Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

BWYLLGOR ANSAWDD, DIOGELWCH A PHROFIAD
QUALITY, SAFETY AND EXPERIENCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	11 August 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Facilities Service Group Quality Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	James Severs, Executive Director of Allied Health Professions and Health Science
SWYDDOG ADRODD: REPORTING OFFICER:	Elin Brock, Head of Research, Innovation and Improvement

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Sicrwydd/For Assurance

ADRODDIAD SCAA
SBAR REPORT

Sefyllfa / Situation

This report provides the Quality, Safety and Experience Committee with assurance regarding the effectiveness of quality governance arrangements within the Facilities Service. The report highlights key sources of assurance, current areas of risk and planned improvement activity relating to environmental cleanliness, food safety, patient experience and implementation of national standards.

Cefndir / Background

The Facilities Service Group provides a range of support services across Hywel Dda University Health Board that are integral to enabling good clinical delivery. This includes cleaning services, portering services, catering services and the provision of linen. These services form part of the facilities service's governance arrangements and are scrutinised on a monthly basis at site level Integrated Governance Groups (IGG) that report into the Facilities Service Group.

The aim of the Facilities Service Group in summary is to:

- Ensure there is a process in place to continually monitor and review its risk register, acting to mitigate quality and safety risks on an ongoing basis;
- Maintain an open culture of improving quality, safety and patient experience across all teams and all staff;
- Promote a positive culture of staff engagement, development and understanding of everyone's responsibility for safe, quality care and
- Foster a culture of psychological safety within the Facilities Service Group in order to promote collaboration, trust, innovation and personal growth.

Meeting the Duty of Quality is the highest priority for the Facilities Service Group and its governance structures and oversight has developed significantly. This report is set out under each of these domains.

The Facilities Service Group has strengthened its quality governance arrangements over the last 12 months through the development of a structured governance framework, strengthened reporting arrangements and enhanced multidisciplinary oversight of cleaning and catering through the Environmental Hygiene Group and Catering Assurance Group.

Asesiad / Assessment

Quality Assurance

The Facilities Service Group operates a formal quality governance structure, reporting through Facilities Integrated Governance Group (FIGG) to the Executive Director of Allied Health Professions and Health Science Directorate Integrated Governance Group (DIGG).

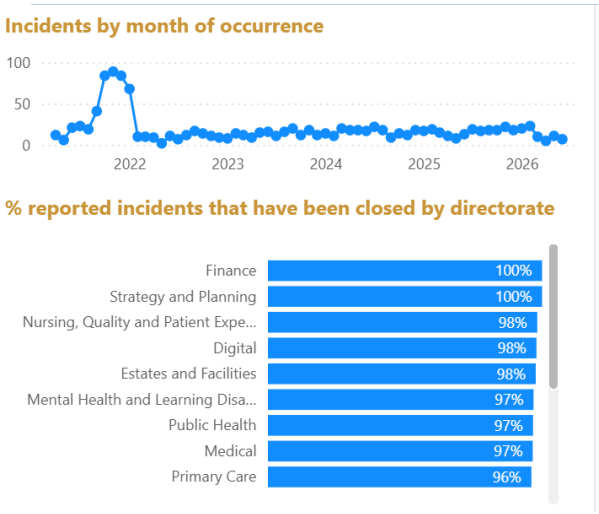
The monthly Facilities Service Group provides oversight of risks, incidents, audits and improvement activity; supported by monthly Environmental Hygiene Group (EHG) and Catering Assurance Group (CAG) meetings. The EHG provides operational oversight of Health Board cleaning services, ensuring compliance with audit schedules and scrutiny of cleaning standards compliance. The CAG provides operational oversight of Health Board catering services, supporting the development of procedural documents and performance metrics to enable greater oversight of the service.

