

TRUST BOARD BRIEFING NOTE

Meeting Details:	Trust Board Meeting: Thursday 24 th September 2026
Director:	Mrs Donna Keenan, Executive Director of Nursing, Midwifery & AHP Services
Issue Title:	Environmental Cleanliness Audit Report: Quarter 1 (April to June 2026)
Indicate connection with Trust's Mission and Vision <i>(please tick)</i>	☒ People who need us feel cared for ☒ People who work with us feel proud ☒ People who live in our communities trust us
Indicate link to Trust's strategic priorities <i>(please tick)</i>	☒ Quality and Safety ☐ Workforce Stabilisation ☐ Performance and Access to Services ☐ Delivering Value ☐ Culture
Summary of issue to be discussed:	<u>Key Performance Highlights:</u> <u>Bi-Monthly Audit Programme:</u> 95% (37/39 areas) completed as per schedule, with 100% of completed audits achieving the required standard (Green ≥91%). <u>Quarterly Audit Programme:</u> 93% compliance with the audit schedule, representing a 7% point improvement compared with the previous quarter. 94% of completed audits achieved the required standard (Green ≥91%). <u>Six-Monthly Audits:</u> 54% completion rate by end of June 2026. All completed audits to date have achieved the required standard (Green ≥91%). Outstanding audits are scheduled for completion during July-September 2026. <u>Managerial Audits:</u> Completion increased to 21% of the annual programme by end of June 2026, demonstrating improvement compared with the

same period in 2025. 80% of completed audits achieved the required standard (Green $\geq 91\%$). One Red-rated area was identified within the Altnagelvin Hospital AHP Centre Adults, where the Estates component scored 70%, however the overall score was Amber.

- Several Amber-rated areas across Acute, Community, Theatre, Maternity, Treatment Room and AHP environments also require monitored improvement plans.

Key Learning / Points:

Overall results from audits completed during the quarter were predominantly positive, demonstrating sustained compliance across most clinical and non-clinical environments. Improved oversight of audit scheduling and strengthened monitoring arrangements have contributed to increased completion rates and greater adherence to the planned audit programme

A significant proportion of recurring findings relate to:

- Estates defects and infrastructure issues.
- Damaged furnishings and equipment.
- Inadequate storage capacity and clutter.
- Delays in replacement equipment.
- Documentation and cleaning schedule compliance.
- Sharps management and infection prevention controls.
- Expired consumables and stock management.

Whilst overall performance remains positive, a small number of areas recorded significantly lower compliance scores requiring enhanced management oversight, local improvement plans and repeat audit. These include Community Treatment Rooms, Outpatient environments and AHP Services where environmental, estates and housekeeping issues were identified.

A substantial proportion of recurring findings are dependent upon Estates intervention and infrastructure improvement rather than local housekeeping practices alone. These issues will continue to be tracked separately to ensure systemic barriers are visible and appropriately escalated.

Areas for Improvement:

A number of areas achieved Amber ratings (75% - 90%) and require ongoing monitoring and local improvement plans. Common themes identified include:

- Housekeeping, clutter reduction and storage management.
- Estates and environmental maintenance issues.
- Compliance with cleaning schedules and documentation processes.
- Management of consumables and prevention of expired stock.
- Completion of outstanding Six-Monthly and Managerial Audits.
- Consistent application of environmental cleanliness standards across all service settings.

Actions Required:

- Audit Compliance

All outstanding Six-Monthly and Managerial Audits will be completed within agreed timescales. Named accountable leads, revised completion dates and escalation routes have been identified where audits remain outstanding. Repeated failure to complete scheduled audits will be reviewed through the Environmental Accountability Group, Nursing Accountability and Assurance meetings and the relevant Directorate governance arrangements.

- Improvement Plans

All Amber and Red-rated areas will maintain documented improvement plans with progress monitored through local governance structures and re-audit processes.

- Environmental Standards

Continued emphasis will be placed on:

- Environmental inspections.
- Housekeeping standards.
- Storage management.
- Cleaning schedule compliance.
- Staff education and support.

- Estates and infrastructure Issues

All estates-related deficiencies will continue to be reported through established systems and monitored to ensure remedial action is completed within appropriate timescales. Progress on unresolved issues will be escalated through relevant governance processes.

	• <u>Managerial Audit programme</u> The revised process for scheduling, recording and monitoring Managerial Audits will continue throughout Quarter 2 to support improved compliance against the annual programme. <u>Conclusion:</u> Overall performance in completed environmental cleanliness audits remains positive, with strong compliance across the Bi-Monthly, Quarterly and completed Six-Monthly audit programmes. Bi-Monthly completion reached 95%, whilst Quarterly audit completion improved from 86% to 93% during the reporting period. However, assurance is qualified by incomplete programme coverage. At the end of June 2026, only 54% of the Six-Monthly programme and 21% of the annual Managerial Audit programme had been completed. Whilst results from completed audits were generally positive, one Red-rated managerial audit and several Amber-rated areas require continued oversight and improvement activity. Recurring themes identified within exception reports include clutter, dust management, sharps control, documentation compliance, expired products, damaged furniture, inadequate storage, estate-related defects, vacant cleaning posts and delayed infrastructure repairs. Missed audits are recognised as an assurance risk and will continue to be monitored with the same level of scrutiny as areas failing to achieve the required standard. Focus during Quarter 2 will be on completion of outstanding audits, delivery of improvement plans, monitoring of Red and Amber-rated areas, and continued escalation of estates and infrastructure issues impacting on environmental cleanliness standards.
Trust Board Response (please tick)	☐ For Approval ☒ To Note ☐ Decision