



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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	13 February 2024
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Planning Objectives Update
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Sharon Daniel, Interim Director of Nursing, Quality and Patient Experience
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	Daniel Warm, Head of Planning

**Pwrpas yr Adroddiad (dewiswch fel yn addas)**

**Purpose of the Report (select as appropriate)**

Er Sicrwydd/For Assurance

**ADRODDIAD SCAA**

**SBAR REPORT**

Sefyllfa / Situation

A revised set of Planning Objectives (PO) has now been incorporated into Hywel Dda University Health Board's (HDdUHB) plan for 2023/24 that set out the aims of the organisation, i.e. the horizon that HDdUHB is driving towards over the long term, as well as a set of specific, measurable Planning Objectives, which move the organisation towards that horizon over the next year.

For 2023/24, one Planning Objective, 3b: Infection Prevention and Control Action Plan, under the Executive Leadership of the Director of Nursing, Quality and Patient Experience has been aligned to the Quality, Safety and Experience Committee (QSEC)

As in previous years it is the expectation that QSEC will receive an update on the progress made in the development (delivery) of the Planning Objectives for onward assurance to the Board through the Board Assurance Framework.

Cefndir / Background

The Planning Objectives are the bedrock our Annual Plan for 2023/24, and this report is presented as an update to demonstrate where progress has been made in delivering those Planning Objectives aligned to the Quality, Safety and Experience Committee, for 2023/24 in this case Planning Objective 3b.

The taking forward of the Planning Objectives must also be seen within the context that HDdUHB is currently working within. In light of escalating operational pressures, the Health Board's financial forecast has notably deteriorated. The revised Annual Plan, last amended on 31st May 2023, initially projected a planned deficit of £112.9 million. Subsequent to this submission, there has been a discernible escalation within the in-year expenditure, necessitating immediate and robust managerial and clinical intervention.

In response to deteriorating financial conditions and mounting operational strains, the Executive team has undertaken a meticulous evaluation of the 23 Planning Objectives for

2023/24 set forth by Hywel Dda University Health Board (HDdUHB). These objectives, integral to our Annual Plan, elucidate both our long-term aspirations and specific, quantifiable targets for the ensuing three-year period. The review of the Planning Objectives was taken to the September 2023 Public Board (paper may be accessed here: [Board paper](#))

### **Asesiad / Assessment**

The Planning Objectives (POs) articulated in the Health Boards annual plan for 2023/24 are intrinsically linked to the recovery work necessitated by financial constraints, as they both strive to operationalise recovery and support the Health Board's long-term strategy, "A Healthier Mid and West Wales." For instance, POs focused on recruitment and career progression directly interface with fiscal challenges tied to variable pay. Scenario analyses further contribute to this interconnection, as they offer quantitative frameworks for understanding the resourcing implications of strategic decisions, such as maintaining staff quality whilst being financially sustainable. The outcome of this work has been presented to the Board at its September 2023 Public meeting. In undertaking this evaluation Planning Objective 3b is to be prioritised

The current status for Planning Objective is on-track, and a highlight report can be found as an annex to this SBAR.

### **Argymhelliad / Recommendation**

The Committee is asked to receive an assurance on the current position in regard to the progress of the Planning Objectives aligned to the Quality, Safety and Experience Committee, in order to onwardly assure the Board where Planning Objectives are progressing and are on target, and to raise any concerns where Planning Objectives are identified as behind in their status and/or not achieving against their key deliverables.

<b>Amcanion: (rhaid cwblhau)</b> <b>Objectives: (must be completed)</b>	
Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	2.1 To receive an assurance on delivery against all Planning Objectives aligned to the Committee.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	Not Applicable
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	7. All apply Choose an item. Choose an item. Choose an item.
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	6. All Apply Choose an item. Choose an item. Choose an item.
Amcanion Strategol y BIP: UHB Strategic Objectives:	3. Striving to deliver and develop excellent services Choose an item. Choose an item. Choose an item.
Amcanion Cynllunio Planning Objectives	Choose an item. 3b Healthcare Acquired Infection Delivery Plan Choose an item. Choose an item.
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	9. All HDdUHB Well-being Objectives apply Choose an item. Choose an item. Choose an item.

