

Standards of Cleanliness Final Internal Audit Report

April 2024

Hywel Dda University Health Board



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Review reference:	HDUHB-2324-11
Report status:	Final
Fieldwork commencement:	4 December 2023
Fieldwork completion:	17 March 2024
Debrief meeting:	12 April 2024
Draft report issued:	27 March 2024 (v1) & 22 April 2024 (v2)
Management response received:	25 April 2024
Final report issued:	26 April 2024
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Acknowledgement:

NHS Wales Audit and Assurance Services would like to acknowledge the time and co-operation given by management and staff during the course of this review.

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Executive Summary

Purpose

To review arrangements for ensuring compliance with the National Standards for Cleaning in NHS Wales.


Overview

We have concluded **Limited** assurance in this area. Significant matters requiring management attention include:

- Operational governance groups are in place but there are no terms of reference, limited evidence of scrutiny of cleaning audits and no evidence of written assurance reporting or escalation of issues to the IPSSG, QSEC or Health Board.
- The Environmental Cleaning Policy is in date but requires review and updating, notwithstanding that further updates will be required following publication of the new cleaning standards.
- Inconsistent training manuals across the two acute sites reviewed which require updating to reflect current practice. No central record of training maintained.
- No service level agreements in place (as required by policy). Cleaning schedules not in place for all wards/clinical areas. Variation in schedules used, and inconsistent approach to the completion and retention of schedules.
- Frequency of cleaning audits is not compliant with Standards or Policy and not all areas are subject to audit.

We note that a pilot study has been undertaken to trial alternative utilisation of staff resources, with management reporting improved outcomes in cleaning audits and positive feedback from nursing staff. This has subsequently been approved at the OPGP for wider roll out across the Health Board. Full details of matters arising are provided in Appendix A.

Report Opinion

		Trend
	Limited More significant matters require management attention.	
	Moderate impact on residual risk exposure until resolved.	N/A

Assurance summary¹

Objectives	Assurance
1 There are clear governance arrangements and lines of accountability, including Executive responsibility and a multi-disciplinary scrutiny / review forum	Limited
2 Cleaning requirements are set out in Policies & Procedures and there is adequate Training	Limited
3 Health Board facilities are cleaned in accordance with Cleaning Schedules	Limited
4 Cleanliness Audits are undertaken with compliance monitored	Limited

¹The objectives and associated assurance ratings are not necessarily given equal weighting when formulating the overall audit opinion.

Key Matters Arising		Objective	Control Design (D) or Operation (O)	Recommendation Priority
1	Governance, Monitoring & Reporting	1, 4	D	High
2	Environmental Cleaning Policy	2	D	Medium
3	Training	2	D	High
4	Implementation of Revised Working Arrangements	2	D	Medium
5	Service Level Agreements & Cleaning Schedules	3	D & O	High
6	Cleaning Audits	4	D & O	High

1. Introduction

- 1.1 The Health Board (HB) must ensure that healthcare premises are clean and that risks from inadequate or inappropriate cleaning have been reduced to the lowest possible level.
- 1.2 The National Standards for Cleaning in NHS Wales ('the Standards') were originally published in July 2003 and updated in December 2009 to reflect guidance within Healthcare Associated Infections – A Strategy for Hospitals in Wales (2004), introduction of the original Health Care Standards (2005) and publication of Free to Lead, Free to Care (2008).
- 1.3 The Standards provide a framework outlining how the Health Board can demonstrate the achievement of minimum levels of cleanliness and the method of assessment, rather than how services should be provided. There are seven standards:

I	Management of Environmental Cleanliness Health Boards are able to demonstrate clear management arrangements for environmental cleanliness, linked to corporate and clinical governance.
II	Local Cleanliness Strategies A consistently high standard of environmental cleanliness is delivered in all Health Boards.
III	Involving and Listening to Patients Patient views on cleanliness are integrated into the planning, implementation and monitoring process.
IV	Education & Development Staff are trained to undertake their duties in ensuring that the cleanliness standards are met.
V	Risk-Based Analysis for Service Provision The most appropriate cleaning methods and frequencies are applied to specific functional areas within healthcare facilities.
VI	Facility Management Health Board owned buildings and fixtures are maintained to an acceptable condition to enable the effective and safe cleaning of the patient environment.
VII	Monitoring of Cleaning Outcomes The standard of cleanliness of the healthcare environment is assessed by both internal and external audit.

