



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

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	05 October 2023
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Planning Objectives Update
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Mandy Rayani, 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 for 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 QSEC, 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 31 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 <https://hduhb.nhs.wales/about-us/your-health-board/board-meetings-2023/board-agenda-and-papers-28-september-2023/>

### **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

## Annex: Planning Objective 3b Highlight report



Submitted By: Frances Howells Head of Infection Prevention

Date Submitted: 20.09.2023



Planning Objective: 3b Healthcare Acquired Infection Delivery Plan

Executive Lead: Mandy Rayani, Director of Nursing, Quality and Patient Experience

Reporting Period: Quarter 2 (July to September 2023)

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

Rationale for overall status (please provide a brief summary of current progress indicating any key highlights or potential barriers to delivery)

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

- The Infection Prevention Team have achieved and maintained the 20% reduction trajectory for *Clostridioides difficile* (*C.diff*).
- Increased efforts from multi-disciplinary teams have assisted in achieving reductions of *C.diff* across the Health Board, though further efforts are required in some areas.
- Increased gram negative bacteraemias are a concern, the vast majority of which are identified as a community onset highlighting the need for targeted interventions involving wider public facing
- Aseptic Non Touch Technique (ANTT) compliance improved and gaining momentum, the majority of patient facing areas have two or more trained ANTT assessors – continuing efforts in hand to work towards Bronze accreditation.

**Activities completed in previous reporting period**

- HCAI Improvement plan aligned with the *C.diff* Strategic Plan for Wales allowing targeted interventions to be implemented in areas where increased infection rates identified. Improved engagement from the medical teams assisting in antimicrobial stewardship is also having an impact on lowering *C.diff* rates though improvements are still required.
- Reductions noted in hospital acquired *S.aureus* and gram negative bacteraemias though an increase in community onset infections show that more targeted community work is necessary.
- Validated hand hygiene audits undertaken across all inpatient areas to obtain actual baseline which identified an average of 32% compliance; a focused action plan to be determined.
- Focused work on improving cleaning standards including piloting differing methods /products.
- ANTT assessors trained for all inpatient areas and improving compliance identified.

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

- Continued implementation of HCAI Improvement Plan to further reduce healthcare acquired infections.
- Work with Public Health Wales and Local Authority partners to formulate public awareness campaigns aimed at reducing community infections and improving prevention awareness.
- Increase staff Hand Hygiene compliance by a minimum of 15% with determined action plan and increased communication. This shall also include patient hand hygiene awareness campaign.
- Pilot of differing cleaning strategies on a small number of wards on one site to determine effect of altering historical working methods. Outcomes shall be measured against infection and cleaning data.

**Any other Comments**

**Matters for information:** Risk factors identified of potential increase in hospital acquired infections over the winter period due to increased capacity in admission and ward areas in Withybush due to Reinforced Autoclaved Aerated Concrete (RAAC) situation.

**Risks to delivery:** Increased footfall and reduced space in-between patient may impact cleaning effectiveness and potentially increase respiratory illness and cross contamination.

**Any other comments:** Due to long term sickness and maternity leave the Infection Prevention Team have withdrawn weekend working until staffing position improves.