



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

DYDDIAD Y CYFARFOD: DATE OF MEETING:	13 June 2023
TEITL YR ADRODDIAD: TITLE OF REPORT:	Planning Objectives Update
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Mandy Rayani, Director of Nursing, Quality and Patient Experience
SWYDDOG ADRODD: REPORTING OFFICER:	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

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 this Planning Objective 3b.

For the Planning Objectives for 2022/23, a Closure Report was presented to Public Board on 25th May 2023, and can be found here: [2022/23 Planning Objective Closure Report](#)

For those previous Planning Objectives these can be summarised as:

PO	PO Name	Executive Lead	Status	Alignment to 2023/24 POs
1E	Personalised care for patients waiting	Director of Nursing, Quality	Complete	4a Planned Care and

		and Patient Experience		Cancer Recovery
3C	Quality and Engagement Requirements		Complete	3b Infection Prevention and Control Action Plan
5X	Quality Management System		Complete	3b Infection Prevention and Control Action Plan
4G	Healthy Weight : Healthy Wales	Director of Public Health	Complete	7a Population Health
4M	Health Protection		Complete	7a Population Health
5K	Clinical effectiveness self-assessment process	Medical Director	On-track	No PO – considered as Business As Usual
5W	Liberty Protection Safeguards	Director of Operations	Complete	No PO – considered as Business As Usual

Asesiad / Assessment

The current status for the Planning Objective is on-track.

All Planning Objectives are expected to develop a Plan on a Page that are intended to ensure a clear delivery/development process for the year, linking them to clear SMART (specific; measurable; achievable; realistic; timely) outcomes with clear trajectories/milestones using a standardised template that has been developed. The current PO 3b Plan on a Page can be found at annex 1.

In moving forward, in order to ensure our assurance of the POs moves away from a process update to outcome/output orientated one, a PO Highlight Report has been drafted (annex 2) which will be reported to the Committee every other meeting. Additionally, a programme of 'deep-dives' on POs has been scheduled, and to ensure consistency a draft slide-set has been produced (annex 3). For PO 3b the deep-dive is scheduled for December 2023.

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.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
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 Quality and Engagement Act (sharepoint.com)	7. All apply Choose an item. Choose an item. Choose an item.
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	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: Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022	9. All HDdUHB Well-being Objectives apply Choose an item. Choose an item. Choose an item.

Gwybodaeth Ychwanegol: Further Information:	
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 Phrofiod: Parties / Committees consulted prior to Quality, Safety and Experience Committee:	Public Board - September 2020 Executive Team

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

Ariannol / Gwerth am Arian: Financial / Service:	Any financial impacts and considerations are identified in the report
Ansawdd / Gofal Claf: Quality / Patient Care:	Any issues are identified in the report
Gweithlu: Workforce:	Any issues are identified in the report
Risg: Risk:	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.
Cyfreithiol: Legal:	Any issues are identified in the report
Enw Da: Reputational:	Any issues are identified in the report
Gyfrinachedd: Privacy:	Not applicable
Cydraddoldeb: Equality:	Not applicable

PLANNING OBJECTIVE 3b: infection prevention and control action plan A detailed infection prevention and control action plan has been developed to target the management of *C difficile* infection specifically but which includes actions designed to reduce HCAI more broadly including gram-negative and gram-positive bacteraemia



IPT Workplan Feb 23 v3.docx

PROJECT SCOPE (An outline of the project setting out its purpose)

PROJECT GOVERNANCE

Responsible Officers: Frances Howells Head of Infection Prevention
Tracey Gauci Consultant Practitioner Infection Prevention

Executive Lead: Mandy Rayani

Strategic Lead: Sharon Daniel

Delivery Lead: Frances Howells

Programme oversight through: HDUHB HCAI Implementation Plan
https://nhs.wales365.sharepoint.com/:x:/r/sites/HDD_NursingProfessionalStandards/_layouts/15/Doc.aspx?action=edit&sourcedoc=%7B394e4fd2-4fcb-46ec-ad7b-2ea3af2237e9%7D&wdOrigin=TEAMS-ELECTRON.teamsSdk.openFilePreview&wdExp=TEAMS-CONTROL&web=1

Governance through: QSEC
Exceptions monitored through WG Delivery Unit

Delivery through: IPSSG

KEY DELIVERABLES*			MEASURES*		
KEY ACTIONS*	BY WHOM	BY WHEN	QUANTIFIABLE OUTCOME*:	TRAJECTORY OVER NEXT 12 MONTHS: (plot it on a monthly/quarterly/annually basis):	HOW AND WHEN WILL DATA BE COLLECTED, AND VERIFIED
Reduce <i>Clostridioides difficile</i> (<i>C.diff</i>) infections	Frances Howells	March 2024	Number of <i>C.diff</i> toxin positive cases	Local target as agreed by DU in response to Enhanced Monitoring Reduction of 20% of cases for FY 2023-24 against 2022-23 cases (204 cases) This equates to target of no more than 163 cases for 2023-24 (average of < 13.5 cases per month). (WG target equates < 25/100,000)	Data collected by ICNet notification/Lab data verified by PHW
Reduce Gram negative bacteraemia (<i>E.coli</i> / <i>Klebsiella</i> / <i>Psue.auriginosa</i>)	Frances Howells	March 2024	Number of Gram negative bacteraemia cases	Reduction of 10% over 2017/18 figures (as per WG target) for <i>Klebsiella</i> and <i>P.areus</i>)	Data collected by ICNet notification/Lab data verified by PHW

