

NHS National Standards of Healthcare Cleanliness 2021

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Our advice for clinicians on the coronavirus is here.

If you are a member of the public looking for information and advice about coronavirus (COVID-19), including information about the COVID-19 vaccine, go to the NHS website. You can also find guidance and support on the GOV.UK website.

Estates technical guidance

National Standards of
Healthcare Cleanliness 2021

Complete list of publications
related to NHS estates

Health building notes

Health technical memoranda

Other guidance

Home > Estates technical guidance > National Standards of Healthcare Cleanliness 2021

National Standards of Healthcare Cleanliness 2021

Technical standards and guidance (health building notes/health technical memoranda documents)

The documents have moved and can be accessed from this section of our website.

<https://www.england.nhs.uk/estates/national-standards-of-healthcare-cleanliness-2021/>

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.

To encourage continuous improvement they combine mandates, guidance, recommendations and good practice

Regulation 15 of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 requires that healthcare premises are clean, secure, suitable and used properly and that a provider maintains standards of hygiene appropriate to the purposes for which they are being used.

Further, the code of practice for preventing and controlling infections, and related guidance, states NHS bodies and independent providers of healthcare and adult social care in England must adequately resource local provision of cleaning services. They should also have a strategic cleaning plan and clear cleaning schedules and frequencies so that patients, staff, and the public know what they can expect.

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.

The standards will support:

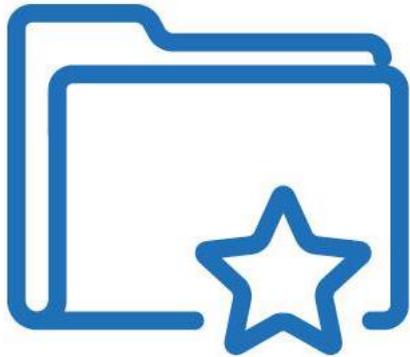
- **the basis for developing specifications for service-level agreements or local procedures**
- **a benchmark against which to compare services**
- **establishing the optimum levels of resource to deliver safe cleaning standards**
- **part of an ongoing performance management process**
- **a framework for auditing and monitoring**
- **as a tool for improving patient and visitor satisfaction**

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

There are also National Standards of Healthcare Cleanliness 2021:
Supporting Documents with in the NHSE&I website.

<https://www.england.nhs.uk/estates/national-standards-of-healthcare-cleanliness-2021/>



National Standards of Healthcare Cleanliness 2021

Document Highlights

The National Standards of Healthcare Cleanliness 2021 replace the National Specifications for Cleanliness in the NHS 2007

The standards are applicable to all healthcare settings and the process will create an opportunity to review your cleaning policy to ensure it meets the minimum safe standard.

They seek to drive improvements while being flexible enough to meet the different and complex requirements of all healthcare organisations.

Each healthcare establishment can decide how their cleaning resources are best organised for their local environment and services, but meeting aspects of the new standards is mandatory.

Mandatory Requirements

- Functional risk categories
- Elements, frequencies and performance parameters
- Cleaning responsibilities
- Audit frequency
- Star ratings
- Efficacy checks
- Commitment to Cleanliness Charter

Compliance grid - [NHS England » National Standards of Healthcare Cleanliness 2021: Supporting documents](#)

Compliance	Standard	Description	Evidence	Tools and resources	Case study
Requirement	Cleaning responsibilities	Organisations must produce a cleaning responsibility framework using a multidisciplinary approach, which is reviewed on an annual basis to ensure it remains fit for purpose A communication plan is produced to ensure everyone is clear on responsibilities	Cleaning responsibility framework and communication plan available on request by CQC/NHS Improvement Evidence of annual review process	Specimen cleaning responsibility framework Specimen communication plan	Hyperlink
Requirement	Audit frequency	Organisations should plan and conduct cleaning audits based on the cleaning frequencies for the functional risk category	Evidence of the frequency of audit and the detail of outcome should be detailed against each functional area on a plan	Electronic audit tools are available to capture the audit tools; companies have designed and developed systems and processes that will capture information that demonstrates compliance against the standard Manual processes are also available.	
Requirement for patient areas,	Audit – display of star ratings	First 6 months continue to display cleaning only percentage scores. Next 6 months display cleaning	Organisations should identify an area where the cleaning only percentage	Organisations will need to develop tools to display the star ratings and update as	