- 1.4 Our testing focussed on two acute sites - Wthybush General Hospital (WGH) and Glangwili General Hospital (GGH).
- 1.5 The risks considered during the audit were:
 - Risk of infection for patients, potentially resulting in patient harm and additional
 - Health and Safety risk for the public and staff
 - Reputational damage

2. Detailed Audit Findings

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

Operational Arrangements

- 2.1 The Director of Estates has overall responsibility for soft and hard facilities management and maintenance within the Health Board. Operational responsibility is delegated to the Head of Estates & Facilities Operational Services, supported by the Head of Facilities Services and Senior Facilities Manager. There is a nominated Soft Facilities Manager for each acute site. The Facilities Quality Assurance Manager role was established in 2023.
- 2.2 A review of cleaning services provision resulted in the appointment of a new Facilities Quality Assurance Manager in 2023, reporting to both Facilities and Infection Prevention Control (IPC), and responsible for overseeing the cleaning teams and driving improvements and efficiencies.
- 2.3 In November 2023 the Facilities Quality Assurance Manager established the *Environmental Hygiene Group* - a multi-disciplinary forum with representation/input from soft facilities, hard facilities infection prevention, procurement, nursing and health and safety. Terms of reference are yet to be developed and it is not clear which forum (if any) this group will report to. **[Matter Arising 1]**
- 2.4 Following completion of audit fieldwork we were advised that a new 'Environment of Care Group' has now been established to scrutinise cleaning performance and standards. Cleaning audits are also discussed at the monthly Operational Performance Delivery meetings – this is covered in more detail under objective 4.

Formal Governance Structure

County Infection Prevention Groups (IPGs)

- 2.5 Reporting to the IPSSG, County IPGs are responsible for reviewing the status of the environment and effectiveness of facilities management services (including cleaning), and scrutiny of cleaning audits. Meeting governance sits with the Nursing/IPC teams with Facilities in attendance. We noted good practice in the use of standardised terms of reference for the three County groups and agendas include Synbiotix audit scores, diffix trial and cleaning pilot feedback as part of the Hotel Services agenda item.
- 2.6 Meetings have taken place bi-monthly in Carmarthenshire, but we were only provided with evidence of one meeting for Pembrokeshire (April 2023). Updates have been verbal, generally high level and not supported with reports or data providing an overview or assurance in relation to progress with the cleaning audit plan, audit results or remedial actions. **[Matter Arising 1]**

Infection Prevention Strategic Steering Group (IPSSG)

- 2.7 The IPSSG is an operational group of the Quality, Safety & Experience Committee, responsible for providing assurance on all matters relating to the prevention of infection, including compliance with the National Standards of Cleanliness.
- 2.8 Minutes of the four meetings held between April 2023 and January 2024 confirmed that 'environmental cleaning standards update' is a standing agenda item and updates on development of the new National Cleaning Standards by Welsh Government have been provided. However, compliance with the standards is not reported or discussed. **[Matter Arising 1]**

Quality, Safety & Experience Committee (QSEC)

- 2.9 There is no evidence of assurance reporting to QSEC in relation to cleaning standards compliance during the period February 2023 – February 2024. The Head of Operations attends QSEC but acknowledges that there is a gap in reporting arrangements. **[Matter Arising 1]**
- 2.10 Notwithstanding this, cleanliness concerns at Glangwili were escalated to QSEC via Operational Quality, Safety & Experience Sub-Committee in November 2023 following an Unscheduled Care update report.

Conclusion:

- 2.11 We have concluded **Limited** assurance for the objective.

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

Policies & Procedures

- 2.12 The purpose and scope of the Environmental Cleaning Policy ('the policy') is to explain the principles of cleaning within the hospital environment and define the responsibilities and accountabilities of relevant members of staff in ensuring that the principles are adhered to.
- 2.13 Management acknowledge that the policy requires updating to reflect changes to governance arrangements and cleaning practices, including the transition from Cleaning 4 Credits to the new Synbiotix system. The policy was due for review in 2019 with repeated extensions up to July 2024. This is in anticipation of the new Welsh Standards of Cleaning which are expected to be published imminently. Updates are provided to the Environmental Hygiene Group. **[Matter Arising 2]**

