

Standards of Cleanliness

Final Internal Audit Report

2024/25

Hywel Dda University Health Board



Limited Assurance

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Review Reference

Fieldwork

Executive Sign Off

Audit Committee

Executive Lead

Audit Team

HDU-2425-11

March - April 2025

20 May 2025

June 2025

Andrew Carruthers, Chief Operating Officer

James Johns, Head of Internal Audit

Sophie Corbett, Deputy Head of Internal Audit

Executive Summary

Purpose

The overall objective of this follow-up review was to assess progress in implementing the actions agreed with management to address the issues identified in the previous audit, including additional testing.

Overview

Some progress has been made in addressing the issues arising from the 2023/24 internal audit however a number of actions are ongoing with the associated risks not fully addressed. We have concluded **limited** assurance overall. The matters requiring management attention include:

- Governance groups are in place however reporting of Synbiotix scores to County IPC groups is inconsistent, with poor Facilities representation and some scheduled meetings did not take place
- Refresher training has only recently commenced and will take some time to complete
- Wider roll out of the pilot study for new working arrangements is ongoing
- Cleaning schedules are not in place for all wards/clinical areas with an inconsistent approach to completion and retention
- Frequency of cleaning audits is not always compliant with Standards or Policy and target scores are not being consistently achieved
- Operational Performance Delivery (Synbiotix) meetings have not been taking place monthly.

Full details of matters arising are detailed within the Findings & Agreed Action Plan.

Scope & Assurance Summary

Objectives	Related Findings	Assurance
1 There are clear governance arrangements and lines of accountability, including Executive responsibility and a multi-disciplinary scrutiny/review forum	1	Reasonable
2 Cleaning requirements are set out within operational policies and procedures and staff are adequately trained in relation to these	2, 3	Reasonable
3 Healthcare facilities are cleaned in accordance with Health Board cleaning schedules	4	Limited
4 Regular cleanliness audits are undertaken with compliance monitored and reported within the Health Board	5, 6	Limited

Management Actions

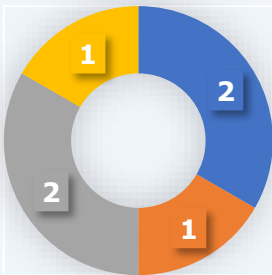


High Priority



Medium Priority

Themes



- Governance
- Planning, Delivery & Deadline Management
- Quality, Safety & Patient Experience
- Training & Development

Risk Types

Quality or Safety Issues

Findings & Agreed Action Plan

Objective 1: There are clear governance arrangements and lines of accountability, including Executive responsibility and a multi-disciplinary scrutiny/review forum **Reasonable**

Overview / Summary of Observations

The previous internal audit report (HDU-2324-11) identified opportunities to strengthen reporting to the operational governance groups and the need to evidence scrutiny of cleaning audits. Although clear governance arrangements and reporting lines are now in place, we noted instances of irregular reporting to County Infection Prevention groups (IPGs) which could potentially compromise assurance reporting through the governance structure.

County Infection Prevention groups (IPGs) are responsible for reviewing the status of the environment and effectiveness of facilities management services (including cleaning) and scrutiny of cleaning audits and report by exception to the Infection Prevention Strategic Steering Group (IPSSG). We noted that Synbiotix audit results are not consistently reported to county IPGs with a lack of attendance by a Soft Facilities representative at several meetings. We found instances of scheduled IPG meetings not taking place and some occasions where a meeting had gone ahead but there were no minutes. **[Finding 1]**

The IPSSG became a group of the Quality, Safety and Experience Sub Committee (QSESC) in September 2024 and the IPSSG TOR's have been reviewed and updated to reflect the new arrangement, however they are still in draft form and require formal approval, and this has been highlighted to management for action. A review of meeting papers confirmed there is evidence that updates on compliance with cleaning standards is monitored by the IPSSG with escalation through the Health Board's governance structure.