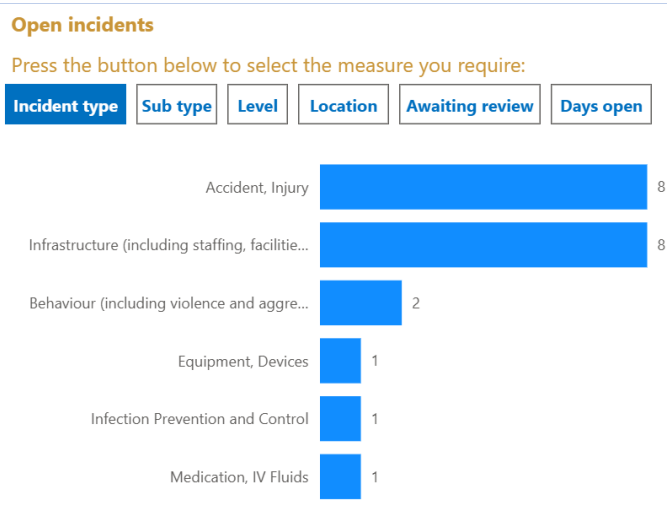
Further work is required to establish performance assurance arrangements across all service areas and sites and to increase multidisciplinary collaboration across facilities, nursing, estates and Infection Prevention and Control which is scheduled to conclude no later than 30 October 2026.

Safe Care

Incident Reporting

During the reporting period, incident reporting within the Facilities Service Group remained relatively low, with no themes identified that indicate widespread or systemic quality concerns. The largest proportion of incidents reported related to accidents and injuries and infrastructure/facilities issues**,** reflecting the operational nature of the services provided.





All incidents are reviewed at the Facilities Integrated Governance Group (FIGG), where trends, contributory factors and required actions are scrutinised.

There have been no significant themes emerging from incident reporting that would indicate a deterioration in the quality or safety of Facilities services. The overall reporting profile suggests an engaged workforce that continues to identify and report safety concerns, enabling timely investigation and organisational learning.

Complaints

The number of complaints relating to Facilities services remains low when considered in the context of the volume of services delivered across the Health Board. Complaints received during the reporting period primarily related to environmental cleanliness, catering provision and patient experience issues associated with non-clinical services.

Whilst complaint numbers are low, the Facilities Service Group recognises the importance of understanding the experiences of patients, visitors and staff. Work is therefore underway through the Catering Assurance Group and wider quality governance arrangements to develop more robust patient experience measures, ensuring that future service improvements are informed not only by complaints but also by routine feedback from service users.

Working in Partnership for Continuous Improvement

It is important to highlight the range of different services provided across the footprint of the Health Board, and that incidents and complaints relating to facilities may be raised by patients, visitors or staff via other departments or services across the Health Board. The facilities senior leadership team is working with clinical care groups and quality and assurance teams to triangulate incidents which include facilities staff to ensure learning is identified and lessons for learning are shared and implemented. The process will be developed throughout quarter 3 2026-27, trialled in quarter 4 2026-27 and evaluated for effectiveness scheduled in late quarter 4 2026-27.

Timely

Risk 1825 – Risk of non-compliance with cleaning standards due to lack of funding

Risk 1825 is a moderate risk due to workforce instability and the increasing cleaning requirements outlined in the new NHS Wales National Standards of Cleanliness (2025). Some assurance can be provided by the facilities service that effective controls and oversight are in place, including:

Governance and oversight
- Cleaning standards are monitored monthly through the EHG;

Monitoring
- Local cleaning audits are undertaken in line with national guidance; internal audits are undertaken on an annual basis;
- Areas of good practice shared, and non-compliance are scrutinised at EHG;

Workforce stabilisation
- Reducing reliance on variable pay by recruiting to substantive long-term vacancies.
- Over 30 new domestic assistants (WTE) are currently being recruited across each site.
- A 'request rostering' trial is currently underway at Prince Philip Hospital (PPH) and Glangwili Hospital (GGH).

Prioritisation of resources
- Further work is to be actioned to allocate available cleaning resources according to risk, with critical risk areas being prioritised;
-Reconfiguration of Pembrokeshire community cleaning resources being assessed
-Purchase of two cleaning robots to trial use of technology to improve cleanliness across hospital, complementing our domestic cleaning teams at GGH. This is scheduled to commence at GGH by 1 September 2026 with the view of evaluating impact before considering opportunities to upscale of technology within cleaning services.

