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Bwrdd Iechyd Prifysgol Hywel Dda University Health Board

Targeted Intervention Escalation Update: Hospital-Acquired Infections (HCAI)

August 2026

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Introduction: quality and access

Purpose. This pack sets out the Committee's quality and safety escalation assurance for August. It covers two connected strands: infection prevention and control, and access.

Infection Prevention and Control. Under the revised escalation framework, the three hospital-acquired infection targets remain as de-escalation criteria. The pack updates the committee on C. difficile, S. aureus and E. coli, now extended to the first quarter of 2026/27, together with the supporting improvement and assurance position.

Access. At our recent Performance and Improvement meeting, Welsh Government set a specific expectation that we focus on quality and access. This pack responds, drawing on the information set out in our Performance dashboard to show what our incident and complaint data tell us about access.

Approach. Both strands are presented by year, by Clinical Care Group (CCG) and by theme, so the Committee can see clearly where to focus. The most recent period is part-year and provisional.

Where we are

The position is unchanged: none of the three organisms have yet achieved the de-escalation standard, which requires monthly cases at or below the threshold for three consecutive months.

C. difficile remains rated Advise. It is the closest to target but has not held the required run.

S. aureus and E. coli remain rated Alert, sitting above threshold in most months.

The first quarter of 2026/27 has not improved the picture. For C. difficile it has moved the wrong way.

Organism	Rating	Q1 mean	3-mth met
C. difficile (≤6)	ADVISE	8.0	No
S. aureus (≤2)	ALERT	4.0	No
E. coli (≤5)	ALERT	5.7	No

The infection trend at a glance

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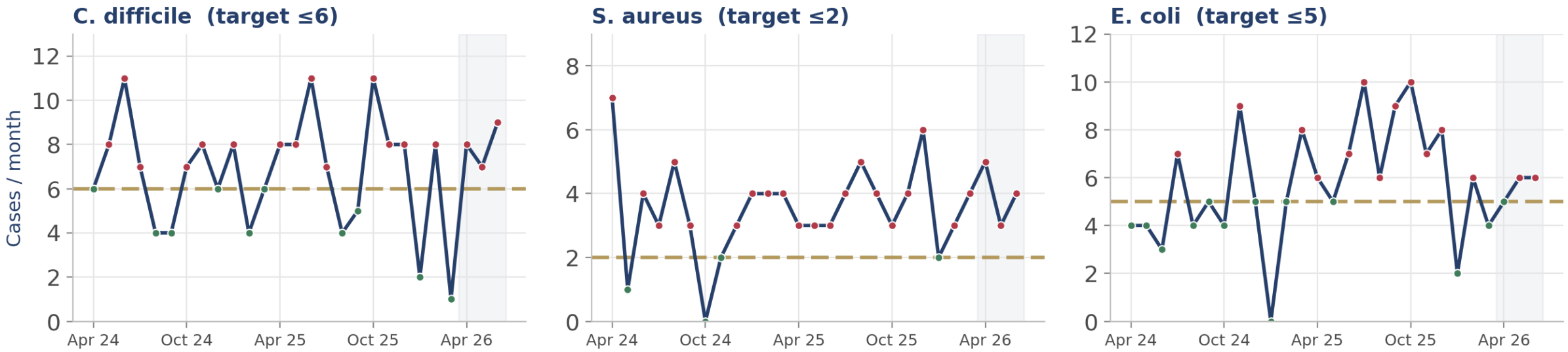
Hospital-onset HCAI: monthly trend, April 2024 to June 2026



Performance is variable rather than improving. Green points show months at or below target; red points show months above it.

C. difficile: 2025/26 mean 6.8 against a target of 6. The first quarter of 2026/27 has risen to a mean of 8.0, with all three months above threshold.

S. aureus: mean 3.7 in 2025/26 and 4.0 in the first quarter, against a target of 2. Only one month in 2025/26 met the threshold.

E. coli: mean 6.7 in 2025/26 and 5.7 in the first quarter, against a target of 5. April met the target; May and June did not.