Key Findings	Risk & Impact	Agreed Management Action
<p>1 Reporting to County Infection Prevention Groups</p> <p>Cleaning audit results are not being consistently reported to County IPGs with scheduled meetings not taking place and poor attendance by Soft Facilities at several meetings.</p> <p>There was no Hotel Services representation at the PPH County IPG April or June 2024 meetings and scores were not presented. There was also no representation at the September 2024 meeting - scores were embedded in the agenda but there was limited evidence of scrutiny in the minutes. Hotel services staff did not attend the WGH County IPG meetings during December 2024, January 2025 or March 2025 however reports were embedded in the agendas for December and March but not for the January 2025 meeting.</p> <p>We found some instances of scheduled meetings not taking place and occasions where there were no minutes available (e.g. April, October and December 2024 PPH County IPG meetings). The BGH County IPG meetings did not take place in October or December 2024 or February 2025. The WGH October 2024 meeting did not take place.</p> <p>Theme: Governance</p>	<p>Failure to adequately monitor compliance with the Standards to identify and address cleanliness issues</p> <p>Poor standards of cleanliness are not identified or addressed potentially resulting in negative patient experience, patient harm and reputational damage</p> <div style="background-color: yellow; text-align: center; padding: 5px;">Medium Priority</div> <p>Control Operation</p>	<p>Agreed Action:</p> <p>Review the governance for IPC to align with the new Clinical Care Group Structure, including a review of the terms of reference and reporting arrangements for the Environmental Hygiene Group.</p> <hr/> <p>Expected Evidence of Implementation:</p> <p>Revised/approved governance structure</p> <p>Terms of reference and workplans for groups within the new structure</p> <p>Minutes of meetings demonstrating delivery of terms of reference including frequency of meetings and quoracy</p> <hr/> <p>Officer: Sharon Daniel - Director of Nursing, Quality & Patient Experience</p> <p>Target Implementation Date: 31 October 2025</p>

Objective 2: Cleaning requirements are set out within operational policies and procedures and staff are adequately trained in relation to these

Reasonable

Overview / Summary of Observations

A finding in the previous report noted that the Environmental Cleaning Policy needed reviewing and updating. We confirmed that the policy has been duly revised and was approved by the Clinical Written Control Documentation Group in March 2025 and that it is available to staff on the Health Board website.

The previous audit highlighted that training manuals varied in content across the sites and needed updating to reflect new processes and products. There was no central record of training compliance or dedicated staff to undertake training. Site visits during the audit confirmed a new standardised training manual has been ratified and is in use and there is a dedicated training supervisor tasked with delivering training at each site. The database of training records has been recently set up and domestic staff entered on the system. The training supervisors have begun delivering the cleaning tasks induction/refresher training and updating the database accordingly. However, this is a significant undertaking given the large number of domestic staff and as this process begun recently it is unlikely to be completed by the target date of April 2025 set last year. **[Finding 2]**

The previous internal audit reported on the pilot study at GGH where cleaning and catering duties were separated into two teams. This resulted in improved outcomes in the cleaning audits and levels of healthcare associated infections during the trial and we recommended wider roll out of the revised working arrangements. We sought to establish whether this has been actioned and established that approval for wider rollout has been given by the Operational Planning, Governance & Performance group. Discussions with staff and a review of meeting papers confirmed that a phased approach to implementing the new model of cleaning provision has begun with the practices having been reinstated at five wards at GGH and ten wards at PPH. The phased roll out is a key action in the Facilities Team Workforce Stabilisation Plan. **[Finding 3]**

Key Findings		Risk & Impact	Agreed Management Action
2	<p>Domestics Training</p> <p>A central database of staff training has recently been set up and refresher training for staff has commenced however this will take some time to complete.</p>	<p>Staff are not appropriately trained, increasing the risk of poor standards of cleanliness, non-compliance with the Standards, negative patient experience/patient harm and reputational damage.</p>	<p>Agreed Action:</p> <p>Training compliance plans are being developed for each site, this will identify the training to be provided and timescales for achieving compliance.</p> <p>Compliance will be monitored through the Estates Facilities Care Group governance structures.</p> <p>Expected Evidence of Implementation:</p> <p>Training compliance plans and trajectory for achieving compliance</p> <p>Evidence of monitoring through Estates & Facilities CCG</p>
		<p>Medium Priority</p>	<p>Officer: James Severs, Director of Allied Health Professions & Health Science</p>
	<p>Theme: Training & Development</p>	<p>Control Operation</p>	<p>Target Implementation Date: 31 August 2025</p>

3	<p>New Model of Cleaning Provision</p> <p>The Organisational Change Process has commenced and the rollout is in the early stages. The revised working arrangements have been reinstated at a number of wards in GGH and PPH, and this is likely to take some time to fully roll out and embed.</p>	<p>The environment not being adequately cleaned leading to staff or patient harm</p>	<p>Agreed Action:</p> <p>A plan and trajectory for rolling out the new model of cleaning provision across all sites will be developed.</p>
		<p>Medium Priority</p>	<p>Expected Evidence of Implementation:</p> <p>Plan and trajectory for implementation at each hospital site</p>
	<p>Theme: Planning, Delivery & Deadline Management</p>	<p>Control Operation</p>	<p>Officer: James Severs, Director of Allied Health Professions & Health Science</p> <p>Target Implementation Date: 31 August 2025</p>

Overview / Summary of Observations

The previous audit report recommended that, in line with Policy requirements, Service Level Agreements (SLA’s) and Cleaning Schedules should be established for each ward/clinical area and that the format of cleaning schedules should be standardised across the Health Board to include cleaning tasks and frequency of completion.