Training

- 2.14 We reviewed the arrangements for training domestics at WGH and GGH. Training is provided as part of new staff induction, with additional training for specialist areas (e.g. theatres, HSDU) and ad hoc/refresher training as and when required. There are no longer dedicated training supervisors in place. **[Matter Arising 3]**
- 2.15 Training manuals at WGH and GGH vary in content and level of detail, with GGH being the more comprehensive example including detailed step-by-step guidance

for various cleaning tasks requiring staff and trainer signature to confirm competence in each task. The manuals also require updating to reflect minor changes in process, such as new cleaning products in use. **[Matter Arising 3]**

- 2.16 There is no central record of training compliance, we were advised that training logs are held on individual personal files. **[Matter Arising 3]**

Staff Responsibilities – Pilot Study

- 2.17 As a result of significant changes in the supply and demand of cleaning services by the Facilities Directorate over the past few years (such as Covid and anticipated changes to the Cleaning Standards) a study was undertaken to understand the current provision of cleaning services and future resource requirements. The review noted difficulty in accurately identifying current cleaning provision due to inconsistent staffing levels and cleaning, portering and catering staff working as hybrid teams.
- 2.18 Domestics currently have a dual role undertaking both catering and cleaning duties and one pool of hours per ward with a change of duties occurring on a shift many times resulting in several disposable PPE changes and a risk of cross infection. Rotas, shift times and daily work schedules vary across the Health Board. For example, there are seven different types of rota at GGH resulting in inconsistent coverage and staff shortages at weekends.
- 2.19 Following submission of the Cleaning Provision report in January 2023 to the Use of Resources Group, it was agreed via the Improving Together Forum to undertake a pilot study over a six-week period in November 2023 in five areas at GGH. The pilot study involved alternative utilisation of established resource by separating cleaning and catering duties into two teams and using a standardised rota.
- 2.20 Management reported improved outcomes in the cleaning audits during the pilot period and positive feedback from nursing staff and the IPC team regarding the levels of healthcare associated infections. We were advised that this has subsequently been approved at the Operational Planning, Governance & Performance (OPGP) group for wider roll out across the Health Board. **[Matter Arising 4]**

Conclusion:

- 2.21 The Environmental Cleaning Policy requires review and updating. Staff training manuals vary between sites and require updating, and a central record of training is not maintained. We have concluded **Limited** assurance for this objective.

Objective 3: Healthcare facilities are cleaned in accordance with Health Board cleaning schedules

- 2.22 Policy states that Service Level Agreements (SLAs) should be produced for each ward and clinical department by the Facilities department and ward managers to identify cleaning requirements, the risk category of cleaning tasks, cleaning frequencies and staffing levels. We were provided with a draft SLA which is

currently a work in progress and will be completed following publication of the new Standards for Cleaning. **[Matter Arising 5]**

- 2.23 Policy also requires that cleaning schedules be produced for each ward and clinical department, with detailed breakdowns of frequency and times that each cleaning task will be undertaken. These should be displayed in each ward/clinical area.
- 2.24 At WGH, we were advised that only some wards have cleaning schedules in place, and were only provided with examples for Main Theatre and Theatres 2, 3 and Recovery. We noted variation in the format of the schedules. Although not mandated by policy, the format of the schedules reviewed indicates that they should be completed daily to record the tasks completed and we were advised that completed schedules are retained. Review of schedules for the period 13 November 2023 – 15 January 2024 identified instances where schedules had not been completed/retained, or were present but incomplete. **[Matter Arising 5]**
- 2.25 At GGH, we were advised that cleaning schedules are in place for all areas. However, sample testing of 15 wards identified only three wards with completed schedules present for the month sampled. **[Matter Arising 5]**

Conclusion:

- 2.26 Policy requires a service level agreement and cleaning schedule in place for each ward/clinical area. Development of the service level agreement template is ongoing and cleaning schedules are not in place or in use for all wards/clinical areas. We have concluded **Limited** assurance for this objective.