Effective

Quality assurance framework for the provision of cleaning services

A quality assurance framework to support the standards of cleanliness is currently being developed. The aim is to set clear standards, defining how performance should be measured and drive continuous improvement in a meaningful way. The aim is to compliment the current auditing schedules that are currently in place but add greater value and assurance to how areas of non-compliance are prioritised and progressed, ensure corrective actions are identified

and progressed and enable greater monitoring and control. It is also imperative that the new approach supports a more collaborative approach to quality assurance, ensuring multi-disciplinary ways of working across facilities, estates, nursing and IP&C colleagues across each site and aligns with NHS Wales National Quality Outcome Framework. The use of automated processes is also being explored to ensure that staff can work in a more efficient way. The draft quality assurance framework is scheduled for presentation at the Executive Director of Allied Health Professions and Health Science Directorate Integrated Governance Group on 28 July 2026, with onwards consideration by Infection Prevention Strategic Steering Group (IPSSG) before the end of quarter 3 2026/27.

Evidence based

NHS Wales Standards of Cleanliness 2025

The NHS Wales National Standards of Cleanliness (2025) have been published and shared with Health Boards across Wales. The standards bring an updated position following the 2009 National Standards of Cleanliness, providing a consistent, risk-based, and outcomes-focused framework to support all NHS hospitals in Wales in delivering and assuring excellence in cleanliness.

In March and May 2026, Health Boards in Wales were requested to undertake a self-assessment against these standards, including a financial impact assessment and a quality impact assessment that supports a risk-based approach to implementing the standards within each respective Health Board. The Health Board undertook a functional risk-based approach, particularly in relation to the cleaning frequency guidelines. There has been no suggestion that there will be additional funding to support the implementation of these new cleaning standards.

Quality Impact Assessment

1. The output of the revised Quality Impact Assessment supports the reduction of cleaning frequencies and the ability to divert cleaning staff from low-risk areas to very high-risk areas.

2. The risk-based approach involves reducing the frequency of cleaning for the following elements:
   - Floor (polished)
   - Floor (non-slip)
   - Soft floor
   - Electrical items
   - Low surfaces
   - High surfaces
   - Waste receptacles
   - Showers
   - Toilets and bidets
   - Replenishments

3. By reducing the frequencies of cleans and checks in low and significant risk areas, it offers the Health Board the opportunity to move cleaning staff resource from the 2 lower risk areas (Low / Moderate) to the higher risk areas (High / Critical) to deal with the extra demand in required clinical areas.

Financial Impact Assessment

The initial financial assessment indicated a significant financial expense to adopt the All-Wales Cleaning Standards 2025. Health Boards were requested to consider a revised risk-based financial assessment, despite this reducing the financial expense, there was still a significant increase in the financial resource required to achieve this standard which only accounted for the facilities service. Additional work is required to fully inform the financial impact which needs to include estates and nursing aspect of these cleaning standards. A comprehensive assessment will be developed and presented to the Executive Team in early October 2026.

<u>All Wales Nutrition and Catering Principles and Standards for Food and Fluid Provision for Hospital Inpatients – 2026</u>

New standards for nutrition and catering principles have recently been developed by Welsh Government and shared with key stakeholders as part of the document consultation.
The standards will have an impact on the catering service which will considered more formally once the standards have been published. Early review indicates the need to:

- Ensure training compliance for staff involved in food service;
- Monitor and aim to reduce any negative impacts of the food production system on the environment i.e. reducing & recycling packaging, monitoring and reducing food waste during production.
- Monitor plate waste and any opportunities to reduce where possible.
- Enhance the accessibility to plant-based options on menu's whilst still maintaining choice and control of food waste.
- Consider reducing the volume of meat in meat-based recipes and enhance plant-based alternatives within these dishes to avoid adversely affecting protein content.
- Reduce the use of highly processed foods on menus where possible.
- Develop hospital protocols for the provision of therapeutic, specialist, religious, cultural and lifestyle dietary needs, ensuring they meet any clinical treatment requirements and nutritional standards.
- Consider the use of food service technology to promote safe and efficient meal ordering.
- Explore digital technology capabilities to safely record and monitor patient intake and food waste.

