

Y PWYLLGOR ANSAWDD, DIOGELWCH A PHROFIAD QUALITY, SAFETY AND EXPERIENCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	11 June 2024
TEITL YR ADRODDIAD: TITLE OF REPORT:	Standards of Cleanliness Action Plan
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Andrew Carruthers, Executive Director of Operations
SWYDDOG ADRODD: REPORTING OFFICER:	Rob Elliott, Director of Estates, Facilities and Capital Management

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/For Assurance

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

To update the Committee on the recent Internal Audit report on Standards of Cleanliness April 2024 and the action plan now in place to address the issues raised.

Cefndir / Background

Following some concerns in this area the Hywel Dda University Health Board (HDdUHB) requested the Internal Audit team to undertake a detailed audit of a range of governance systems in place at Withybush Hospital (WGH) and Glangwili Hospital (GGH).

This included a review of standards of cleanliness, management systems and reporting arrangements into HDdUHB Committees.

As part of this they have identified a number of recommendations which the HDdUHB is required to address.

Asesiad / Assessment

The rating of the audit report concluded that they had limited assurance in this area. There were significant matters requiring management attention which included:

- 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 Infection Protection Strategic Steering Group (IPSSG), Quality, Safety and Experience Committee (QSEC) or HDdUHB. The strengthening of governance and reporting is a key requirement.
 - We will ensure via the IPSSG Chair that a written report is required on the agenda and a detailed performance report is issued setting out audit scores, missed audits, trends etc.

- 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 Operational Planning, Governance and Performance meeting for wider roll out across the Health Board.

Attached at Appendix 1 is a summary of the action plan which includes the recommendations made and the management response to all recommendations including those noted above.

The HDdUHB have already developed a robust plan to deliver on these actions and to ensure that the dates set out are achieved.

These arrangements include an internal Control Group which is being established within the Facilities Team which will ensure that all actions are fully on programme to be delivered. For each action we have included a number of supporting actions necessary to achieve the full delivery of the recommendation by the time stated. This Group will be chaired by the Director of Estates & Facilities and also includes the Head of Operational Services, Head of Facilities and the Senior Facilities Manager. We are also reviewing other key individuals who should join this Control Group including the Consultant Practitioner Infection Prevention and a Senior Nursing Manager representative to ensure all areas which sit outside the Facilities Team are covered.

As noted from the attached action plan all of the recommendations have firm delivery dates.

The Internal Audit Team will undertake a further audit in circa 6 months' time to provide additional assurance that actions have been taken as noted.

All actions will now appear on the Facilities team tracker facility and be the subject of regular updates on a monthly basis.

Argymhelliad / Recommendation

The Quality, Safety and Experience Committee are requested to:

- Note the Internal Audit Report on Standards of Cleanliness within the Hywel Dda University Health Board
- Take assurance from the Action Plan established to deliver on all recommendations made.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.24 Develop a work plan which sets clear priorities for improving quality, safety and experience each year,
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	1. Safe
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	5. Whole systems perspective
Amcanion Strategol y BIP: UHB Strategic Objectives:	4. The best health and wellbeing for our individuals, families and communities
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Internal Audit
Rhestr Termiau: Glossary of Terms:	Within body of text
Partion / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Phrofiod: Parties / Committees consulted prior to Quality, Safety and Experience Committee:	None

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	Within body of text
Ansawdd / Gofal Claf: Quality / Patient Care:	Within body of text
Gweithlu: Workforce:	Within body of text

Risg: Risk:	Within body of text
Cyfreithiol: Legal:	Not applicable
Enw Da: Reputational:	Within body of text
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable

Appendix A: Management Action Plan

Matter Arising 1: Governance, Monitoring & Reporting (Design)

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.

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.

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.

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.

Impact	
Potential risk of: <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 	
Priority	
High	
Recommendations	
1.1a	Develop Terms of Reference for the Environmental Hygiene Group setting out the responsibilities, membership and reporting arrangements.
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		Responsible Officer
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.	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 / harm and reputational damage
Recommendations		Priority
<p>3.1 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		Responsible Officer
<p>3.1 All cleaning training manuals have already been rewritten on a consistent basis. Ratify through EHG (Environmental Hygiene Group)</p> <p>Training Supervisors will be located on all acute sites.</p> <p>Refresher training will be completed.</p> <p>Facilities Quality assurance Manager to implement central training database</p>		<p>Consultant Practitioner Infection Prevention</p> <p>Head of Operations</p> <p>Head of Operations</p> <p>Head of Operations</p>

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
		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>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
<p>5.1 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>		High
Agreed Management Action		Responsible Officer
5.1	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.	Head of Operations

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	April 2025	Head of Operations
6.2	May 2024	Head of Operations
	Completed	Head of Operations