



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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	14 August 2025
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Standards of Cleanliness Internal Audit and Action Plan
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	James Severs, Executive Director of Allied Health Professions and Health Science
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Simon Chiffi, Head of Operations (Estates and Facilities)

**Pwrpas yr Adroddiad (dewiswch fel yn addas)  
Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA  
SBAR REPORT**

**Sefyllfa / Situation**

The purpose of this paper is to provide the Quality, Safety and Experience Committee (QSEC) with an interim update for assurance that progress is being made in relation to the internal audit report on Standards of Cleanliness for 2024/25.

The Committee is being asked to note the content of this interim update report and take assurance that progress is being made to complete actions by the deadlines provided.

**Cefndir / Background**

On 24 June 2025, the Audit and Risk Assurance Committee (ARAC) received the internal audit report on Standards of Cleanliness for 2024/25. This was a follow up review to assess progress in implementing the management actions identified in the previous internal audit report.

The internal audit assessment for both the 2023/24 and 2024/25 resulted in limited assurance.

At ARAC on 24 June 2025, it was agreed that an interim update be presented to ARAC and QSEC for assurance that the management actions identified for the 2024/25 internal audit report were on track.

**Asesiad / Assessment**

There are 6 management actions for the Health Board to address in response to the internal audit assessment 2024/25 which include 2 high priority actions and 4 medium priority actions.

In order to demonstrate progress of actions, enabling actions for the Estates and Facilities Clinical Care Group and internal audit management actions have been identified and separated below:

## Estates and Facilities Clinical Care Group - Enabling Actions

### Strengthening Leadership Capacity

Assistant Director (1.0 WTE) has been seconded into the Facilities Service to increase senior leadership capacity while senior leadership structure is reviewed.

Consultant Practitioner of Infection Prevention has been seconded into the Facilities Service to provide expert advice and senior leadership from an Infection Prevention and Control perspective to improve operational standards and compliance.

### Strengthening Governance

In June 2025, a new 'Cleaning Standards Sub-Group' was established to monitor progress of the management actions identified from the internal audit report. The weekly meeting is chaired by an Assistant Director and has representation from Nursing and Facilities teams.

The group has an agreed terms of reference, operationally reporting twice monthly via the Estates and Facilities Integrated Governance Group to ensure issues relating to operational delivery are identified and resolved at the earliest opportunity, and from an assurance perspective reporting via Infection, Prevention Strategic Steering Group (IPSSG) with Board level oversight from QSEC.

## Internal Audit - Management Actions

The table below shows progress of management actions from internal audit.

Agreed Action	Timescale	Progress update	On track to achieve timescale
1. 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.	31 Oct 25	<p>IP&amp;C reports are now being presented to each Clinical Care Group focusing on Quality, Health and Safety with representation from the IP&amp;C team present at each meeting.</p> <p>On 15 July 2025, Estates and Facilities Clinical Care Group agreed for the Chair of the Environmental Hygiene Group (EHG) will report to the Estates and Facilities Clinical Care Group on Quality, Health and Safety.</p> <p>On 18 July 2025, the EHG recognised the need to review its Terms of Reference. The Executive Director of Allied Health Professions and Health Science (responsible for Facilities) and Executive Director of Nursing, Quality and Patient Experience (responsible for IPC) will meet to review governance with arrangements with governance team in August 2025.</p> <p>Governance Review Meeting has been scheduled for 11 August 2025 with Executive Director of Allied Health Professions and Health Science and the Executive Director of Nursing, Quality and Patient Experience alongside IP&amp;C and Facilities colleagues to review and agree IP&amp;C reporting and agree a way forward for the governance structures.</p>	