The standards also introduce an All-Wales self-assessment tool, enabling NHS organisations to review current arrangements for nutrition and hydration, identify strengths, and target areas for quality improvement. The self-assessment tool will provide a consistent basis for monitoring and demonstrating improvement in the quality of nutrition and hydration provision over time. It will also link directly to organisational quality reporting and quality improvement plans, supporting assurance against the seven national principles set out within these standards.

The Nutrition and Hydration Group will play a critical role in interpreting and implementing the standards. The standards will be discussed at the August 2026 meeting and an implementation plan developed to embed any changes required. The Catering Assurance Group will support in progressing any operational changes needed across the catering service.

Equitable
Food Safety and Allergen Awareness Training

Risk 2200 relates to the potential impact on patient safety arising from low compliance with food safety and allergen awareness training requirements, and the service continues to control and mitigate this risk.

The Facilities Service Group receives monthly reports on training compliance and progress is monitored through established governance arrangements, including reporting to the Health, Safety and Compliance Group (HSCG). In July 2026, HSCG reviewed the current position and agreed an improvement plan to address areas of non-compliance across all sites.

Training requirements have been clearly defined following advice provided by Pembrokeshire Local Authority when acting as Primary Authority. These requirements specify the appropriate level of food hygiene and allergen awareness training for staff groups involved in food handling, service provision and meal preparation.

Current compliance data demonstrates generally strong compliance within Catering Services, with most sites achieving between 87% and 100% compliance for Level 2 and Level 3 food hygiene training. Areas of lower compliance are predominantly within Domestic Services Level 2 training, where staffing turnover, recruitment activity and seasonal fluctuations have affected compliance rates. Compliance is monitored monthly and workforce data is used to identify individuals requiring training.

To mitigate the risk, a structured improvement programme has been implemented, including:

- Additional Level 2 training sessions across all sites.
- Targeted training for evening and hard-to-reach staff groups.
- A "Train the Trainer" programme to increase local training capacity.
- Regular monitoring through the HSCG.
- Follow-up arrangements to ensure newly appointed staff complete mandatory training promptly.

Additional training sessions are scheduled throughout July and August 2026 are expected to significantly improve compliance levels, with over 50 staff already identified for training. Progress against the improvement plan will continue to be monitored monthly at the HSCG.

Person Centred

Cleaning audits

Environmental cleanliness remains a key quality and patient safety priority for the Facilities Service Group. Monthly cleaning audits continue to identify variation in compliance against the required standards across a number of sites and clinical areas. Whilst audit performance remains below the Health Board's expected compliance threshold, the results have enabled a more systematic understanding of the underlying causes and have informed targeted improvement actions. Whilst planned audit compliance at Bronglais Hospital (BGH), GGH and PPH are compliant, there is a need for improvement at WGH due to supervisory staffing challenges. This has affected the overall Health Board compliance score, as shown below.

Hywel dda	Target	Apr '26	May '26	Jun '26	Jul '26	Aug '26	Sep '26	Oct '26	Nov '26	Dec '26	Jan '27	Feb '27	Mar '27
Planned audits completed	95%	92%	92%	93%									

Hywel dda	Target	Apr '26	May '26	Jun '26	Jul '26	Aug '26	Sep '26	Oct '26	Nov '26	Dec '26	Jan '27	Feb '27	Mar '27
Met the required standards	93%	54%	49.4%	43.5%									

Key contributory factors include workforce vacancies, inconsistent staffing resilience across some areas, increasing service demands and variation in local implementation of cleaning schedules.

Risk 1825 outlines the risk more fully with key controls and mitigating actions. The service continues to monitor this risk through the Environmental Hygiene Group, Service Integrated Governance and Directorate Integrated Governance Groups. Audit findings are routinely reviewed with site teams, nursing, Infection Prevention and Control colleagues and operational managers to ensure areas of concern are identified and addressed promptly.

A significant recruitment programme is currently underway across all sites, with approximately 30 additional Domestic Services staff expected to commence over the coming months. This investment is intended to improve service resilience, reduce vacancy levels, increase compliance with planned cleaning schedules and strengthen the overall quality of the patient environment.