Compliance	Standard	Description	Evidence	Tools and resources	Case study
optional for non-patient areas		only star rating. Next 6 months display whole organisation cleaning star rating. (Implementation period 18 months.)	score/star rating can be displayed where it is immediately visible to the public.	necessary to ensure they are the most up-to-date document on display.	
Requirement for patient areas, optional for non-patient areas	Efficacy checks	Efficacy checks should be undertaken for functional risk categories 1, 2, 3 and 4 at least annually; efficacy checks for FR5 and 6 are optional	Efficacy checks should be available for audit on request and should have a minimum compliance level of 80% in all functional risk areas	Template efficacy check document.	
Requirement for patient-facing areas	Commitment to cleanliness charter posters	It is mandatory in public areas to display information that details cleaning frequencies and processes	Commitment to cleanliness displays to be visible in all patient-facing areas		
Requirement	Elements, frequencies and performance parameter	Organisations must produce a specification detailing cleaning elements, frequencies and performance parameter based on functional risk categories The specification must at least meet the safe standards as outlined in the document	Cleaning specification available on request by CQC and NHS Improvement Evidence of annual review process	Example of elements within document which can be applied locally	
Requirement	Functional risk categories	Organisations must assign all functional areas to one of the six functional risk categories	Cleaning specification available on request by CQC and NHS Improvement Evidence of annual review process	Example of risk categories within document which can be applied locally	



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Functional Risk Categories

FR1 – 98% replaces **Very High Risk (VHR)** for audit score and audit frequency

FR2 – 95% replaces **High Risk (HR)** for audit score and audit frequency

FR3 – 90% is a **new risk category**, it gives flexibility for a more realistic expectation of standards in long term wards and treatment centres

FR4 – 85% replaces **Significant Risk (SR)** for audit score and audit frequency

FR5 – 80% is a **new risk category**, it gives flexibility for a more realistic expectation of standards in high use areas such as receptions, prayer rooms

FR6 – 75% replaces **Low Risk (LR)** for audit score, however audit frequency is annually rather than six months

FRB – Blended is a **new risk category** which sites outside the 6 risk ratings, the target percentage for a blended approach is based on the combined targets for rooms in each functional area. This risk category is ideal for mixed use buildings spread over a geographical area

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Functional Risk Categories

New Risk Category	Suggested Areas for new Functional Risk Category
Functional risk 1 (FR1) Audit target = 98% and above Audit frequency = weekly	Operating theatres Chemotherapy/immunocompromised units Delivery suites Augmented care
Functional risk 2 (FR2) Audit target = 95% - 97% Audit frequency = monthly	Community Wards Treatment rooms where invasive procedures take place Endoscopy units X-ray (interventional) Dialysis units
Functional risk 3 (FR3) Audit target = 90% - 94% Audit frequency = bi-monthly	Mental Health and Learning Disabilities Urgent care centres Dental outpatient departments Sexual health (GUM) clinic

New Risk Category	Suggested Areas for new Functional Risk Category
<p>Functional risk 4 (FR4) Audit target = 85% - 89% Audit frequency = quarterly</p>	<ul style="list-style-type: none"> Treatment rooms where invasive procedures do not take place X-ray (non-invasive) /MRI/CT rooms 136 suite/seclusion/place of safety rooms Entrances, receptions and public corridors Waiting areas Consulting/therapy rooms Rehabilitation units and day centres Pharmacies Laboratories General outpatient departments/clinics Physio outpatient departments Occupational therapy Audiology Preop assessment units Department laundry areas (not central laundry) Occupational health

Functional risk category	Suggested functional areas
Functional risk 5 (FR5) Audit target = 80% - 84% Audit frequency = six-monthly	Linen and clean utility Electrical and biomedical engineering/medical physics Chapel/prayer rooms Main receptions
Functional risk 6 (FR6) Audit target = 75% - 79% Audit frequency = annually	Administration/offices Medical records Stores department

It can be taken that FR2, FR4 and FR6 are appropriate for GP Practices.