<p>2. Training compliance plans are being developed for each site, this will identify the training to be provided and timescales for achieving compliance. Compliance will be monitored through the Estates Facilities Care Group governance structures.</p>	<p>31 Aug 25</p>	<p>Each site has a specific training compliance plan. These are being owned and monitored by dedicated training supervisors that are based at each site and held on an MS Teams Channel for each site.</p> <p>Training supervisors are currently updating their plans to ascertain current compliance and trajectories for achieving compliance. These plans will be submitted to the Cleaning Standards Subgroup by week commencing 11 August and presented to the Estates and Facilities Clinical Care Group (Quality, Health &amp; Safety) by the Head of Facilities on 19 August 2025.</p>	
<p>3. A plan and trajectory for rolling out the new model of cleaning provision across all sites will be developed.</p>	<p>31 Aug 25</p>	<p>A Workforce Stabilisation Group was established in February 2025 to review the current model of cleaning provision across the Health Board and develop ideas for improvement. Roll-out plans and the trajectory for Prince Philip Hospital (PPH) and Glangwili Hospital (GGH) were developed and presented to the Executive Team on 2 June 2025. Following feedback from Trade Union Representatives and the Executive Team, these plans are currently being updated to include more staff engagement and an evaluation of a trial that took place in PPH to separate ward-based catering and cleaning duties.</p> <p>The plans and trajectories for Bronglais Hospital (BGH) and WGH are currently being developed, following a piece of work to map and scope out existing ways of working as well as a review of rosters.</p> <p>The plans and trajectories for each site will be presented to the Estates and Facilities Clinical Care Group on 19 August 2025.</p>	
<p>4. Spot checks will be undertaken as part of the cleaning audit process to ensure compliance with the cleaning schedules. We will continue working towards a digital cleaning schedule for all wards on Synbiotix.</p>	<p>31 Jul 25</p>	<p>Cleaning schedules have been developed for each area across all sites.</p> <p>To ensure that these are implemented and monitored appropriately, a Cleaning Schedule Compliance Standard Operating Procedure (SOP) has been developed and approved by the Environmental Hygiene Group (EHG). The new SOP will also be presented to the Estates and Facilities Clinical Care Group for approval on 19 August 2025.</p> <p>The SOP includes quarterly spot checks to be undertaken by the Quality Assurance Manager as well as weekly monitoring by Monitoring Supervisors to record the completion of cleaning schedules.</p>	

		<p>Although work continues to progress towards a digital cleaning schedule for all wards on Synbiotix, the Cleaning Standards Sub-Group acknowledges the need to formalise this plan and gain the necessary input from other teams to ensure progress is made in a timely manner. The Facilities Project Manager has produced a project plan to continue working towards a digital cleaning schedule utilising Synbiotix which will be discussed and presented at the Estates and Facilities Clinical Care Group on 4 August 2025.</p>	
<p>5. 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>	31 Jul 25	<p>All 4 acute hospital sites have a dedicated auditing supervisor in place.</p>	
<p>6. As per key finding 1, governance structures and reporting arrangements will be reviewed to align with the new CCG structure. 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>	31 Oct 25	<p>Governance Review Meeting has been scheduled for 11 August 2025 with Executive Director of Allied Health Professions and Health Science and the Executive Director of Nursing, Quality and Patient Experience alongside IP&amp;C and Facilities colleagues to review and agree IP&amp;C reporting and agree a way forward for the governance structures.</p> <p>On 18 July 2025 at Environmental Hygiene Group (EHG), it was agreed to incorporate the current Synbiotix meetings into the monthly EHG meetings as standing agenda items.</p> <p>EHG will continue to monitor Environmental Cleaning matters and the Estates Operational Management Team will discuss Estates-based concerns.</p> <p>The data from both Groups will be formally presented within the performance reports that the Estates and Facilities Clinical Care Group scrutinises monthly by the Head of Facilities and Head of Maintenance and Engineering.</p>	

Further to the management actions outlined above, there are other significant pieces of work being undertaken to add value to the form and function of the facilities service across the Health Board. Examples of the work which will support the overarching improvement to the facilities service are outlined below:

### Facilities Induction

The Facilities Team is working with the Learning and Development Team to develop a fit for purpose induction process for all new starters into the Domestic Team. Funding has been secured from Health Education Improvement Wales (HEIW) to support the recruitment of an Education and Development Officer on a fixed-term basis to support the design, delivery and evaluation of a new induction programme for facilities staff across the Health Board. This will align well with the training plans that have now been developed for each site and will enable a proactive approach to training and development for all domestic staff.