We found that a standardised SLA has been formalised and individual SLA’s were distributed to WGH and GGH Heads of Nursing for all very high-risk and high-risk areas in March 2025. We were advised that SLA’s will continue to be drawn up to include significant risk, low risk and community areas.

We were advised at WGH and GGH that cleaning schedules (‘job sheets’) had been drawn up and distributed to wards, however ward visits and sample testing at both sites found that completed schedules are not consistently completed to confirm the tasks undertaken and retained as evidence. We visited seven wards at WGH where cleaning schedules should have been in use but did not find any that were being completed. A sample of seven wards at GGH revealed cleaning schedules had been completed at five areas, but only during the week or two prior to the audit visit.

We also found that where schedules had been completed, they were often inappropriately completed resulting in there not being an audit trail should an issue arise relating to cleaning standards or infection. This gap highlights the need for further training and reinforcement to ensure that all staff members understand the importance of adhering to and signing the schedules. **[Finding 4]**

Key Findings	Risk & Impact	Agreed Management Action
<p>4 Cleaning Schedules</p> <p>We found limited use of cleaning schedules at wards in WGH and GGH, with documentation often incomplete or inappropriately completed.</p>	<p>The environment not being adequately cleaned leading to staff or patient harm</p> <p>Lack of evidence that cleaning tasks or daily inspections by supervisors are being undertaken</p>	<p>Agreed Action:</p> <p>Spot checks will be undertaken as part of the cleaning audit process to ensure compliance with the cleaning schedules.</p> <p>We will continue working towards a digital cleaning schedule for all wards on Synbiotix.</p> <hr/> <p>Expected Evidence of Implementation:</p> <p>Cleaning audits evidence checking of cleaning schedule compliance</p> <p>Completed cleaning schedules</p>
<p>Theme: Quality, Safety & Patient Experience</p>	<p style="background-color: red; color: white; text-align: center;">High Priority</p> <p>Control Operation</p>	<p>Officer: James Severs, Director of Allied Health Professions & Health Science</p> <p>Target Implementation Date: 31 July 2025</p>

Objective 4: Regular cleanliness audits are undertaken with compliance monitored and reported within the Health Board

Limited

Overview / Summary of Observations

The previous internal audit identified that not all wards/clinical areas had been transferred from the C4C system to Synbiotix. Discussions and a review of Synbiotix reports this year confirmed that for WGH and GGH very high, high, significant and low risk areas have been added along with some community sites.

At GGH very high-risk areas continue to be undertaken on a monthly rather than the recommended weekly basis. Furthermore high, significant and low risk areas are not being audited at the recommended frequencies - facilities staff advised us that this is due to challenges with supervisor staffing capacity. At WGH a dedicated auditing supervisor has been instated recently resulting in very high-risk audits taking place weekly since February 2025 and during this period significant and low risk areas have started to be audited again, although the frequency of the audits is not always compliant with Standards or Policy. It is anticipated that domestic workforce issues across the Health Board will be addressed by the Facilities Team Workforce Stabilisation Plan. **[Finding 5]**

We attended a Synbiotix audit at A&E GGH and observed a poor standard of cleanliness which was reflected in the overall score of 94.43%, the Domestic Cleaning Score was 89.16% (pass rate is 98%). No audits were undertaken at A&E during December 2024 and January 2025 and the area failed to achieve a pass score during the last 12 months.

We also attended an audit of the Front Hall reception area - a significant risk area with a pass rate of 85%. The audit achieved 91.79% overall but failed Domestic Cleaning with 81.08%. This audit was last undertaken in October 2024 (achieving a domestic pass rate of 86.6%), however not achieving the quarterly frequency stipulated for significant areas. The Male and Female WC's failed on several elements each despite the weekly toilet check sheet indicating that a supervisor had approved the facilities earlier in the day.

