

National Ambulance Service Infection Prevention & Control Group NASIPCG

NHS England Cleanliness Standards 2025

NHS ambulance sector position statement – June 2025 (V1.1)

Background

In February 2025, NHS England released an updated version of [The NHS National Specifications for Cleanliness 2025](#), extending its scope to include ambulance services as part of a broader drive to standardise cleanliness and infection prevention across all healthcare settings. These standards are designed to ensure a consistent baseline of cleanliness, improve public confidence, and reduce the risk of healthcare-associated infections (HCAs).

The guidance outlines detailed cleaning frequencies, responsibilities, and auditing mechanisms, and introduces a star rating system to publicly demonstrate compliance. For ambulance services, this includes protocols for vehicle decontamination, fixed sites cleanliness, and equipment decontamination. The standards are informed by lessons learned during the COVID-19 pandemic, where infection control became a critical operational priority. The cleanliness standards for fixed sites are being implemented across the ambulance sector.

While the 2025 standards aim to raise cleanliness benchmarks, concerns have emerged that their prescriptive nature may not align with the operational realities of ambulance services. The NASIPCG is a subject matter expert group who highlighted to NHS England that a rigid, one-size-fits-all approach could lead to inefficiencies, increased vehicle downtime, and reduced flexibility in managing real-time risks. Therefore, this consensus statement challenges the blanket application of the 2025 standards to ambulance vehicles and allows for a derogation, as agreed with NHS England, for a more adaptive, risk-based approach that empowers local services to make dynamic decisions based on existing policy arrangements, context, urgency, and available resources.

Escalation and Position

The evaluation of the NHS Cleanliness Standards 2025 by ambulance services followed a structured escalation process within the national governance framework. Initially reviewed by the National Ambulance Service Infection Prevention and Control Group (NASIPCG), the standards were subsequently escalated to the Quality Improvement, Governance and Risk Directors (QIGARD) group within the Association of Ambulance Chief Executives (ACE) structure. This escalation reflected growing concerns about the operationalisation of the vehicle elements of the cleanliness standards in the unique context of ambulance services. The standards did not consider all vehicle types used by ambulance services, nor the additional cleans that are routinely in place for vehicles (for example following gross contamination or following a suspected or confirmed infection). The auditing requirement for

vehicles was ambiguous within the standards, in terms of the number of vehicles to be audited within each functional element relevant to ambulance services within Appendices 1 and 2, and the ability to do this due to mobile nature of the service.

In response to sector-wide feedback, NHS England clarified that the standards are intended as guidance and represent good practice rather than mandatory requirements. They confirmed that ambulance trusts in England therefore retain the flexibility to continue using existing, locally agreed protocols, provided these are documented, developed in collaboration with their local Infection Prevention and Control (IPC) teams and take into consideration the audit results for the areas which are being derogated.

This position acknowledges the need for operational pragmatism and supports a more context-sensitive approach to infection control in pre-hospital care environments. Trusts should ensure local risk assessments are undertaken and endorsed through local governance structures to ensure compliance with the Health and Social Care Act 2008: code of practice on the prevention and control of infections (2022).

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