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

Audit Frequency

- 2.27 The Standards require that healthcare facilities undertake regular audits of cleanliness, and stipulate suggested minimum cleaning frequencies. Health Board Policy reflects the requirements of the Standards:

Risk Level	Target Score	Minimum Frequency
Very High Risk	98%	Weekly*
High Risk	95%	Monthly
Significant Risk	85%	Quarterly
Low Risk	75%	6 monthly

*until consistently high standards achieved, then monthly

- 2.28 Contrary to these requirements, we were advised that current practice across the Health Board is to audit Very High-Risk areas on a monthly basis. **[Matter Arising 6]**

2.29 We obtained Synbiotix reports for WGH and GGH identifying all audits undertaken during the period 1 March 2023 – 29 February 2024 and noted the following observations: **[Matter Arising 6]**

- Disparity in the ratio of areas identified as very high-risk and high risk, potentially indicating inconsistency in the risk assessment.
- None of the 53 areas identified as very high-risk were consistently achieving the target score so should be audited weekly in line with the Standards and Policy. None have been audited weekly and only 9 have been audited monthly.
- 31 very high-risk areas in WGH were identified as numbered zones, it was not clear what areas these relate to. All had been audited three times or less during the period reviewed.
- Only two low risk areas (at WGH) were identified on the reports, indicating that low risk areas are not being audited. On querying this we were advised that not all areas of the Health Board have been transferred from the former Cleaning for Credits system to the new Synbiotix system. The extent of the gap is unknown.

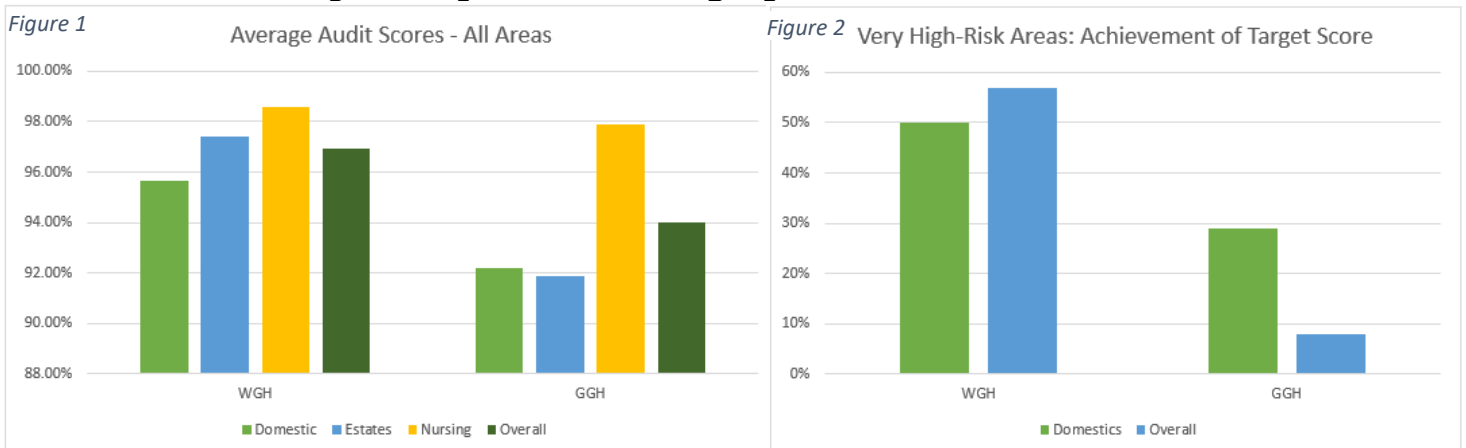
Synbiotix Audits 1 Mar 23 - 29 Feb 24

Risk Status	WGH*				GGH			
	Number of Areas Identified	Ratio	Audits Undertaken		Number of Areas Identified	Ratio	Audits Undertaken	
			Average	Range			Average	Range
Very High	43	53%	3.8	1-12	10	20%	10.6	7-13
High	23	28%	6.2	1-12	35	70%	8.5	1-13
Significant	13	16%	1.8	1-4	5	10%	4.8	3-6
Low	2	2%	1.5	1-2	0	0%	-	-

* Completion of cleanliness audits at WGH will be affected by the ongoing RAAC issue and ward closures during the period reviewed

Audit Results

2.30 Audits generate four scores – domestic cleaning, nurse cleaning, estates condition and an overall result. Average scores for all risk areas for the period reviewed are illustrated in figure 1. Focusing on very high-risk areas, domestics achieved the target score in only 50% of audits undertaken at WGH, and 29% at GGH – illustrated in figure 2. **[Matter Arising 6]**