<b>Gwybodaeth Ychwanegol:</b> <b>Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	3 Year Plan and Annual Plan Decisions made by the Board since 2017-18 Recent <i>Discover</i> report, published in July 2020 Gold Command requirements for COVID-19 Input from the Executive Team Paper provided to Public Board in September 2020
Rhestr Termiau: Glossary of Terms:	Explanation of terms is included within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Phrofïod: Parties / Committees consulted prior to Quality, Safety and Experience Committee:	Public Board - September 2020 Executive Team

<b>Effaith: (rhaid cwblhau)</b> <b>Impact: (must be completed)</b>	
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<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	Any financial impacts and considerations are identified in the report
<b>Ansawdd / Gofal Claf: Quality / Patient Care:</b>	Any issues are identified in the report
<b>Gweithlu: Workforce:</b>	Any issues are identified in the report
<b>Risg: Risk:</b>	Consideration and focus on risk is inherent within the report. A sound system of internal control helps to ensure any risks are identified, assessed and managed.
<b>Cyfreithiol: Legal:</b>	Any issues are identified in the report
<b>Enw Da: Reputational:</b>	Any issues are identified in the report
<b>Gyfrinachedd: Privacy:</b>	Not applicable
<b>Cydraddoldeb: Equality:</b>	Not applicable

**Planning Objective: 3b Healthcare Acquired Infection Delivery Plan**

**Executive Lead: Sharon Daniel – Interim Director of Nursing, Quality and Patient Experience**

**Reporting Period: Quarter 3 (October to December 2023)**

**Overall status: Complete / Ahead / On-track / Behind**

**Progress against planned outcomes / trajectories / milestones (please provide SPC/data charts and an explanation of any variances):**

- Due to elevated *C.diff* figures we remain under Enhanced Monitoring despite The Infection Prevention Teams (IPT) efforts that have achieved an improved cumulative position for *C.diff* over the same period last year; results confirm lower case numbers than the projected 20% reduction trajectory. This may be the result of a multifactorial effort including change of cleaning products, trial of sporicidal hand hygiene product and the ongoing *C.diff* ‘road shows’ that are proving to be informative and useful for staff, providing practical and concise messaging on prevention and management. Both GGH and WGH show improvement with *C.diff* cases, work now need to focus more on Bronglais and Prince Philip Hospitals to reduce case numbers in these areas.
- The continuing prevalence of *E.coli* across the Health Board is of particular concern. The percentage for community onset *E.coli* bacteraemia within the Health Board (HB) is 84%, compared to the national average of 76%. Predominant source continues to be urinary, and prevention methods around health promotion and healthier living are considered necessary and need to be the focus of any ongoing community messaging. This is being discussed on a wider scale with our PHW colleagues to determine a course of action. Investigations into the potential for environmental sources such as water, soil and rurality are being discussed while an aging population must also be considered – (though an earlier age stratification study previously undertaken was not considered significant). The evidence suggests that the greatest numbers of *E.coli* are community onset from the general population rather than being attributed to care/nursing homes.

**Activities completed in previous reporting period**

- Work in progress with Public Health colleagues to determine effective plan for reducing gram negative bacteraemias.
- Repeated Hand hygiene validation audits undertaken by the IP&C team in Q3 following training and heightened awareness demonstrate an improvement of 30% across the HB.
- Successful pilot of alternative sporicidal hand hygiene product.
- Successful cleaning trial confirmed an increase in cleaning audit scores combined with improved satisfaction of Hotel Services staff members; this is now in the process of being scoped for a role out across the Health Board. New HB wide Environmental Hygiene Group established.
- Cleaning and disinfection product change also now used rolled out across 90% of the HB with verified cost savings and improved efficacy.

**Activities planned for next milestone and reporting period**

- Working collaboratively with Public Health colleagues to develop workable spread and scale health promotion campaign by end of February 24.
- Sustain *C.diff* progress against our reduction trajectory .
- Commence roll out of automated room decontamination using HPV at Prince Philip initially.
- Continue to ensure improvement of Aseptic Non-Touch Techniques (ANTT) compliance across the Health Board in our aim for Bronze accreditation – application process to be commenced by end of Financial Year 2023/24.
- Review of current outdated environmental audit tool to synchronise with existing Synbiotix audit tools to identify areas in need of investment and improvement within our aging estate.
- Sustainability to be built into the IP&C work programme for new Financial Year.

**Any other Comments**

**Matters for information:** Risks of increased hospital acquired infections due to increased admissions in our emergency departments, compromising patient placement exacerbated by ‘boarding out’ in Withybush - added to risk register; mitigation factors include risk assessment to ensure only lower risk patients are allocated to these areas: purchase of new I-mops to facilitate more agile cleaning in confined spaces.

**Risks to delivery:** A return to pre-Covid hours for the IP&C workforce due to financial constraints across the HB will result in the inability to reinstate weekend cover, potential impact on addressing post Covid training and audit backlog. this will also impact on succession planning and professional development of the team.

**Any other comments:** Access to a decant area for deep cleaning following outbreaks or building works should be considered for each site.

Requirement for development of Airborne Negative Pressure Isolation Suites (as per WHC (2018)-033) remains.