Specimen response

NHS community cleaning services

One quality question, answered in full — with the working shown.

SOURCE OPPORTUNITY

CONTRACT	Community Cleaning Contract
BUYER	West Suffolk NHS Foundation Trust
VALUE	£160,000
SCOPE	Cleaning services across three community locations
CLOSING	15 September 2026, 17:00
PUBLISHED ON	Contracts Finder (Cabinet Office), reference CA18359 — live at time of writing

> **What this is.** The opportunity above is real and open. The question below is written in the standard method-statement format NHS trusts use for cleaning services; the tender's own question set sits behind the buyer's portal and is not reproduced here. The response is written for an unnamed mid-sized SME bidder. Nothing in it is confidential, and no client's material has been used.
>
> **How to read it.** Every claim a real bidder must evidence is marked `[EVIDENCE: …]`. Those are the only things we ask the client for — the structure, the argument, the standards mapping and the wording are ours. Pages 5 and 6 show how the answer was built against the scoring criteria, which is the part that actually moves an answer from the middle band to the top one.
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> **On the word count.** The figure at the end of the response counts the finished copy — section headings and the text inside both tables included. It excludes the question itself, which the buyer supplies, and the four [EVIDENCE: …] placeholders, which the bidder replaces with their own specifics before submitting. Counting those would inflate the figure by 42 words against a limit they will never occupy.

METHOD STATEMENT 1 · WEIGHTING 20% · MAXIMUM 1,000 WORDS

Service delivery and standards

Describe how you will deliver cleaning services across the three sites in accordance with the National Standards of Healthcare Cleanliness. Your response must address:

1. how you will determine and agree cleaning frequencies for each area;
2. how you will resource, train and supervise the service;
3. how you will monitor, audit and evidence performance to the Trust; and
4. how you will identify underperformance and put it right.

Weighting and word limit are illustrative — typical for an NHS cleaning method statement. The Trust's own figures sit behind its portal.

1. Determining and agreeing cleaning frequencies

We deliver to the National standards of healthcare cleanliness 2025. Within the first ten working days of award we will complete a joint area-by-area walkthrough of all three sites with the Trust's nominated Cleaning Services Manager and Infection Prevention and Control (IPC) lead. Every room, corridor and shared space is recorded on a single asset schedule and allocated a functional risk (FR) category, FR1 through FR6. The FR category — not our own judgement and not a generic frequency table — sets the cleaning frequency, the audit frequency and the audit target score for that area, which is what the standard ties to it.

Against each area we record the cleaning elements to be delivered, the responsible party where responsibility is shared with clinical staff, and the high-frequency touchpoints requiring more regular attention. The completed schedule is signed off by the Trust before service commencement and becomes the contract's cleaning specification. It is reviewed quarterly, and immediately whenever an area changes use, so that an area reclassified upward is re-resourced rather than absorbed. `[EVIDENCE: sample completed FR schedule from a comparable NHS or community healthcare contract]`

2. Resourcing, training and supervision

Sites are staffed by a named, site-based team rather than a floating pool, because familiarity with an area is the single largest driver of consistent efficacy scores. Establishment is calculated from the agreed FR schedule using measured output rates, then uplifted for absence and annual leave so that planned cover is built into the establishment rather than bought in reactively. `[EVIDENCE: staffing model and hours calculation for the three sites]`

All operatives complete induction before their first shift, covering the National Standards, the national colour coding scheme, safe use of chemicals under COSHH, waste segregation, hand hygiene and site-specific IPC requirements. Training is refreshed annually and, where the Trust requires an external benchmark, delivered to BICSc-assessed standards — an industry accreditation, not part of the National standards, with competency recorded on an individual training matrix available to the Trust on request. `[EVIDENCE: training matrix, BICSc registration or equivalent accreditation]` A named Site Supervisor is present at each location and is accountable for the daily standard; a Contract Manager covers all three sites, attends monthly performance meetings and is the Trust's single point of escalation.

3. Monitoring, auditing and evidencing performance

Assurance is built on three layers, each producing a record the Trust can inspect at any time.

LAYER	WHAT IT CHECKS	FREQUENCY	OUTPUT
Supervisor efficacy checks	Cleaning elements delivered to standard in each area	Daily, sampled by FR category	Signed daily record, held on site
Contract Manager technical audit	Full technical audit against the standard, scored by FR category	Monthly, FR-weighted	Scored audit, star rating, action log
Joint Trust audit	Independent verification with the Trust's IPC lead	Quarterly	Countersigned joint report

Audit results are converted to a star rating for each area and displayed publicly at each site, as the standards require, so that patients, visitors and staff can see the current position without asking for it. A written monthly performance report is issued to the Trust within five working days of month end, covering audit scores by area and FR category, the star rating trend, all reported failures and their resolution times, staffing and training status, and any recommended changes to the FR schedule. Because our service is delivered and reported entirely in writing, every figure in that report is traceable to a dated record rather than to a conversation.