C. difficile: Closest, not yet sustained

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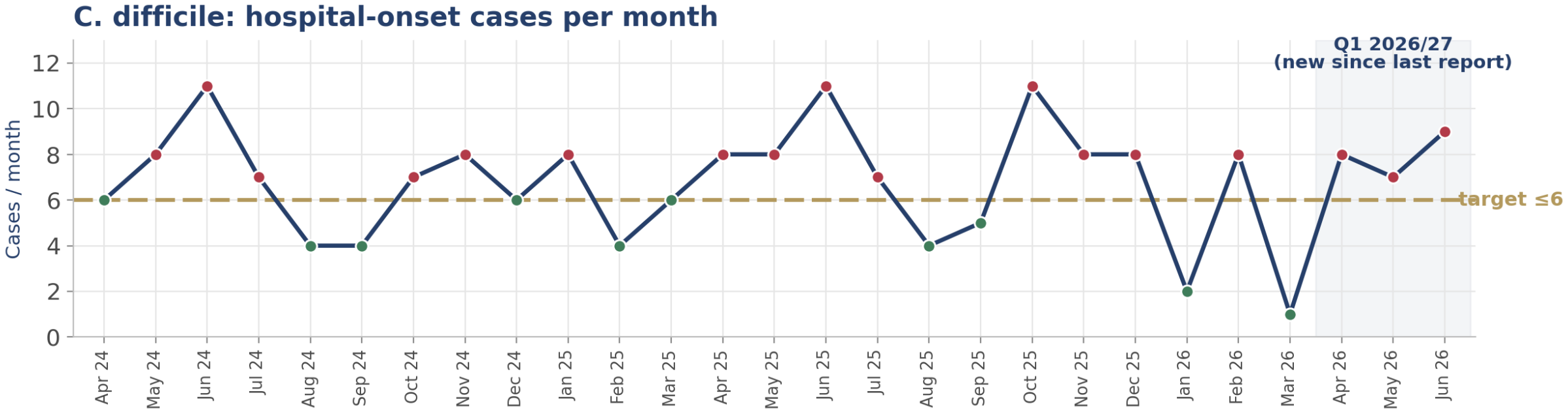

Target. Reduce hospital-onset cases by 25% to no more than 6 per month, sustained for three months. The 2025/26 mean was 6.8; the first quarter of 2026/27 averaged 8.0 (April 8, May 7, June 9).

What the data tells us. The count swings sharply, from 1 in March to 9 in June. Two strong months in early 2026 were not held, and the recent rise coincides with wider antimicrobial pressure.

What the actions are doing. Electronic prescribing and medicines administration is being introduced to strengthen antimicrobial stewardship. The NHS Wales Prevent C. difficile campaign launched here in June 2026. Cases are reviewed monthly at the assurance group for themes and learning.

Assessment. Achievable in individual months but not yet sustained. Continued ownership and environmental decontamination are essential.

S. aureus: persistently above threshold

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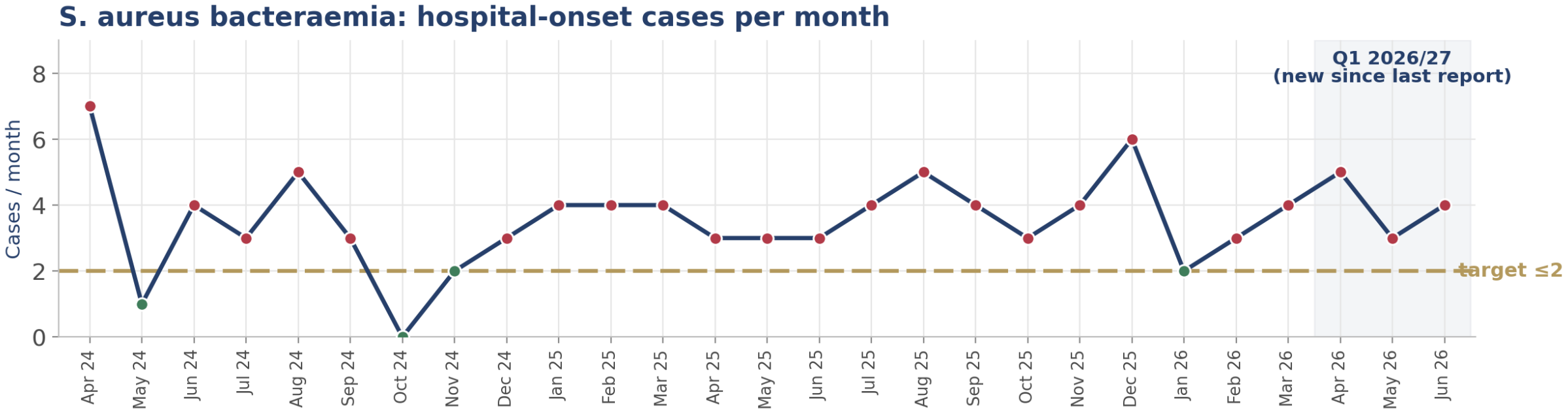