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Elements, Performance Parameters and Cleaning Frequencies

Once an organisation has identified its functional area risk categories, it must produce a 'cleaning specification' with more detailed information on how cleaning will be carried out. This specification should include:

Elements

A list of 50 individual items/categories of items that require cleaning (non-exhaustive list)

Performance parameters

The expected standard of each item (element) after cleaning e.g: All parts should be clean with no blood and bodily substances, dust, dirt, debris or spillages

Cleaning frequencies

How often each item (element) should be cleaned, broken down by FR category

- The standards provide an example cleaning specification as a guide only because a single national approach is unlikely to meet the needs of every healthcare organisation and location
- In adapting the example cleaning specification for local use, cleaning frequencies can be tailored to suit your operational requirements, however must not be reduced below the levels suggested; these are based on what are regarded to be the safe standards for meeting the performance parameters and achieving cleaning audit target scores

No	Element	Performance parameter	FR1	FR2	FR3	FR4	FR5	FR6
17	Switches, sockets and data points, trunking, handrails, and wall fixtures	All wall fixtures, e.g. switches, sockets and data points should be visibly clean with no blood and bodily substances, dust, dirt, debris, adhesive tape, or spillages.	Full clean daily including touch points (light switches/pulls, handrails, lift buttons/plates and hand dryer buttons) + 1 check clean daily	Full clean daily including touch points (light switches/pulls, handrails, lift buttons/plates and hand dryer buttons)	Full clean twice weekly + daily check clean of touch points (light switches/pulls, handrails, lift buttons/plates and hand dryer buttons)	Full clean weekly including touch points (light switches pulls, handrails, lift buttons/plates and hand dryer buttons)	Full clean monthly + weekly check clean of touch points weekly (light switches/pulls, handrails, lift buttons/plates and hand dryer buttons)	Full clean monthly + weekly check clean of touch points weekly (light switches/pulls, handrails, lift buttons/plates and hand dryer buttons)
18	Walls – accessible up to 2 metres	All wall surfaces including skirting should be visibly clean with no blood and bodily substances, dust, dirt, debris, adhesive tape, or spillages.	Full clean annually + 1 check daily (leading to a clean of soiled areas only)	Full clean annually 1 check daily (leading to a clean of soiled areas only)	Full clean annually 1 check daily (leading to a clean of soiled areas only)	Full clean annually 1 check daily (leading to a clean of soiled areas only)	Full clean annually 1 check bi-monthly patient areas (leading to a clean of soiled areas only)	Full clean annually 1 check clean 6 monthly (leading to a clean of soiled areas only)
19	Ceilings and walls – not accessible above 2 metres and ceiling lights	All ceilings and wall surfaces including coving should be visibly clean with no blood and bodily substances, dust, dirt, debris, adhesive tape, or spillages.	Full clean annually + Check clean as required (leading to a clean of soiled areas only)	Full clean annually	Full clean annually	Full clean every 2 years	Full clean every 3 years (patient areas only)	Full clean every 3 years (patient areas only)



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Cleaning Responsibilities

- Healthcare establishments must produce a local schedule of cleaning responsibilities (cleaning responsibility matrix) detailing all items to be cleaned and who is responsible for cleaning each one
- The standards document recommends which staff group is responsible for cleaning which element, however it is ultimately for each organisation to agree who is responsible for cleaning what
- All cleaning responsibilities must be agreed locally
- There will be shared responsibilities within a Residential Home where service users may be responsible for some tasks. Auditing the cleaning standard should take account of this and be the early warning that standards are not being maintained. Remedial action will be required
- The Catering team may be responsible for the dining and snack areas, therefore the responsibilities matrix can be amended to suit your estate/building/organisation
- The following slide shows the sample of the Cleaning Responsibilities Matrix, however to suit non acute settings, a local template can be used