4. Identifying and rectifying underperformance

A failure is anything that falls below the audit target score for an area, plus anything reported by Trust staff through the site log or by email. Both routes enter the same action log, so a verbal complaint on a ward receives the same tracked response as an audit failure.

CATEGORY	EXAMPLE	ATTEND WITHIN	RECTIFY WITHIN
Immediate risk	Blood or bodily fluid spillage; FR1–FR2 area failure	30 minutes	1 hour
Urgent	Failure in a patient-facing FR3 area	2 hours	Same working day
Routine	Non-patient-facing area below score	Next working day	2 working days

Any area failing twice in a rolling three months triggers a written root cause review — resourcing, method, equipment or specification — with the corrective action and its owner recorded in the monthly report and checked at the following audit. Repeat failure escalates from Site Supervisor to Contract Manager to Operations Director, with each stage documented. We propose that the Trust holds a service credit mechanism against the monthly audit score, so that sustained underperformance carries a financial consequence and not merely an apology.

5. Mobilisation and continuity

Mobilisation runs to a written 30-day plan with named owners: TUPE consultation and staff transfer where applicable, the FR walkthrough and specification sign-off, equipment and consumables delivery, induction and training, and a go-live readiness check countersigned by the Trust. Business continuity covers absence, supply interruption and infection outbreak, including the enhanced and terminal cleaning regimes the Trust may direct at short notice. `[EVIDENCE: mobilisation plan and business continuity plan from a previous contract]`

Response as written: **769** words, including headings and both tables — within the 1,000-word limit, with margin for the bidder's own evidence sentences.

Buyers do not score prose. They score against a published rubric, question by question, and most losing answers lose because they are good writing pointed at the wrong target. This is the method behind the page you have just read.

1 The answer is shaped like the question

The question asked four things. The answer has four numbered sections in the same order, using the question's own words as headings, plus a short fifth section on mobilisation — added deliberately because NHS cleaning evaluations reward it, and costed at under 70 words so it takes nothing from the four that are scored. An evaluator scoring twelve submissions against a rubric should never have to hunt for the part that answers sub-criterion (c). This alone is worth a scoring band in most evaluations.

2 Every claim is anchored to the buyer's own standard

Frequencies	FR1–FR6 functional risk categories, from the National standards of healthcare cleanliness 2025 — not a generic frequency table
Audit	The national audit tool, star ratings, and the requirement to display results publicly
Safety	National colour coding, COSHH, waste segregation, IPC alignment
Competence	BICSc-assessed training with a recorded competency matrix

A bidder who names the buyer's own framework is read as someone who has done the work before. A bidder who writes "we pride ourselves on the highest standards of cleanliness" is read as someone who has not.

3 Commitments are specific and testable

Ten working days. Thirty minutes. Five working days after month end. Two failures in a rolling three months. Numbers can be scored; adjectives cannot. Every number here is one an SME can genuinely meet — over-promising in a method statement produces a contract you then breach, which is a worse outcome than a lower score.

4 Weakness is converted into evidence of control

The section on underperformance does not claim that failures will not happen. It sets out how they are caught, how fast they are fixed, when a root cause review is triggered, and proposes a service credit against the bidder's own fee. Volunteering a consequence reads as confidence, and it is one of the few reliable ways to separate an SME bid from a large incumbent's boilerplate.

5 The evidence gaps are marked, not invented

Four points are marked `[EVIDENCE: …]`. Those are the only inputs the bidder must supply, and they are requested in one written list at the start, not drip-fed by email over a fortnight. Everything else — the structure, the standards mapping, the tables, the wording, the word-count discipline — is ours.

6 The word budget is planned before writing

Frequencies (sub-criterion a)	≈ 200 words
Resourcing and training (b)	≈ 200 words
Monitoring and evidence (c)	≈ 250 words plus a table
Underperformance (d)	≈ 200 words plus a table
Mobilisation and continuity	≈ 110 words

Tables carry the detail that would otherwise consume the word count. Where a limit is stated, we land under it and leave room for the bidder's own specifics — information past a stated limit is excluded from evaluation, so an over-length answer does not lose marks — its ending is simply never read.

7 And then it is scored before it ships

Every draft is read a second time by a deliberately hostile reader, against the buyer's own published descriptors where they exist. The test is not whether the answer is good. It is whether an evaluator with twelve submissions to get through, and an auditor checking their consistency, could award it the top band without having to be generous.

A draft that would score in the middle band does not go to the client.

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