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National Standards of Healthcare Cleanliness 2021

Implementation in primary care

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What are the national standards of healthcare cleanliness 2021?

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- The National standards of healthcare cleanliness 2021 apply to all healthcare environments and replace the National specifications for cleanliness in the NHS 2007 (and amendments) published by the National Patient Safety Agency.
- The aim of the standards is to encourage continuous improvement.
- The new standards combine mandates, guidance, recommendations and good practice
- They support development of specification for service level agreements and/or local procedures
- They serve to act as a benchmark for all organisations
- They establish a baseline for levels of resource required to deliver safe cleaning standards
- They provide a framework for auditing and monitoring of performance
- They provide a tool for improving patient and visitor satisfaction in the providers environment

What are the national standards of healthcare cleanliness 2021?

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- There are 4 documents within the cleaning standards
- • National Standards of Healthcare Cleanliness 2021
- • National Standards of Healthcare Cleanliness 2021: Appendices
- • National Standards of Healthcare Cleanliness 2021: Pest Control
- • National Standards of Healthcare Cleanliness 2021: H&S
- National Standards of Healthcare Cleanliness 2021: Supporting Documents

https://www.england.nhs.uk/estates/national-standards-ofhealthcare-cleanliness-2021/

What are the expectations for Primary Care?

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- The National standards of healthcare cleanliness 2021 apply to all healthcare environments and replace the National specifications for cleanliness in the NHS 2007 (and amendments) published by the National Patient Safety Agency.

- The National standards of healthcare cleanliness 2021 (the national standards) apply to all healthcare settings – acute hospitals, mental health, community, primary care, dental care, ambulance trusts, GP surgeries and clinics, and care homes, regardless of the way cleaning services are provided.

- This has been confirmed by NHS England leads on the standards, Emma Brooks and Philip Shelly, who confirmed that they do apply to primary care and to commence implementation from November 2022

- As the standards replace the national specification for cleanliness in the NHS 2007 it is expected that practices aim to implement them fully

- CQC do not expect practices to display star ratings

- There is a national webinar on the standards for primary care anticipated the end of October 2022 with new appendix been launched to support primary care and ambulance trusts

Cleanliness charter

- The commitment to the cleanliness charter sets out an organisations commitment to achieve a consistently high standard of cleanliness in all of its healthcare facilities
- The provider should use the functional risk category's, cleaning frequencies and cleaning responsibilities for each functional area
- It supports the provider in outlining its commitment to provide a safe and clean environment, this and be done through displaying the new star rating system which reflect the cleanliness of the whole area regardless of who is responsible for cleaning it
- All organisations must display the charter where it will be seen
- There is a template available for providers to use and edit with their own logos, contact details etc

https://www.england.nhs.uk/publication/our-commitment-to-cleanliness/

https://www.england.nhs.uk/wp-content/uploads/2021/08/Commitment-to-Cleanliness-Charter-FR2.Primary-Care.pdf

https://www.england.nhs.uk/wp-content/uploads/2021/08/Commitment-to-Cleanliness-Charter-FR4-revised.Primary-Care.pdf

https://www.england.nhs.uk/wp-content/uploads/2021/08/Commitment-to-Cleanliness-Charter-FR6-revised.Primary-Care.pdf

Cleaning responsibilities

- All organisations must produce a cleaning responsibility framework
- The framework should be a multidisciplinary approach
- The framework should be reviewed annually to ensure it remains current and fit for purpose
- You must ensure that the plan is communicated clearly to everyone
- The standards document recommends which staff group is responsible for cleaning w elements, however it is down to each organisation to agree who is responsible for cleaning what
- The national document is not exhaustive and specific items within each organistaion need to be undertaken by them
- The appendices document outlines an example of the cleaning responsibility framew B0271-national-standards-of-healthcare-cleanliness-2021-appendicies-april-2021.pdf (england.nhs.uk)