CLEANING RESPONSIBILITIES MATRIX		Recommended	Recommended	Recommended	Organisation Agreed	Organisation Agreed	Organisation Agreed
No	Element	After Patient Use or if visibly soiled	Daily Clean Responsibility	Periodic Clean Responsibility	After Patient Use or if visibly soiled	Daily Clean Responsibility	Periodic Clean Responsibility
1	Bed pan (reusable), bed pan holder, patient wash bowls.	Ward / Dept Clinical Team	Ward / Dept Clinical Team	Ward / Dept Clinical Team			
2	Bed pan washer/ macerator.	Ward / Dept Clinical Team	Ward / Dept Clinical Team	Ward / Dept Clinical Team			
3	Other sluice equipment including sluice sink and equipment holders.	Ward / Dept Clinical Team	Ward / Dept Clinical Team	Ward / Dept Clinical Team			
4	Commodes.	Ward / Dept Clinical Team	Ward / Dept Clinical Team	Ward / Dept Clinical Team			
5	Patients holsts.	Ward / Dept Clinical Team	N/A	Cleaning Team			
6	Weighing scales including neonatal, seated and standing scales.	Ward / Dept Clinical Team	N/A	Ward / Dept Clinical Team			
7	Medical equipment e.g. Intravenous Infusion pumps, drip stands and pulse oximeters, medical gas bottles and stands, walking aids. Refer to local protocol for medical equipment connected to and not connected to a patient.	Ward / Dept Clinical Team	Ward / Dept Clinical Team	Ward / Dept Clinical Team			
8	Wheelchairs (organisation owned) Refer to local protocol.	Ward / Dept Clinical Team	N/A	Ward / Dept Clinical Team			
9	Patient fans - with accessible blade. Refer to local risk assessment and protocol.	Ward / Dept Clinical Team	N/A	Estates			
10	Patlent TV and bedside entertainment systems including head pieces.	Cleaning Team	N/A	Cleaning Team			
11	Notes and drugs trolleys and patient clipboards.	Cleaning Team	Cleaning Team	Cleaning Team			
12	All chairs and couches (soft furniture).	N/A	Cleaning Team	N/A			
13	Patient beds - frame, wheels, castors, head, foot, cot sides, nurse call and control panels, including carers beds in the clinical area. Non patient beds including on-call beds - clean as per local protocol.	Cleaning Team	Cleaning Team	Cleaning Team			
14	Patient bed and trolley mattresses. Refer to local protocol for inspection of mattress integrity and ingestion.	Cleaning Team	N/A	Cleaning Team			
15	Patient trolleys and treatment couches. Trolleys with x-ray storage and oxygen cylinders clean according to local protocol.	Cleaning Team	N/A	Cleaning Team			
16	Patient toys (premises owned). Refer to local protocol and risk assessment.	Ward / Dept Clinical Team	N/A	Ward / Dept Clinical Team			
17	Switches, sockets and data points, trunking, handrails and wall fixtures.	N/A	Cleaning Team	Cleaning Team			
18	Walls - accessible up to 2 metres.	N/A	Cleaning Team	Cleaning Team			

See Appendix 1 – use and adapt for your own requirements.



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Audit Frequency

- Providing assurance that cleanliness has been delivered is critical; therefore, displaying the overall cleanliness result is now an important part of the audit process in patient areas
- The audit scores for each functional area are represented in two ways: a **percentage score** and a **star rating score**. The percentage score is for internal verification and scrutiny that a safe standard has been achieved, whereas the star rating score is for external verification of this
- Percentage scores are still split by responsible staff group, i.e. cleaning, clinical/medical, estates, etc, (or as locally agreed)

Functional risk category	Audit target score	Audit frequency
FR1	98% and above	Weekly
FR2	95% and above	Monthly
FR3	90% and above	Every 2 months
FR4	85% and above	Every 3 months
FR5	80% and above	Every 6 months
FR6	75% and above	Every 12 months

- The Audit frequencies within this table are suggested as a guide and can be increased to meet the standards of the establishment

