualified and trained people joining the industry over time.

The industry found the directness of the Government's "Hands, Face, Space" messaging helpful in initial engagement with clients, but were frustrated by the lack of any specificity behind it: leaving clients lacking any central guidance and information to determine their own cleaning requirements. This, along with diverse budgetary situations, led to sharp differences in cleaning and hygiene practice between neighbouring, similar types of establishments at a time when consistent, high standards should have simplified provision and increased protection against infection.

It was felt that a clear and comprehensive definition of standardised hygiene practice, setting high, core standards that have to be delivered would provide consistency and clarity both for clients and contractors and would raise the bar for cleanliness and hygiene in institutional venues. Such hygiene standards are embedded in policy for healthcare settings, to instil public and user confidence, but not for workplaces, including schools, nor for other public facilities such as transport hubs. A set of simple minimum standards should be co-designed by relevant authorities (e.g., OFSTED, HSE) with the user-sectors. These would be enabling rather than prescriptive, short not exhaustive, and would be interpreted in detailed policy and practice by each venue according to its particular needs, incorporated in their existing Health & Safety procedures and practice and be open to inspection by regulators in the same way.

The cleaning products supply industry noted that, while initial outreach from Government had been both rapid and supportive, and the introduction of certain derogations helpful, the sudden and extremely large spike in demand for cleaning and sanitisation products which the COVID-19 pandemic created was logistically problematic to service, particularly in the short-term. Capacity did increase in both the established supply chain and among new 'pop-up' suppliers, fostered by temporary derogations. However, not all new small players produced satisfactory products in readily usable formats, and the majority have now ceased production: hence the enduring value of the derogations in fostering innovation or adding capacity against any future pandemic event is likely to be limited. Looking forward, an increased understanding by Government of the way in which the institutional hygiene infrastructure supply chain and its specialist, skilled workforce operates and its requirements is necessary to plan properly for future events.

The sector also noted that, as Government-led messaging on the importance of hand-hygiene had diminished in volume, so adherence to the practice had reduced and hence demand had fallen. It was unfortunate that the importance of hand-hygiene had become so strongly associated with the pandemic when it had enduring value beyond that event. This drop in

usage has inevitably led to a reduction in manufacturing capacity by manufacturers, with a consequent limiting effect on the industry's ability to 'gear-up' again in any future crisis. It should be possible to take a long-term view and retain a defined, non-maximal but adequate level of retained potential capacity in the industry against a future major pandemic outbreak.

It was suggested that workers in the cleaning products supply industry, and those who maintain the machines on which they rely, should also be regarded as key or frontline workers in any future pandemic, as their efforts are essential to helping ensure that places and spaces are kept clean and hygienic and so available for use by others performing vital service roles.

The suggestion was made that the freedoms allowed by BREXIT might allow more flexible regulation relating to biocide products, in particular facilitating better communication with end users to inform them which products are most effective against which viruses and pathogens, to maximise the effectiveness of interventions.

The issue of the degree to which the UK is dependent on overseas suppliers for the supply of products was raised as a concern, particularly in the event of an international pandemic which may have the effect of closing down such suppliers or severely restricting transport across borders. The potential usefulness of creating stockpiles of sufficient, in-date quantities of quality products whose usefulness is wide in scope was recognised. Such planning could form part of the joint industry-Government planning approach referred to above.

Summary of evidence: Session 3

Session three heard from front-line facilities managers in the Higher and Further Education sectors and the public sanitation sector regarding their experience of managing during the pandemic.

It was noted that while much **college** learning was undertaken remotely during the COVID pandemic period, in-person attendance was needed by the vulnerable and that certain facilities had to be maintained by staff, such that buildings had to be kept open and clean and hygienic at all times.

The experience of receiving Government advice on cleaning and hygiene was that while advice was issued initially and then updated; the updates were frequent but often delayed, short on detail (and so requiring interpretation), reactive and sometimes contradictory (e.g., when the focus switched from surface transmission to air). Advice did not always take account of the nature of some educational establishments with returning student-groups being mobile and the make-up of various class groups changing within the day. Interpretation and improvisation were required. Colleges, working with their contractors, developed their own standards and systems and provided users with reassurance that the standards were being maintained through visual compliance signage.

Supplies were often hard to procure, in the face of the prioritisation of the NHS, which had created difficulties, with buildings having to be closed due to an inability to clean them properly. 'Fogging' devices had been employed particularly in large communal areas, though without any clear view as to their effectiveness.

In colleges, the awareness of the importance of cleaning & hygiene, and of the threat posed to operations by infectious diseases other than COVID has increased among both staff and students, but there is still no specific advice as to what standards to achieve and what procedures to follow so as to assure good practice: it is still being left up to individual venues and their contractors to define what is done. It was felt that an increased emphasis on training of cleaning staff should be a priority as the expectations of them have been raised permanently by the experience of the pandemic, and as their job becomes increasingly skilled and technical.

