# National standards of healthcare cleanliness compliance grid

| Compliance | Standard | Description | Evidence | Tools and resources | Case study |
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| **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, optional for non-patient areas** | **Audit – display of star ratings** | First 6 months continue to display cleaning only percentage scores. Next 6 months display cleaning only star rating. Next 6 months display whole organisation cleaning star rating. (Implementation period 18 months.) | Organisations should identify an area where the cleaning only percentage score/star rating can be displayed where it is immediately visible to the public. | Organisations will need to develop tools to display the star ratings and update as 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 |  |