Functional Area FR2

Mbell

responsibility N,C,E	N	N	N	N	N	N	N	N	C	N	C	C	E	C	C	C	C	C	C	C	C	C	C	C	C	C	N	C	N	N	C	N							
ROOM NAME	1. Blood pressure monitors	2. ECG machine	3. Clinical equipment storage boxes.	4. Phlebotomy equipment	5. Emergency resuscitation equipment and trolley	6. Weighing scales including neonatal, seated and standing scales.	7. Respiratory medical equipment e.g. spirometry	9. Patient fans with accessible blade.	12. All chairs (soft furniture).	15. Patient treatment couches.	17. Switches, sockets & data points, trunking handrails and wall fixtures.	18. Walls accessible up to 2 metres.	19. Ceilings and walls not accessible above 2 metres and ceiling lights.	20. Floors - hard including skirtings.	21. Floors -soft including skirtings.	22. All doors including ventilation grilles.	23. All windows, including frames where accessible.	24. All internal glazing including partitions (excluding mirrors and windows).	25. Mirrors.	26. Dispenser cleaning, hand wash, hand sanitisers, paper towel holders, toilet roll holders, all alcohol	28. Toilets, bidet, urinals and toilet brushes.	29. Sinks and taps.	31. Radiators including cover.	32. Low surfaces - lowlevel pipes and lowlevel trunking.	33. Middle surfaces - window sills, non patient furniture, tables, desks, shelves & ledges, work surfaces &	34. High surfaces including curtain rails, staff locker tops that are accessible and high surfaces around	36. Patient privacy curtains e.g. dated and clean	37. All waste receptacles (does not include euro/wheelie bin).	38. general purpose trolleys.	39. Replenishment of consumables.	40. Ventilation grilles extract and inlets.	41. Lighting including overhead, wall mounted examination lights both fixed and portable.	42. Electrical items in multiuse areas specifically computers and phones.	43. Windowblinds (disposable and fabric).	46. Fridges and freezers clinical (including but not limited to bloods fridges, medicine fridges.	Actual Score	Percentage Attained		
Room 1	1	X	1	1	1	0	X	*	1	1	1	1	1	1	1	0	1	*	1	*	1	1	1	1	0	1	1	1	1	1	1	1	0	1	26	87%			
Room 2	*	*	*	1	*	1	1	*	1	1	1	1	1	0	*	1	1	*	1	1	*	1	1	1	1	1	1	1	1	*	1	1	*	1	1	24	96%		
Room 3	1	1	*	1	*	1	*	*	1	1	1	1	1	1	*	1	1	1	X	1	*	1	0	1	*	1	1	1	1	1	1	1	1	X	1	25	96%		
Room 4	1	*	*	1	*	1	*	*	1	1	1	1	1	1	1	1	1	1	1	1	*	0	*	*	1	1	*	*	1	*	1	1	1	1	*	1	21	95%	
Room 5	1	1	*	1	*	1	1	*	1	1	1	1	1	0	1	1	1	1	1	1	*	1	1	1	1	1	1	1	1	1	1	1	1	1	1	*	1	28	97%
Room 6	1	1	*	1	*	0	*	*	1	1	1	0	1	1	1	1	1	*	*	1	*	1	1	1	1	1	1	1	1	1	1	1	1	1	*	1	25	93%	
Room 7	1	*	*	1	*	1	*	*	1	1	1	1	1	1	1	1	1	X	*	*	*	*	*	1	1	*	*	1	*	*	1	1	1	1	*	1	19	100%	
Room 8	1	1	*	1	*	1	*	*	1	1	1	1	1	1	1	0	1	1	1	*	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	29	97%	
Achievable Score	7	3	1	8	1	8	2	0	8	8	8	8	8	6	8	8	6	4	7	0	7	6	6	7	8	6	6	8	6	5	8	8	8	5	5	208			
Total Score	7	3	1	8	1	6	2	0	8	8	8	7	8	6	6	8	6	4	7	0	6	5	6	7	7	6	6	8	6	5	8	8	8	4	5	197			

Cleaning Service	Nursing	Estates
	97	

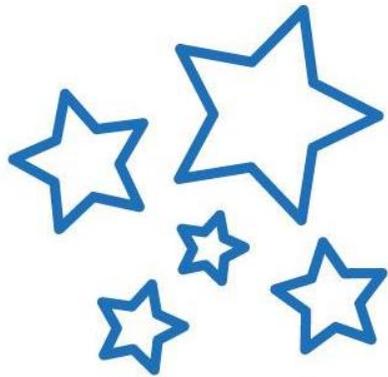
Functional Area Overall Percentage Score
Total 95
Remaining Target

Auditing and monitoring information

For information on calculating the audit scores see Chapters 8 and 9, Page 48 & 49 in the main document. If a blended approach is required see page 36.

See Table 3 in chapter 9 as an example.