Target. Reduce hospital-onset cases by 33% to no more than 2 per month, sustained for three months. The 2025/26 mean was 3.7; the first quarter of 2026/27 averaged 4.0 (April 5, May 3, June 4).

What the data tells us. The threshold is rarely met, reaching it only once in 2025/26 (January). Device-related, wound and musculoskeletal sources predominate, which points to the insertion and maintenance of invasive devices as the main opportunity for prevention.

What the actions are doing. Aseptic non-touch technique, the standard method for handling devices and wounds without introducing infection, is the focus. CCG's monitor compliance, assessor training is offered to clinical areas, and high-rate areas are shared monthly.

Assessment. The trajectory remains above target. Sustained improvement depends on consistent technique and device care.

E. coli: is the most volatile

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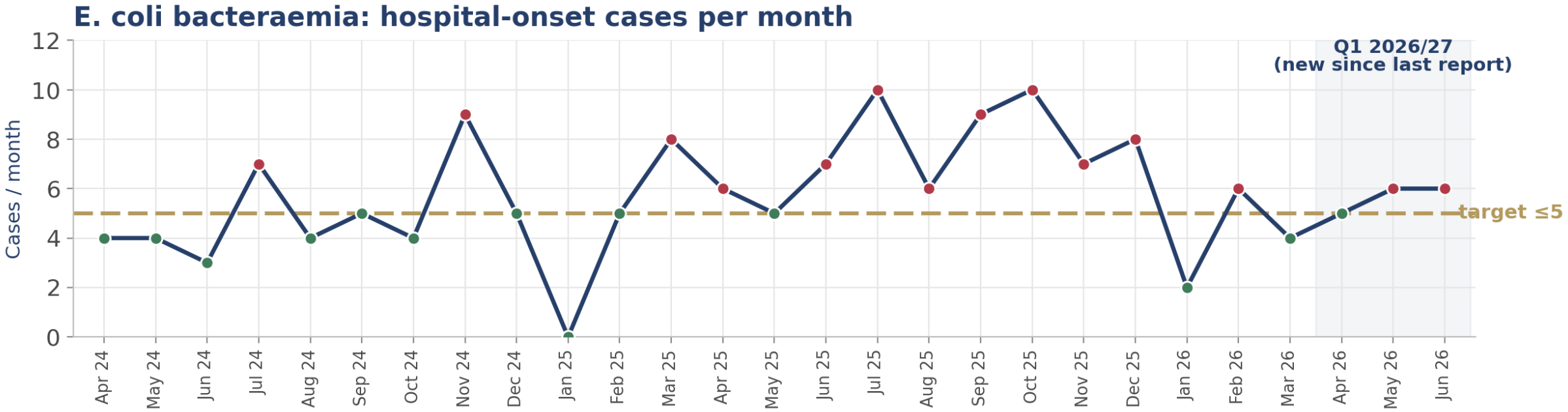

Target. Reduce hospital-onset cases by 25% to no more than 5 per month, sustained for three months. The 2025/26 mean was 6.7; the first quarter of 2026/27 averaged 5.7 (April 5, May 6, June 6).

What the data tells us. Counts are volatile. Urinary tract infections and catheter-associated sources predominate, and community-onset infection far exceeds hospital-onset, so prevention reaches beyond the hospital.

What the actions are doing. A urinary tract infection quality improvement programme is in development. Health and wellbeing materials have been printed for summer public events. Hand hygiene observational audits and infection prevention validation audits continue.