Alongside workforce expansion, work continues to modernise rostering arrangements within Domestic Services. A request-rostering trial is currently being undertaken at GGH and PPH. The trial forms part of a broader workforce transformation programme aimed at improving staff experience, supporting recruitment and retention, reducing reliance on overtime and bank cover, and ensuring workforce resources are aligned more effectively to patient and service needs. This trial will run during quarter 3 2026/27 with evaluation and learning being collated at the end of quarter 3 2026/27.

The Facilities Service Group is also developing a formal Quality Assurance Framework for cleanliness standards, which will provide enhanced oversight of audit performance, corrective actions and improvement trajectories. This framework will strengthen multidisciplinary collaboration between Facilities, Nursing, Estates and Infection Prevention and Control teams and support implementation of the NHS Wales National Standards of Healthcare Cleanliness (2025).

Whilst current audit performance does not yet provide full assurance that all cleanliness standards are consistently being achieved, the combination of workforce investment, strengthened governance arrangements and enhanced quality assurance processes is expected to deliver sustained improvement before the end of quarter 4 2026/27.

Patient Experience Information

The Facilities Service Group recognises that cleanliness, food quality, meal choice, timeliness of food service and the overall environment have a significant impact on patient experience, dignity and wellbeing. Whilst formal complaints relating to Facilities services remain low, current arrangements do not provide sufficiently comprehensive insight into the routine experiences of patients, visitors and carers, particularly in relation to cleaning and catering services.

The Facilities Service Group has identified strengthening patient experience measurement as a priority during quarter 3 and quarter 4 2026/27. A structured Patient Experience Framework will support the routine collection, analysis and reporting of feedback relating to both cleaning and catering services. This will enable the service to better understand what matters most to patients and use this intelligence to inform service planning, quality improvement activity and performance monitoring.

Areas that could be explored include:

- Point-of-service meal satisfaction feedback.

- Real-time feedback on environmental cleanliness and ward environments.
- Inclusion of Facilities-related questions within existing patient surveys and discharge feedback processes.
- Patient and staff walkarounds undertaken jointly with clinical teams.
- Use of patient stories and qualitative feedback to complement performance and audit data.

The introduction of the proposed Quality Assurance Framework for cleaning services and ongoing work to strengthen catering assurance arrangements provide a significant opportunity to better align quality indicators with patient experience measures. This will ensure that performance is assessed not only through compliance and audit outcomes and also through the experiences and perceptions of those who use our services.

Argymhelliad / Recommendation

The Quality, Safety and Experience Committee is asked to receive assurance on the quality governance arrangements in place within the Facilities Service Group in relation to quality, safety and patient experience.

Amcanion: (rhaid cwblhau) **Objectives: (must be completed)**	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.6 Provide assurance that all reasonable steps are taken to prevent, detect and rectify irregularities or deficiencies in the quality and safety of care provided, and in particular that sources of internal assurance are reliable, there is the capacity and capability to deliver, and lessons are learned from patient safety incidents, complaints and claims.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	1825 & 2200
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	1. Safe 2. Timely 3. Effective 5. Equitable
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	1. Leadership 2. Culture and valuing people 3. Data to knowledge 6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Nodau Cynllunio 2026/27 Planning Goals 2026/27	All Planning Goals Apply

Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	1. Plan and deliver services to increase our contribution to low carbon 2. Develop a skilled and flexible workforce to meet the changing needs of the modern NHS 7. Plan and deliver services to enable people to particpate in social and green solutions for health 8. Transform our communities through collaboration with people, communities and partners

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Included within the body of the report
Rhestr Termau: Glossary of Terms:	Included within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Phrofiod: Parties / Committees consulted prior to Quality, Safety and Experience Committee:	Health, Safety and Compliance Group Facilities Integrated Governance Group

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	N/A
Ansawdd / Gofal Claf: Quality / Patient Care:	The implementation of a number of actions included within the body of the report will have a positive impact on patient care.
Gweithlu: Workforce:	Included within the body of the report
Risg: Risk:	Included within the body of the report
Cyfreithiol: Legal:	N/A
Enw Da: Reputational:	Improving the quality aspects of service delivery will have a positive impact on the reputation of Hywel Dda University Health Board
Gyfrinachedd: Privacy:	N/A

Cydraddoldeb: Equality:	N/A