*SMART – Specific, Measurable, Achievable, Realistic, Timely

				<i>E.coli</i> - Aim for target of no more than 21 cases per month (current average 28 cases) (WG target equates to < 67/100,000)		
Reduction in <i>S.aureus</i> bacteraemia	Frances Howells	March 2024	Number of <i>S.aureus</i> bacteraemia cases (inc. MRSA bacteraemias)	Reduction of all <i>S.aureus</i> cases to achieve no more than 6 cases per month (WG target equates to < 20/100,000)	Data collected by ICNet notification/Lab data verified by PHW	
Pilot of Rapid Response cleaning team in Glangwili hospital	Simon Chiffi (Hotel Services)	March 2024	Improved cleaning audit scores	Improved performance in HCAI reduction expectations	Synbiotix cleaning and IP&C audit scores	
Compliance with (WHC) 2018-033 airborne isolation room requirements	Tracey Gauci	March 2024	Two additional fully compliant negative pressure (NVP) suites One in BGH and one in GGH	By March 2024 we will have agreed plans with WG and identified funding for compliance	Agreement for funding	
Improve mandatory ANTT compliance with training and competency assessment	Sue Rees/Frances Howells	March 2024	Improvement of % of staff competency assessed on ANTT across the Health Board Achieve minimum of Bronze Accreditation for ANTT from the Association for Safe Aseptic Practice	Aim for a minimum of 50% of applicable workforce (those undertaking clinical/invasive procedures) to be competency assessed within 3 months of initial training followed by 3 yearly competency assessment.	Data collection through ESR	
Improve hand hygiene compliance for both staff and patients	Frances Howells	October 2023	Resetting the baseline for realistic audit scores for staff hand hygiene through a series of validation audits by the IP&C team Patient engagement exercise to survey hand hygiene opportunities to be repeated at 3 monthly intervals	15% Improvement on our reset baseline Significant improvement in data and patient feedback	IP&C electronic audit tools Collected through patient surveys	
R	RISK DESCRIPTION		LIKELIHOOD	IMPACT	SCORE	MITIGATING ACTIONS

*SMART – Specific, Measurable, Achievable, Realistic, Timely

Airborne Isolation Room Requirements (1640 and 1302)		3	5	15	<p>1. There are two existing negative pressure suites within HDUHB NVP recommendations on Bronglais and Glangwili estates.</p> <p>2. Installation of Bioquell pods (semi-permanent isolation pods) in sites, increasing single room capacity in Critical Care by 50%.</p> <p>3. Rediroom availability for emergency isolation offering a degree</p> <p>4. Procurement of approximately 100 air purifiers across all sites Covid-19 response.</p>
Increased risk of patient harm due to escalating rates of Clostridioides difficile infection (CDI) (1490)		4	4	16	<p>Policy Implementation based on Current Evidence Base: Control & Management.</p> <p>Quarterly Quality Indicator Audits (QIA) e.g. Hand Hygiene, Equipment Cleaning, Symbiotics score.</p> <p>Antimicrobial Stewardship: CDI Ward rounds, Start Smart Then Focus, Faecal Transplant, PPI monitoring</p> <p>Environmental Decontamination: Sporicidal Disinfectants - Surface / Tristel.</p> <p>Prompt recognition & reporting to WG and Infection Prevention Strategic Steering Group (IPSSG), of Period of Increased Incidence / Outbreak of CDI.</p> <p>CDI scrutiny meetings held on monthly basis across three acute sites and CDI ward rounds occurring weekly.</p>
LINKS TO	BOARD ASSURANCE FRAMEWORK	HB RISK REGISTER	OTHER PLANNING OBJECTIVES	MINISTERIAL &/OR LOCAL PRIORITY	OTHER, EG, AHMWW



DIOGEL | CYNALIADWY | HYGURCH | CAREDIG
SAFE | SUSTAINABLE | ACCESSIBLE | KIND

Submitted By:

Date Submitted:



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Hywel Dda
University Health Board

Planning Objective:

Executive Lead:

Reporting Period:

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):

Activities completed in previous reporting period

- 1
- 2
- 3

Activities planned for next milestone and reporting period

- 1
- 2
- 3

Any other Comments

Matters for information:

Risks to delivery:

Any other comments:

- Name and reference of Planning Objective
 - Executive Lead
 - Reporting Officer
 - Period of reporting

What is the aim of the Planning Objective?

The types of information covered should include:

- What are the aims and outcomes? (link to the Planning Objective scope)
- What is the intended impact of the Planning Objective?
- What are the drivers for the Planning Objective / what are the underlying principles of the Planning Objective?
- How does this Planning Objective link to Ministerial or Local priorities?

What have been the key achievements so far?

The types of information covered should include:

- Where are you against your proposed trajectory / milestones? Is the Planning Objective Complete/Ahead/On-track behind?
- What difference has the Planning Objective made?
- What have you learnt so far?

What needs to be done next?

The types of information covered should include:

- What are your next steps in delivering the Planning Objective?
- If your Planning Objective is behind in its delivery against your proposed trajectory / milestones, what are the barriers, how will you bring it back in-line? Are there any mitigations?
- Is there anything different that needs to be considered moving forward?
- What are the risks in the delivery/completion of your Planning Objective?
- Are there any (e.g.) financial or workforce considerations?
- Are there any change management issues or considerations

What are your take home messages for the Committee?

The types of information covered should include:

- What are the key messages that the Committee needs to know?
- What are you asking for from the Committee?