Functional risk category and corresponding target audit score	Number of areas	Calculation	Overall possible target score	Overall actual score
FR1 98%	10	10 x 98%	980	900
FR2 95%	40	40 x 95%	3,800	3,500
FR3 90%	15	15 x 90%	1,275	1,025
FR4 85%	20	20 x 85%	1,700	1,400
FR5 80%	10	10 x 80%	800	600
FR6 75%	5	5 x 75%	375	275
Total	100	8,930	8,930	7,700
Target audit score for the whole facility	89.30%		86.23%	



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Star Ratings

- Star ratings are widely used in industries such as hotels, restaurants, and the media, as well as professional organisations such as the food safety ratings provided by local authorities for food premises
- Star ratings are a simple and effective means of providing meaningful information about quality
- A star rating system for healthcare cleanliness will be instantly recognisable and easy-to-understand for patients, the public and staff
- It is recommend that star ratings are only displayed in areas accessed by patients and where they will be visible, e.g. in or near ward and department entrances, outside lifts, in circulation areas and waiting rooms, and close to the Commitment to Cleanliness Charter
- Organisations may deem it impractical to display star ratings in some areas, the local decision where to place the Star Rating Posters should be documented in the Cleaning Policy

In essence the star ratings and publication are not mandatory, but the star ratings and publicising them would give patients a degree of confidence and is considered good practice.

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Star ratings implementation timescales



During the first six-month implementation phase each organisation will continue to display the cleaning only scores as a percentage for each functional risk category, not the star rating.

At six months the star rating will be displayed. This will be calculated from the percentage calculation scores as displayed in the previous six months based on the cleaning performance for elements that are the primary responsibility of the cleaning team.

After a further six months the star ratings calculations will include scoring for all other responsible staff groups.

All functional areas rated 3 stars or less are automatically under review and will require an action plan.

CQC Sept '21 – “There are no expectations that we require star ratings or logos to be displayed in general practices”. <https://www.cqc.org.uk/guidance-providers/gps/gp-mythbuster-99-infection-prevention-control-general-practice>



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Efficacy Audit

'It may seem a strange principle to enunciate as the very first requirement in a hospital that it should do the sick no harm.'

[Florence Nightingale 1859]

- Cleaning and infection prevention are intrinsically linked. It is therefore essential to demonstrate cleaning efficacy by auditing both the outcome of cleaning and the process by which the cleaning standards are achieved
- The integrity of the cleaning process is fundamental to providing assurance that an organisation is delivering safe standards of cleanliness
- To meet safe standards, the efficacy of the cleaning process is as important as the technical outcomes of cleaning, which is why it is now an area of focus
- The efficacy audit is carried out by the Manager responsible for cleaning and representatives from facilities, infection prevention and control and clinical teams
- The efficacy audit can be adapted locally to encompass local requirements and activity
- Currently there is no pass target score, this audit focusses on the processes to achieve the outcome
- There is a sample template on the next slide

Efficacy Checklist

The efficacy checklist is designed to assess the process of cleaning and infection control related to cleaning. The audit is designed to be carried out by the Domestic/Facilities Manager, facilities, infection prevention and control and clinical teams. The audit will be scored and any remedial action carried out to meet the agreed standard.

Area audited:		Date of Audit	Re-check if required Y/N
Auditor name / designation:			
Auditor name / designation:			
Auditor name / designation:			
Auditor name / designation:			
Auditor name / designation:			
SCORING	PASS = 1 FAIL = 0 (IF A QUESTION IS NOT APPLICABLE LEAVE UNSCORED)	RESPONSIBILITIES: C = CLEANING, N = NURSING, E = ESTATES	

No.	Cleaning Question	Aspect	Cleanliness Assurance - Quality Standard	Responsibility (C/N/E)	Cleaning Score	Other Score	Comments or Rectification Notes
1	YES	Specification	Is the cleaning poster and the star rating for the area on public display and available to view in an area visible to patients and visitors?		1		
2	YES	Audit Rectification	Is rectification being completed in a timely manner and are records being retained as per guidance / local policy?		1		
3	YES	Commitment to Cleanliness Charter	Are the frequencies up to date and in sufficient detail to guide the cleaning teams to the routine required to clean the area?		1		
4	YES	Commitment to Cleanliness Charter	Are the charters in use and is there evidence that cleaning teams are following the correct frequencies?		1		
5	YES	Task Schedule	Is there evidence that daily, weekly, monthly task schedules are being followed?		1		
6	YES	Colour Coding	Is colour coding being correctly adhered to by all team members?		1		
7	YES	Cleaning Procedures	Are correct procedures in place and observed in practice by all teams carrying out cleaning i.e. clean to dirty, high to low, one cloth per patient bed-space and correct pseudomonas guidelines being followed?		1		
8	YES	Procedures	Are mops/cloths being used correctly i.e. frequency of change and disposal in accordance with infection control and training?		1		
9	YES	Limescale Removal	Has all limescale been removed from water outlets and is there evidence that internal surfaces of water outlets have limescale removed regularly?		1		
10	YES	Cleaning Chemicals	Is there evidence that cleaning chemicals used are in correctly labelled containers?		1		
11	YES	Cleaning Chemicals	Is COSHH information available to the teams carrying out cleaning?		1		
12	YES	Cleaning Chemicals	Is there evidence that cleaning chemicals are locked away at all times when not in active use?		1		