No specific advice or resources were provided in respect of **public conveniences**, which are clearly a much-used facility which, by their often-compact size and their intrinsic nature, pose a high risk of potential infection. A widespread initial reaction was simply to close the facilities, which contradicted advice on frequent handwashing. It was left to the trade association to develop and suggest practical solutions for bringing toilets back into use in a controlled and safe fashion and to attempt to co-ordinate and maintain information on facilities' availability.

Lack of clarity on the requirements for toilet cleaning, together with lack of training resulted in cleaners becoming over-burdened and consequently leaving the profession or moving to alternative tasks – leading to toilets becoming closed or restricted, with queues developing, again contradicting Government policy on 'Space', and unsanitary behaviour occurring away from toilets. The specific recruitment issue continues today.

It was felt that the COVID pandemic experience had created a heightened awareness among toilet cleaners and users alike of the need that all aspects of the premises should be clean and hygienic. It was felt that some central standards setting out the required standard of cleanliness would assist consistency and user confidence. The importance of being able to provide a visual signal that standards were in place and maintained - a 'tick, 'star' or numerical index rating - was discussed.

Discussion & Recommendations

The Inquiry was given extra relevance by warnings from senior scientists while it proceeded. On 4 October, Professor John Bell, Regius Professor of Medicine at the University of Oxford and a member of the UK's Covid vaccine task force during the pandemic, said that the UK has "dangerous gaps" in its health security, that "pandemic planning has fallen down the priority list" and that "the health system wouldn't stand up to" a new outbreak of a virulent virus. Similarly, on 8 October, Professor Susan Michie, Director of the Centre for Behaviour Change at University College London and a member of SAGE, expressed her regret that the Government had done "absolutely nothing with" the report it commissioned from the Scientific Pandemic Insights Group on Behaviours, which had recommended in August 2021 that there should be a "co-ordinated programme" to embed "'Covid-safe' behaviours into people's everyday routines", requiring a mix of "Education, regulation, communications, and social marketing, and provision of resources".

It was clear from the comments of many witnesses that in many aspects, the response by the cleaning and hygiene sector to the considerable expectations placed upon it during the

pandemic had been admirable and that, without the dedication and commitment from organisations and individuals across the sector, the course of the pandemic would have been significantly adversely affected. The situation was unprecedented in scope and scale, and it is only to be expected that, among the successes, failings and weaknesses would be exposed by the strains and stresses it had placed on people and businesses. It was similarly an unprecedented challenge for Government, and it was noted that in a number of ways, Government and its various arms were as supportive and helpful as possible under the unique circumstances prevailing. However, there are many learnings that can be drawn from the COVID experience which can be used to better-prepare for any future pandemic, to ensure that the outcomes, in every respect are more positive. These learnings are wide: this report confines itself to those impacting the cleaning and hygiene sector; from the manufacture of products and equipment through to the front-line operative. There are recommendations for the industry, for Government and regulators and those which concern the interface between them.

The APPG felt that the recommendations arising from the Inquiry could usefully be grouped into two categories: those addressing immediate issues of pandemic preparedness and those designed to bolster resilience in the longer-term:

SUMMARY OF RECOMMENDATIONS

Preparedness Issues

1. **A joint Government-industry preparedness team should be established to draw up a plan which defines how cleaning and hygiene requirements will be resourced and implemented in all key locations in time of emergency.**

2. **Based upon the plan, minimum levels of the cleaning materials and equipment most commonly called upon in emergencies should be defined by both sectoral user and supplier, and their on-call availability ensured.**

3. **Government and the cleaning product supply industry should investigate the feasibility and logistics of ensuring that capacity to facilitate increased production in the event of a pandemic can be made readily available**

4. **It should be agreed that in the event of any future pandemic, Key Frontline Worker status must be bestowed upon commercial cleaning and hygiene operatives working in defined key venues and also upon personnel in the cleaning products production and supply sectors.**

5. **Urgent consideration must be given to making cleaning staff eligible for the Skilled Worker Visa scheme.**

Resilience issues

6. **A defined set of high-level minimum standards for the provision of hand- and other hygiene infrastructure and of the depth and frequency of cleaning of diverse venue-types during non-pandemic/emergency situations should be agreed in collaboration between Government/regulators and the cleaning and building-management industries.**

7. **A standard qualification for cleaning should be developed within the Apprenticeship Levy, to improve the quantity, quality and career prospects of people entering the cleaning industry.**

8. **Training budgets for cleaning staff within both public and private enterprises should be adequate to keep the workforce refreshed and updated with the skills and techniques to properly perform their roles.**

9. **Government communications to the public and to venue owners on the issue of hygienic practice and behaviour in times of pandemic or other emergency should be clear, consistent, sustained, timely, relevant and specific.**

10. **Government-led communication campaigns based on behavioural science techniques should be deployed to widen and deepen public understanding of hygiene and establish a norm of adopting hygienic behaviour as part of everyday life.**

11. **The Government should actively endorse and support the cleaning and hygiene industry in communicating widely to promote a realignment in societal perceptions of the cleaning and hygiene industry.**

FULL RECOMMENDATIONS

Preparedness Issues

12. **A joint Government-industry preparedness team should be established to draw up a plan which defines how cleaning and hygiene requirements will be resourced and implemented in all key locations in time of emergency.** The team should include experts from all parts of the cleaning services and cleaning products supply industry. The plan should be drawn up in advance and adapted as necessary, both at regular intervals and at any situation's outset and must be structured so as to be capable of defining at short notice which specific service levels and products are required in which venues in any given emergency circumstances.