- 2.31 We accompanied a domestic supervisor undertaking an internal technical audit at Preseli Ward GGH and Ward 7 WGH and noted the following observations:
- Supervisors audit their own areas for which they are responsible, possibly compromising independence and objectivity
 - Cleanliness issues were observed on both wards, with both audits resulting in failure to achieve target scores for domestic cleaning and overall
 - Some rooms are missed during audits due to patient occupancy or barrier nursing and so inspection of these rooms is delayed until the following audit.
- 2.32 We confirmed that once the audit has been submitted, the resulting report is automatically generated and emailed to the Soft FM manager, Estates Manager and Ward manager. The Synbiotix audit report shows the overall audit score and the individual scores for Domestic, Estates and Nursing. A table is included which shows all elements that received a failure and the action(s) required to be carried out by the responsible team.

Reporting and Monitoring

- 2.33 The live Synbiotix dashboard is discussed at the monthly Operational Performance Delivery meetings chaired by the Head of Maintenance & Engineering and attended by representatives from Estates & Facilities. There are no terms of reference for this group.
- 2.34 Action notes document only the number of audits completed at each site. Further detail on audit results is included within the dashboard, but this focuses solely on very high-risk and high-risk areas only – significant and low risk areas are not included in the dashboard. **[Matter Arising 1]**
- 2.35 In line with our own observations, the dashboard demonstrates poor compliance with audit completion and scores.

Conclusion:

- 2.36 We have concluded **Limited** assurance for this objective.

Appendix A: Management Action Plan

Matter Arising 1: Governance, Monitoring & Reporting (Design)		Impact
<p>There are no terms of reference in place for the Environmental Hygiene Group established in 2023 and it is not clear which forum (if any) this group will report to.</p> <p>The Synbiotix dashboard is discussed at the monthly Operational Performance Delivery meetings. There are no terms of reference for this meeting. Action notes document only the number of audits completed at each site with no evidence of discussion around audit scores. Whilst this information is contained within the dashboard, it relates to very / high-risk areas only – significant and low risk areas are excluded.</p> <p>County IPGs are responsible for reviewing the status of the environment and effectiveness of facilities management services (including cleaning), and scrutiny of cleaning audits but there is little evidence to demonstrate that these groups are fulfilling their role.</p> <p>The IPSSG is an operational group of the QSEC, responsible for providing assurance on all matters relating to the prevention of infection, including compliance with the National Standards of Cleanliness. There is no evidence of Standards compliance reported to the IPSSG or onward assurance reporting to QSEC.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> • Failure to adequately monitor compliance with the Standards to identify and address cleanliness issues • Negative patient experience or patient harm as a result of poor standards of cleanliness
Recommendations		Priority
1.1a	Develop Terms of Reference for the Environmental Hygiene Group setting out the responsibilities, membership and reporting arrangements.	High
1.1b	Compliance with cleaning audit frequencies (as stipulated in the Standards) and cleaning audit results should be formally reported via written updates to the County Infection Prevention Groups.	
1.1c	Compliance with the Standards should be monitored and formally reported via written updates to the IPSSG, with assurances and issues appropriately escalated through the Health Board's governance structure.	
1.1d	Facilities management to engage with those responsible for these groups to ensure that minutes and action logs clearly evidence the discussions and scrutiny taking place at these meetings.	

Agreed Management Action		Target Date	Responsible Officer
1.1a	Environmental Hygiene Group TOR currently in Draft, on agenda to be ratified at next EHG meeting on 14.05.24	June 2024	Consultant Practitioner Infection Prevention
1.1b	Cleaning audit report to be developed for IPSSG & county infection groups.	September 2024	Head of Operations
1.1c	As 1.1b	September 2024	Head of Operations
1.1d	Facilities Lead will raise this formally with the chair of each meeting / committee to formally request that this becomes a standard agenda item with written reports, action plans and appropriate minutes recorded.	September 2024	Head of Operations Facilities Management Lead

Matter Arising 2: Environmental Cleaning Policy (Design)		Impact
<p>Management acknowledge that the policy requires updating to reflect changes to governance arrangements and cleaning practices, including the transition from Cleaning 4 Credits to the new Synbiotix system. The policy was due for review in 2019 with repeated extensions up to July 2024. This is in anticipation of the new Welsh Standards of Cleaning which are expected to be published imminently.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> Policies are out of date and inconsistent with current practice which could result in confusion for staff and non-compliance with Standards
Recommendations		Priority
2.1	Review and update the Environmental Cleaning Policy to ensure that it reflects changes to cleaning practices including the move from Cleaning 4 Credits to the new Synbiotix system.	Medium
Agreed Management Action		Target Date
2.1	Noting the delay in the new All Wales NSOC (National Standards of Cleanliness) The HB will press ahead with updating policy in advance of clarity in the All-Wales position. (This is likely to require a refresh in circa 12 months when this update is made available to health Boards.	July 2024
		Responsible Officer
		Interim Executive Director of Nursing, Quality & Patient Experience