Cleaning maximum potential score if all questions applicable = 38	Non-cleaning maximum potential score = 5	Cleaning Score	Other Score	Total Score Overall
Overall maximum potential score = 43*		38	5	43
Total Score Overall No.		38	5	43
Total Score Overall %		100%	100%	100%

*(Unapplicable questions will reduce the maximum potential score, in this instance change formula to reflect maximum possible scores in both categories)



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Commitment to Cleanliness Charter

- The Commitment to Cleanliness Charter sets out an organisation's commitment to achieve a consistently high standard of cleanliness in all its healthcare facilities using the functional risk category, cleaning frequencies and cleaning responsibilities for each functional area
- All organisations are required to display the charter in a patient or public facing area
- Templates have been provided so that charters throughout the NHS are of the same standard and format, so easily recognised by patients, the public and staff
- Organisations can edit the charter template, to insert logos and contact details, but some fields and headings are fixed and cannot be changed, such as cleaning task, cleaning frequency and responsibility, as this information must be retained to appropriately inform patients, the public and staff about cleanliness
- It may not be practical to display the charter in some areas, such as dirty utility / service users personal space / contractor areas. Decide locally within the local management team where you will display the charter
- Ensure visitors, staff and patients have opportunity to view the charter and staff understand how to give explanations for its purpose

Our Commitment To Cleanliness

Cleaning Summary

Keeping the NHS clean and preventing the spread of infection is everybody's responsibility from the Chief Executive or equivalent to the healthcare cleaner. It is important for patients, visitors, the public and staff.

Cleanliness matters, and to ensure consistency throughout the NHS, and to support hospitals and healthcare services, this commitment has been adopted in every organisation.

This Charter sets out our commitment to ensure a consistently high standard of cleanliness is delivered in all of our healthcare facilities. It also sets out how we would like you to help us maintain

WE WILL:

- Treat patients in a clean, safe and pleasant environment
- Provide a well maintained, clean and safe environment, using the most appropriate and up to date cleaning methods and frequencies
- Aim to clean the building when patient appointments have finished for the day.
- Maintain fixtures and fittings to an acceptable condition to enable effective and safe cleaning to take place regularly
- Allocate specific roles and responsibilities for cleaning, linked to infection prevention and control.
- Constantly review cleanliness and rectify issues with cleaning provider or in-house team (delete as appropriate)
- Take account of your views about the quality and standards of cleanliness by involving patients and visitors in reporting and monitoring how well we are doing
- Provide the public with clear information on any measures which they can take, to raise awareness and educate the public in the prevention and control of healthcare associated infections
- Provide structured and pro-active education and training to ensure all our staff are competent in delivering infection prevention and control practices within the remit of their role
- Provide entrance matting to remove soil from shoes and reduce the dirt from entering the building especially in winter months.
- Design any new facilities with ease of cleaning in mind

WE ASK PATIENTS, VISITORS AND THE PUBLIC TO:

- Follow good hygiene practices which are displayed in and around the organisation
- Tell us if you require any further information about cleanliness or prevention of infection
- Work with us to monitor and improve standards of cleanliness and prevention of infection
- Do not smoke or drop debris around the entrance doors to reduce likelihood of soil entering the building.
- Inform us if you or a member of your family spill drinks or where vomiting occurs to enable us to contain the spill and rectify the situation as promptly as possible for the comfort of the patient, visitors and staff.