### New Facilities Manager Role

Following review of the leadership and management structures within the facilities service, it has been identified, there is a significant lack of leadership capacity within the facilities function. This has a detrimental impact on the leaders in post, but also the ability to undertake core management duties, for example, ensuring appropriate supervision of team members/ PADRs and timely management of absence. The Facilities Manager (4.0 WTE, Band 8a) roles will provide local leadership to local teams across the Health Board and will report via the Head of Facilities. Recruitment plan is underway with interviews scheduled for late September 2025.

### Supervisory Role Review

The Facilities Team is currently reviewing the Domestic Supervisor (Band 3) role and responsibilities. A Task and Finish Group has been established to review the job description and person specification, undertake a review of the rota and working patterns, facilitate focus groups with supervisors as well as triangulating with the rich data collated via our Organisational Development Relationship Manager. A report with recommendations will be presented to the Executive Director of Allied Health Professions and Health Science by 31 August 2025.

### Standard Operating Procedures

The Health Board approved an Environmental Hygiene Policy in 2024 which sets out details for providing cleaning services and assessing environmental cleanliness, in line with the National Standards for Cleaning in NHS Wales (2009). In order to ensure its effective implementation, a suite of SOP's need to be developed, approved and implemented. The SOP will provide guidance and support to operational staff with clear expectations and processes in areas such as Auditing and Monitoring, Training and Induction, Stock, Products and Equipment and Use of The Cleaning Manual.

### Argymhelliad / Recommendation

The Committee is asked to take assurance that progress is being made to implement the actions arising from the internal audit report 2024/25 on Standards of Cleanliness.

### **Amcanion: (rhaid cwblhau)**

### **Objectives: (must be completed)**

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1 Scrutinise, assess and seek assurance in relation to the patient impact, quality and health outcomes of the services provided by the Board.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	No applicable.

Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	1. Safe 2. Timely 3. Effective 6. Person-Centred
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	1. Leadership 2. Culture and valuing people 5. Whole systems perspective 4. Learning, improvement and research
Amcanion Strategol y BIP: UHB Strategic Objectives:	3. Great care 1. Striving teams 2. Healthier communities All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	All Planning Objectives Apply
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	10. Not Applicable

### Gwybodaeth Ychwanegol: Further Information:

Ar sail tystiolaeth: Evidence Base:	Environmental Hygiene Policy in 2024
Rhestr Termau: Glossary of Terms:	Contained within the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Phrofïod: Parties / Committees consulted prior to Quality, Safety and Experience Committee:	Audit, Risk and Assurance Committee 24 June 2025

### Effaith: (rhaid cwblhau) Impact: (must be completed)

<b>Ariannol / Gwerth am Arian:</b> <b>Financial / Service:</b>	Main costs are for additional site based 8A Facility Managers. This has been worked through with Finance Business partners, agreement with Executive Director and supported via Financial Control Group
<b>Ansawdd / Gofal Claf:</b> <b>Quality / Patient Care:</b>	Improved grip and control in all areas and quality of cleaning performance, striving towards 2009 All Wales Cleaning Standards.

<b>Gweithlu: Workforce:</b>	Positive staff impacts in terms of morale and ability to complete tasks and maintain quality of service.
<b>Risg: Risk:</b>	Contained in body of report
<b>Cyfreithiol: Legal:</b>	Demonstration of compliance with Internal Audit and progress.
<b>Enw Da: Reputational:</b>	Ability to complete Internal Audit action plan and reduce reputational damage to Health Board.
<b>Gyfrinachedd: Privacy:</b>	No direct impacts
<b>Cydraddoldeb: Equality:</b>	No direct impacts