Matter Arising 3: Training (Design)		Impact	
<p>Training manuals at WGH and GGH vary in content and level of detail, and require updating to reflect changes in process (such as new cleaning products in use).</p> <p>There is no central record of training compliance.</p> <p>We understand that the Health Board previously had dedicated training supervisors but these are no longer in place.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> Staff are not appropriately trained, increasing the risk of poor standards of cleanliness, non-compliance with Standards, negative patient experience / patient harm and reputational damage 	
Recommendations		Priority	
3.1	<p>Review and update training manuals to ensure they reflect current practice and requirements, and standardise training manuals in use across the Health Board to ensure consistency.</p> <p>In light of poor cleaning audit scores, consider the merits of:</p> <ul style="list-style-type: none"> routine refresher training to ensure staff are competent and compliant with requirements. reintroducing dedicated training supervisors who would have the necessary expertise and skills to administer training. <p>A central record of training should be maintained to facilitate training compliance monitoring.</p>	High	
Agreed Management Action		Target Date	Responsible Officer
3.1	All cleaning training manuals have already been rewritten on a consistent basis. Ratify through EHG (Environmental Hygiene Group)	July 2024	Consultant Practitioner Infection Prevention
	Training Supervisors will be located on all acute sites.	May 2024	Head of Operations
	Refresher training will be completed.	April 2025	Head of Operations
	Facilities Quality assurance Manger to implement central training database	July 2024	Head of Operations

Matter Arising 4: Implementation of Revised Working Arrangements (Design)		Impact	
<p>Domestics currently have a dual role undertaking both catering and cleaning duties and one pool of hours per ward with a change of duties occurring on a shift many times. Rotas, shift times and daily work schedules vary across the Health Board.</p> <p>A pilot study was undertaken at GGH involving alternative utilisation of established resource by separating cleaning and catering duties into two teams and using a standardised rota. Management reported improved outcomes in the cleaning audits during the pilot period and positive feedback from nursing staff and the IPC team regarding the levels of healthcare associated infections. We were advised that this has subsequently been approved at the Operational Planning, Governance & Performance (OPGP) group for wider roll out across the Health Board.</p>		<p>Opportunity to improve efficiency and effectiveness of working practices, to improve standards of cleanliness and reduce the risk of patient harm.</p>	
Recommendations		Priority	
4.1	Health Board-wide implementation of successful practices identified following the pilot study.	Medium	
		Target Date	Responsible Officer
4.1	<p>A detailed implementation plan will be taken to OPGP in June 2024</p> <p>The phased roll out will prioritise areas with the highest infection rates and anticipated to take 12-18 months to complete, subject to organisational change processes.</p> <p>In the meantime we will engage with staff who participated in the pilot study to explore early implementation on a volunteer basis.</p>	<p>June 2024</p> <p>Complete by October 2025</p> <p>June 2024</p>	<p>Head of Operations</p> <p>Head of Operations</p> <p>Head of Operations</p>