13. **Based upon the plan, minimum levels of the cleaning materials and equipment most commonly called upon in emergencies, should be defined, by both sectoral user and supplier.** Arrangements should be made for users and/or suppliers to maintain adequate 'stockpiles' or guarantee 'confirmed short call availability' of these products, to be maintained on a geographical and sectoral basis, with a plan for distribution and allocation. The arrangements should ensure that there are no immediate or short-term shortages for key venues and operators in the event of future pandemics. The profile of the stockpiles' content may change over time as needed, on the advice of the national preparedness team.

14. **Government and the cleaning product supply industry should investigate the feasibility and logistics of ensuring that capacity to facilitate increased production in the event of a pandemic can be made readily available** from established and accredited suppliers, with a strong preference for a domestic production base and production-input supply chain. Records should be kept locally and nationally as to the availability of stock on a 'short call order' basis to ensure current and projected availability on an immediate or shortened timescale

15. **It should be agreed that in the event of any future pandemic, Key Frontline Worker status must be bestowed upon commercial cleaning and hygiene operatives working in defined key venues and also upon personnel in the cleaning products production and supply sectors** to enable them to fulfil their roles without hindrance and to qualify for priority protective equipment where relevant. As these staff make key buildings and operations safe for all other Key Workers to go about their essential tasks, there is an unanswerable logic to such a step.

16. **Urgent consideration must be given to making cleaning staff eligible for the Skilled Worker Visa scheme,** to address the acute shortage of labour in the industry, which hampers its ability to undertake its regular responsibilities, let alone those a pandemic would bring. The current and projected lack of cleaning staff is an urgent situation which must be immediately addressed, for which the Immigration Act allows in the face of market pressures, and for which a precedent has already been set for certain other occupations.

Resilience issues

17. **A defined set of high-level minimum standards for the provision of hand- and other hygiene infrastructure and of the depth and frequency of cleaning of diverse venue-types during non-pandemic/emergency situations should be agreed in collaboration between Government/regulators and the cleaning and building-management industries.** These should be based upon the concept of 'Targeted Hygiene', broad in nature and suitable for interpretation into appropriate standards for differing venue-types. They should cover both 'hardware' (the provision of hygiene infrastructure) and 'software' (the cleaning regimes and practices deployed). The standards and guidance

on these standards' application should be widely promoted. The implementation of the standards should be regarded as a health-and-safety issue directly concerning the welfare of the employees in any given venue. Venues' plans to implement the standards and the degree to which those plans are being adhered to should be a matter for inspection by the relevant regulatory authority, e.g., the HSE; OFSTED; CQC etc. Compliance with the standards should form the basis for accreditation of venues as 'hygiene-safe spaces' on an SIA/Corgi type basis as a means of ensuring that both the public and the commercial sectors understand the importance of maintaining standards of hygiene.

18. **A standard qualification for cleaning should be developed within the Apprenticeship Levy, to improve the quantity, quality and career prospects of people entering the cleaning industry.** This accreditation would recognise the increasing skill levels required given the increased application of science and use of technology within the profession. The qualification would be fully accredited by the Institute of Apprenticeships and Technical Education and along with 'Cleanstart' from The Cleaning & Support Services Association and the Chartered Practitioners Register of The Worshipful Company of Environmental Cleaners, offer a whole-career process providing the basis for structured apprenticeships and continuous improvement programme within the industry. Such a qualification would provide employers of cleaning staff with badly-needed clear criteria for adjudging the suitability of candidates when recruiting.

19. **Training budgets for cleaning staff within both public and private enterprises should be adequate to keep the workforce refreshed and updated with the skills and techniques to properly perform their roles.** This could be covered by the Apprenticeship Levy, including the 'gifting' of The Levy to smaller organisations.

20. **Government communications to the public and to venue owners on the issue of hygienic practice and behaviour in times of pandemic or other emergency should be clear, consistent, sustained, timely, relevant and specific,** understanding that situations can be unclear and fast-changing. 'Headline' communications should be supported by specific sub-messages targeted at discrete groups who have differing requirements for topic, depth, specificity and frequency of messaging. The Preparedness Team should be in a position to assist both the Government and any associated personnel or groups (science/ enforcement/public health/civil service for example) with proposed or required inclusions.

21. **Government-led communication campaigns based on behavioural science techniques should be deployed to widen and deepen public understanding of hygiene and establish a norm of adopting hygienic behaviour as part of everyday life.** This should be supported by education in schools on the role of hygiene as a preventive measure against infectious disease.

22. **The Government should actively endorse and support the cleaning and hygiene industry in communicating widely to promote a realignment in societal perceptions of the cleaning and hygiene industry:** its economic importance; its scope and variety; the technology, skill-levels and abilities required of its staff and the vital contribution it makes to enabling others to carry on their economic and social activities. This will help build societal esteem and cultural recognition and so assist with recruitment in the sector.