

## NHS National Standards of Cleanliness

In April 2021 NHS England published the National Standards of Cleanliness 2021 which supersedes the National specifications for cleanliness 2007. The publication applies to all healthcare settings including Primary Care dental and is designed to provide a common understanding of what it means to be a clean healthcare setting.

These new standards give healthcare organisations in England a framework for them to detail the required cleaning services and how 'technical' cleanliness and the efficacy of the cleaning process should be assessed.

I recently ran some social media posts around these upcoming standards and what became very apparent was the fact that most NHS England dental practices were completely unaware of these.

The National Standards outline 5 elements which have a mandatory date of April 2022 for NHS settings to comply. Before dental practices start on the elements, they need to identify their functional risk level. 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 will need to be assessed and given an FR number ranging 1-6. For example Dental surgeries will be FR3, reception areas FR4 and so on.

### **Standard 1 – Cleaning Specification**

*All NHS facilities need to identify their functional area risk categories, ranging from FR1-FR6. Dentistry has a functional risk code FR3 and must produce a 'cleaning specification' with more detailed information on how cleaning will be carried out. This specification should include:*

- *cleaning elements – a list of individual items/categories of items that require cleaning*
- *performance parameters – the expected standard of each item (element) after cleaning*
- *cleaning frequencies – how often each item (element) should be cleaned, broken down by FR category.*

*Organisations may also include information on who is responsible for cleaning each item (element), but this should be in addition to, not instead of, developing a cleaning responsibilities framework*

### **Standard 2 – 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.*

*The charter demonstrates an organisation is serious about providing a safe clean environment by referencing the new star rating system which reflects the cleanliness of the whole area regardless of who is responsible for cleaning it.*

*All organisations are required to display the charter where it will be seen – for example, in or near ward and department entrances, outside lifts used by the public, and in circulation areas and waiting rooms. 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. We recommend the charter is printed on A3 paper as a minimum, so it is easy to read.*

### **Standard 3 – Technical Audit**

*These regular audits, undertaken by appropriately experienced staff, are a continuous and integral part of the day-to-day management and supervision of cleaning services.*

*Technical audits should be randomly undertaken at different times and on different days, but with consideration for the frequency of cleaning and the cleaning schedule.*

*The time or frequency of cleaning and associated risk category need to be regularly reviewed and adjusted if indicated to continuously improve safe cleaning standards.*

*Auditors need to exercise discretion in judging the acceptability of any element for example, one or two scuff marks on a floor, an isolated smudge on a window or a hand towel/tissue dropped on a floor in an otherwise clean area should not be scored as unacceptable.*

*The audit score must accurately reflect the standard of cleanliness at the time. The need for transparency and openness is paramount to drive continuous improvement, for example, if some areas fall below the standard it is important for Organisations must be able to identify any areas falling below the standard so they can act to resolve the underlying cause.*

#### **Standard 4 – Efficacy Audit**

*The efficacy audit is a management tool to provide assurance that the correct cleaning procedures are consistently delivered to satisfy IPC and safety standards. These audits inform the healthcare organisation that correct training, IPC, health and safety, and safe systems of work are being used.*

*An integral part of the efficacy audit is observing the cleaning to check that staff use the colour coding correctly, follow cleaning methodologies, wear the correct uniform and PPE, use chemicals appropriately and adhere to safe ways of working.*

*These audits are intended to provide assurance that cleaning standards are met using good practice. NHS England recommend efficacy audits are only carried out in areas where patients and visitors are present, not in staff-only areas. Each patient-facing area should be audited at least once each year. If an area falls below 80%, it should be re-audited within a reasonable timeframe to check that following remedial action it is achieving an audit score of over 80%.*

#### **Standard 5 – External Assurance Audit**

*External assurance audits are good practice as they provide an independent view of cleanliness and validate the healthcare facility's own internally awarded technical and efficacy scores.*

These audits will be carried out by an external auditing company on an annual basis

NHS England have provided some sample templates that will need adapting to meet dentistry requirements as they are very hospital centric. The standards will also form part of any CQC inspections from April.

**Confirmed dates from NHSE are: Dental Charters in place November, Score ratings (derived from the audits/ templates) by April then moving towards Star Ratings (from External audits) in November.**

If you don't have a copy of the Standards you can find them here

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

If anyone requires any assistance with the templates or help understanding the requirements, then please get in touch at [info@deconpete.co.uk](mailto:info@deconpete.co.uk) or visit [www.deconpete.co.uk](http://www.deconpete.co.uk). You will also find example templates, designed for dentistry, that can be downloaded.