Name / Signature

Practice Manager

If you require further information regarding cleaning standards go to: www.england.nhs.uk/wp-content/uploads/2021/04/B0271-national-standards-of-healthcare-cleanliness-2021
If you wish to comment about the cleanliness of this facility, contact

(insert name & number)

Primary Care, Local Authorities & GP Establishments



CATEGORY: FR2 Treatment rooms where invasive procedures take place

CLEANING TASK	CLEANING FREQUENCY	RESPONSIBILITY
Sanitary Areas (if connected to treatment room)		
Toilets, sinks and taps	1 x full daily, check between patients	Healthcare Cleaning Professional (HCP)
Showers	1 x full daily, check between patients	HCP
Mirrors	1 x full daily	HCP
Patient Areas		
Patient beds	1 x full daily, clean between patients	HCP and Practitioner
Patient mattresses	As above	HCP and Practitioner
Chairs	1 x full daily	HCP
Tables, changing areas and lockers	1 x full daily	HCP
Doors, including ventilation grilles	1 x full daily	HCP
Windows	1 x full every 6 months	External contractor
Internal glazing	1 x full weekly	HCP
Radiators including cover	1 x full weekly external only	HCP
Curtains and blinds	As local protocol, 6 months minimum	HCP
Low, middle and high surfaces	1 x full weekly, 1 x check daily (low)	HCP
Waste receptacles	1 x full daily, 1 x check daily	HCP and Clinical Team
Dispenser cleaning	1 x full daily external (internal weekly)	HCP
Replenishment of consumables	Check and replenish 3 x daily	HCP and Clinical Team
Floors		
Floors hard	1 x full daily, 1 x check daily	HCP
Floors soft	1 x full daily, 1 x check daily	HCP
Kitchen Areas		
Fridges and freezers (except drugs & samples)	1 x full weekly, 1 x check daily	HCP and Clinical Team
Cupboards	1 x full monthly, 1 x check daily	HCP and Clinical Team
Medical Equipment		
Medical equipment	Refer to local protocol	Clinical staff
Cleaning Equipment		
All cleaning equipment including trolley	Full clean after each use	HCP

National Cleaning Colour Coding Scheme – National Patient Safety Agency

All cleaning items including cloths, mops, buckets, aprons and gloves should be colour coded as follows:



CONTAMINATED CLEAN

All areas identified as contaminated areas are cleaned using yellow colour coded equipment in accordance with the Trust's Infection, Prevention and Control Policy requirements.



National Standards of
Healthcare Cleanliness 2021

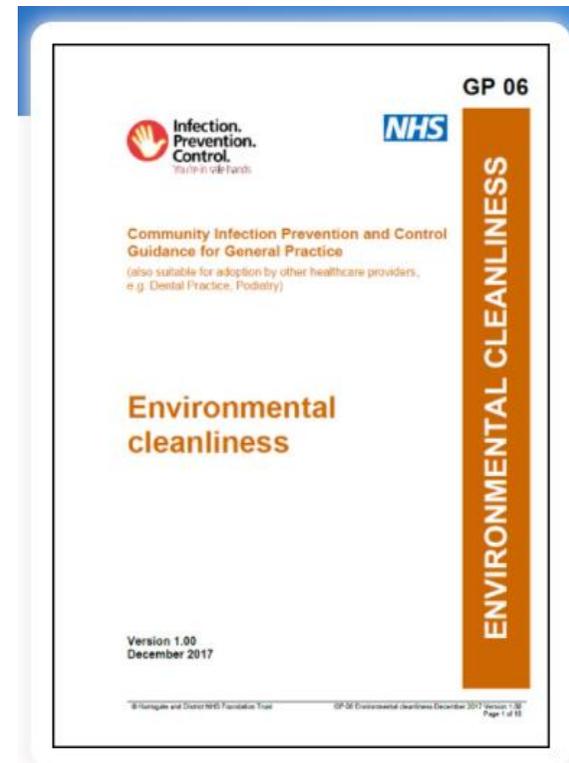
**Healthcare
Cleaning Manual**

- General principles of cleaning and disinfection
- Cleaning methodologies
 - Written
 - Poster
 - Video



Cleaning policy

- <https://www.infectionpreventioncontrol.co.uk/resources/environmental-cleanliness-general-practice/>





Any Questions