Matter Arising 5: Service Level Agreements & Cleaning Schedules (Design & Operation)		Impact	
<p>Policy states that Service Level Agreements (SLAs) should be produced for each ward and clinical department to identify cleaning requirements, the risk category of cleaning tasks, cleaning frequencies and staffing levels. We were provided with a draft SLA which is currently a work in progress and will be completed following publication of the new Standards for Cleaning.</p> <p>Policy also requires that cleaning schedules be produced for each ward and clinical department, with detailed breakdowns of frequency and times that each cleaning task will be undertaken. Cleaning schedules are not in place for all clinical areas at WGH and GGH. We also noted variation in the cleaning schedules observed.</p> <p>Although not explicitly required by policy, the format of the schedules reviewed indicates that they should be completed daily to record the tasks completed and we were advised that completed schedules are retained. Sample testing found that completed schedules are not consistently completed or maintained.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> • The environment not being adequately cleaned leading to staff or patient harm • Lack of evidence that cleaning tasks or daily inspections by supervisors are being undertaken 	
Recommendations		Priority	
5.1	<p>In line with the Policy requirements Service Level Agreements and cleaning schedules should be established for each ward/clinical area.</p> <p>The format of cleaning schedules should be standardised across the Health Board to include cleaning tasks and frequency of completion.</p> <p>Management should determine whether schedules should be completed as confirmation of tasks undertaken and retained as evidence, ensure a standardised approach is adopted across the Health Board and reflect requirements in the Policy.</p>	<p>High</p>	
Agreed Management Action		Target Date	Responsible Officer
5.1	<p>SLA's are already in draft format and will be formalised and agreed with acute site Heads of Nursing. This will develop as the new HB cleaning strategy is rolled out across the HB over the next 12 months.</p>	<p>September 2024 (commencing)</p>	<p>Head of Operations</p>



Matter Arising 6: Cleaning Audits (Design & Operation)		Impact
<p>Current practice across the Health Board is to audit all areas except low-risk on a monthly basis. The Standards suggest minimum audit frequency of weekly for very high-risk areas, moving to monthly only once consistently high standards of cleanliness are achieved.</p> <p>Estates and nursing are invited to participate in audits, but we were advised that they rarely attend.</p> <p>Review of Synbiotix reports for the WGH & GGH for the period 1 March 2023 – 29 February 2024 revealed:</p> <ul style="list-style-type: none"> • disparity between the ratio of very high-risk areas at WGH and GGH, potentially indicating inconsistency in risk assessment • very-high risk areas are being audited less than monthly • low risk areas are not recorded on Synbiotix and not being audited <p>Audit results for very-high risk areas highlighted that domestics achieved the target score in only 50% of audits undertaken at WGH and 29% at GGH.</p>		<p>Potential risk of:</p> <ul style="list-style-type: none"> • Non-compliance with the Standards and Policy • Poor standards of cleanliness are not identified or addressed potentially resulting in negative patient experience, patient harm and reputational damage
Recommendations		Priority
6.1	<p>Ensure all wards/clinical areas are included on Synbiotix and appropriately risk assessed.</p> <p>In line with Standards and Policy, very high-risk areas should be audited weekly moving to monthly once consistently high standards of cleanliness are achieved. If necessary due to resource constraints, consider adopting a risk-based approach to prioritise very high-risk areas with the lowest scores for more frequent auditing.</p> <p>Estates and nursing staff should participate in audits for very high-risk areas even if only on a periodical basis to ensure a multi-disciplinary approach to auditing.</p>	High
6.2	<p>The risks associated with poor standards of cleanliness and non-compliance with the Standards should be reflected on an appropriate risk register.</p>	Medium

Agreed Management Action		Target Date	Responsible Officer
6.1	Capacity with our supervisors currently does not allow us to complete weekly monitoring. This is in the new cleaning strategy currently being rolled out. In the interim we will adopt a risk-based approach.	April 2025	Head of Operations
		May 2024	Head of Operations
6.2	Facilities Head of Compliance has entered onto Datix.	Completed	Head of Operations

Appendix B: Assurance opinion and action plan risk rating

Audit Assurance Ratings

We define the following levels of assurance that governance, risk management and internal control within the area under review are suitable designed and applied effectively:

	Substantial assurance	Few matters require attention and are compliance or advisory in nature. Low impact on residual risk exposure.
	Reasonable assurance	Some matters require management attention in control design or compliance. Low to moderate impact on residual risk exposure until resolved.
	Limited assurance	More significant matters require management attention. Moderate impact on residual risk exposure until resolved.
	Unsatisfactory assurance	Action is required to address the whole control framework in this area. High impact on residual risk exposure until resolved.
	Assurance not applicable	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 Recommendations

We categorise our recommendations according to their level of priority as follows:

Priority level	Explanation	Management action
High	Poor system design OR widespread non-compliance. Significant risk to achievement of a system objective OR evidence present of material loss, error or misstatement.	Immediate*
Medium	Minor weakness in system design OR limited non-compliance. Some risk to achievement of a system objective.	Within one month*
Low	Potential to enhance system design to improve efficiency or effectiveness of controls. Generally issues of good practice for management consideration.	Within three months*

* Unless a more appropriate timescale is identified/agreed at the assignment.



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