Safe cleaning frequencies

- There is not national set amount of cleaning frequencies as these should be ultimately determined by the organisation is order to allocate resources where they are most needed
- There is a safe cleaning frequencies document in the appendices that are required as a baseline for organisations
- Organisations are also expected that at times of pandemic or increase in circulating virus such a winter that national guidance around cleaning is followed, this can be done by re-evaluating the cleaning frequencies.
- It is imperative that organisations keep up to date with guidance that is released.
- Cleaning frequencies will vary dependent on your functional risk assessment

https://www.england.nhs.uk/wp-content/uploads/2021/04/B0271-national-standards-of-healthcare-cleanliness-2021-appendicies-april-2021.pdf

Undertaking and implementing risk categories and standards for functional areas

- All healthcare environments should pose minimal risk to patients, staff, and visitors, but because different functional areas do not carry the same degree of risk, they will require different cleaning frequencies and levels of monitoring and auditing.
- All functional areas must be assessed and assigned to one of six functional risk (FR1–6) categories
- Identifying the FR category for functional areas is the crucial first step in applying the standards: the cleaning, monitoring and audit frequency and audit target scores are all directly linked to this.
- Adoption of all six FR categories where practicable is considered good practice but is not mandatory, for example, an organisation may choose to use FR1 98%, FR2 95%, FR4 85% and FR6 75%, or any other combination. Healthcare organisations must have a sound written rationale for deciding not to adopt all six FR categories
- Each FR category has its own audit target score.
- Remember that even if an are achieve sits target score, or above, unless it scores 100% it is likely to generate some actions.
- A majority of rooms in primary care functional risks of FR2, FR4 and FR6 are appropriate but organisation should undertake their own reviews and assessments

Functional risk category	Suggested functional areas
FR1 (audit target score 98%, audit frequency weekly) Possibly not applicable for Primary Care	Intensive care units Operating theatres Chemotherapy/immunocompromised units A&E/resus/minor injuries/major trauma Delivery suites Augmented care Pharmacy aseptic
FR2 (audit target 95%, audit frequency monthly)	Treatment rooms where invasive procedures take place Minor surgery suite
FR3 (audit target 90%, audit frequency bi-monthly)	Urgent care centres -WIC Dental suite Sexual health (GUM) clinics
FR4 (audit target 85%, audit frequency quarterly)	Treatment rooms where invasive procedures do not take place Waiting areas Consulting/therapy rooms Pharmacies General outpatient clinics Occupational therapy Patient Toilets Baby Clinics Dirty Utility
FR5 (audit target 80%, audit frequency 6-monthly)	Cleaning cupboards Entrances, receptions, and public corridors Staff toilets and changing areas Staff rooms/ kitchens Waste Compound external/internal
FR6 (audit target 75%, audit frequency annually)	Administration /offices Medical records Education rooms

Auditing and monitoring

- The audit process is fundamental to providing assurance that an organisation is delivering safe standards of cleanliness.
- Accurate, honest and open audit reporting underpins the ethos of the standards – to drive safe standards and continuous improvement, whether a cleaning service is insourced or outsourced.
- Organisations should have a robust process and transparent approach to auditing, to ensure the new standards are met.
- The audit process encourages quality improvements and must not be punitive.
- There are three audits:

1. technical audit: checks and scores cleanliness outcomes against the safe standard
2. efficacy audit: checks the efficacy of the cleaning process at the point of service delivery, i.e. the correct use of colour coding, equipment, materials, methodology, as well as supporting policies and procedures
3. external audit: provides quality assurance and checks both the technical audit and the efficacy audit

Guidance documents

B0271-national-standards-of-healthcare-cleanliness-2021.pdf (england.nhs.uk)
B0271-national-standards-of-healthcare-cleanliness-2021-appendicies-april-2021.pdf (england.nhs.uk)
NHS England » National Standards of Healthcare Cleanliness 2021: Supporting documents
https://www.england.nhs.uk/wp-content/uploads/2021/04/B0271-national-standards-of-healthcare-cleanliness-2021-appendicies-april-2021.pdf
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https://www.england.nhs.uk/wp-content/uploads/2021/08/Commitment-to-Cleanliness-Charter-FR6-revised.Primary-Care.pdf