We accompanied the supervisor undertaking an ICU audit during our visit to WGH, this achieved an overall score of 92.21% (pass rate 98%), the domestic cleaning score was 94.71%. The area also failed six of the previous eight audits, however the area has been audited weekly since the beginning of February. **[Finding 5]**

The live Synbiotix dashboard is discussed at the monthly Operational Performance Delivery meetings chaired by the Head of Facilities (Estates) and attended by representatives from Estates and Facilities, however meetings did not take place during October, November and December 2024 or February and March 2025. We note that only very high and high-risk areas are included in the dashboards therefore there is no discussion of estates issues at significant and low risk areas. **[Finding 6]**

However, we were advised that the rolling three monthly Synbiotix audit report for each site for all risk level areas are now reported to the Environmental Hygiene Group meetings, attended by nursing, infection prevention, facilities and health & safety representatives. This report also goes to IPSSG for strategic scrutiny.

Key Findings

Risk & Impact

Agreed Management Action

5 Frequency of Audits and Audit Scores

At GGH very high-risk areas continue to be undertaken on a monthly rather than the recommended weekly basis. Very high-risk areas have begun to be audited weekly again at WGH but only since February 2025. Furthermore high, significant and low

Non-compliance with the Standards and Policy

Poor standards of cleanliness are not identified or

Agreed Action:

Following the successful trial of a designated auditing supervisor at PPH this is now being implemented at the other three acute hospital sites.

New model of cleaning provision (see key finding 3) will seek to improve cleaning standards and audit scores.

<p>risk areas are not always being audited at the recommended frequencies at either site.</p> <p>A review of past audit scores and observations made during the cleaning audits attended highlighted that there are improvements required to be made in standards of cleanliness.</p>	<p>addressed potentially resulting in negative patient experience, patient harm and reputational damage</p>	<p>Expected Evidence of Implementation:</p> <p>Designated auditing supervisors in post at all acute hospital sites.</p>
<p>Theme: Quality, Safety & Patient Experience</p>	<p>High Priority</p>	<p>Officer: James Severs - Director of Allied Health Professions & Health Science</p> <p>Target Implementation Date: 31 July 2025</p>
<p>6 Operational Performance Delivery (Synbiotix) meetings</p> <p>The live Synbiotix dashboard is discussed at the monthly Operational Performance Delivery meetings, however meetings did not take place during October, November and December 2024 or February and March 2025. There are no Terms of Reference for this group. Action notes lack a detailed account of discussions or conclusions reached during the meetings. We note that only very high and high-risk areas are included in the dashboards therefore there is no discussion of estates issues at significant and low risk areas.</p>	<p>Failure to adequately monitor compliance with the Standards to identify and address cleanliness issues</p> <p>Poor standards of cleanliness are not identified or addressed potentially resulting in negative patient experience, patient harm and reputational damage</p>	<p>Agreed Action:</p> <p>As per key finding 1, governance structures and reporting arrangements will be reviewed to align with the new CCG structure.</p> <p>We will seek to incorporate the role of the existing Synbiotix meetings into the Environmental Hygiene Group and include Estates representation on this group. This links to key finding 1 – review of the governance arrangements.</p> <p>Expected Evidence of Implementation:</p> <p>Revised governance structure / reporting arrangements</p> <p>Renewed terms of reference for the Environmental Hygiene Group</p> <p>Estates representation on the Environmental Hygiene Group</p>
<p>Theme: Governance</p>	<p>Medium Priority</p>	<p>Officer: Sharon Daniel - Director of Nursing, Quality & Patient Experience / James Severs - Director of Allied Health Professions & Health Science</p> <p>Target Implementation Date: 31 October 2025</p>

Appendix A

Assurance Opinion

	Substantial	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	Unsatisfactory	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Advisory	Given to reviews and support provided to management which form part of the internal audit plan, to which the assurance definitions are not appropriate. These reviews are still relevant to the evidence base upon which the overall opinion is formed.

Prioritisation of Findings

Priority	Explanation
High	Significant risk to achievement of a system objective OR evidence present of material loss, error, or misstatement. Poor system design OR widespread non-compliance.
Medium	Some risk to achievement of a system objective. Minor weakness in system design OR limited non-compliance.

Website: [Audit & Assurance Services - NHS Wales Shared Services Partnership](#)

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Public Sector Internal Audit Standards

Audit work undertaken by NHS Wales Audit and Assurance Services conforms with the International Standards for the Professional Practice of Internal Auditing and associated Public Sector Internal Audit Standards as validated through the external quality assessment undertaken by the Chartered Institute of Public Finance & Accountancy in April 2023.