Assessment. April reached target but the run did not hold. Sustained achievement requires a step change in catheter management and urinary tract infection prevention.

What the infections are telling us

Considered together, the three organisms point to a small number of potentially modifiable drivers rather than isolated events.

Invasive devices. S. aureus is concentrated in device, wound and musculoskeletal sources. This is the clearest line of preventable harm and the strongest argument for reliable aseptic technique.

Urinary tract and catheter care. E. coli is dominated by urinary sources, with most infection arising in the community. Catheter avoidance, prompt removal and hydration are the levers.

Antimicrobial use and environment. C. difficile tracks antibiotic exposure and environmental contamination, which is why clear ownership and decontamination sit at the centre of the response.

The common thread is consistency. The interventions are known and in place. The gap is reliable, everyday delivery at ward level.

The improvement programme

We have an infection prevention and control organisational improvement plan aligned to the Welsh Government Anti Microbial Resistance (AMR) and HCAI improvement goals for 2025 to 2027 and the 2026 quality statement on infection prevention and control.

Ownership. Electronic prescribing and the Prevent C. difficile campaign support more targeted antibiotic use. A clinician-led hospital-acquired pneumonia audit is underway across acute sites, as required nationally.

Technique and training. Aseptic non-touch technique is the priority for device-related infection, with assessor training offered to clinical areas and a request submitted to make competency assessment mandatory on the electronic staff record.

Assurance and learning. Cases are reviewed monthly at the assurance group, with learning and high-rate areas shared with CCG's. An assessment against the new national cleaning standards for Wales is in progress.

Where assurance is not yet complete

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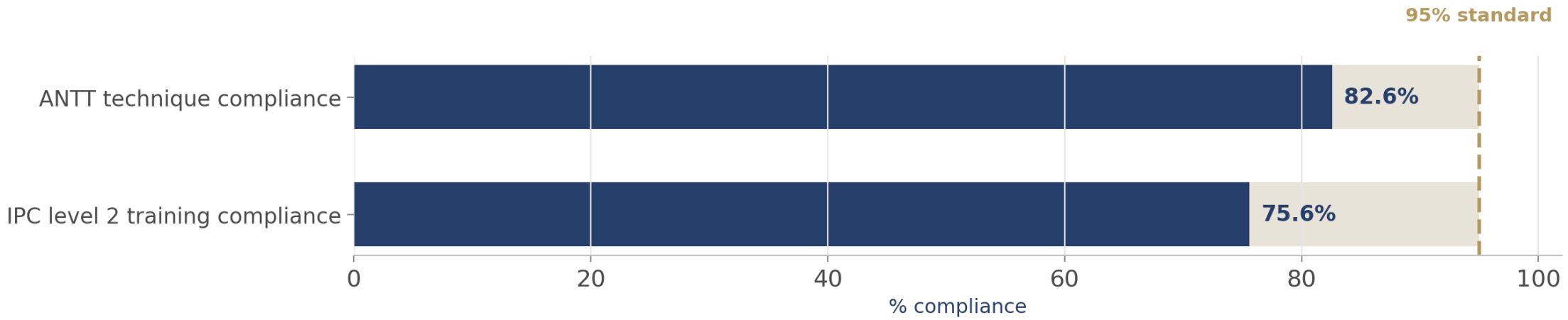
Spot audits and compliance monitoring show that the right practices are not yet consistently in place. There is a current gap between having the interventions and delivering them reliably.

Technique. Aseptic non-touch technique compliance sits below the 95% standard and varies widely across clinical areas, from below 50% to 100%. Competency assessment is not yet mandatory on the electronic staff record, which limits assurance.

Training and environment. Infection prevention level 2 training is below the required standard, and the assessment against the new national cleaning standards is not yet complete.



The implication to consider closing these compliance gaps is the most direct route to sustained de-escalation. Ward-level detail is available to the Committee on request.

Key risks and next steps

Risks. S. aureus and E. coli remain above threshold with no clear path to the sustained three-month standard, and C. difficile has deteriorated in the first quarter. Compliance gaps in technique and training limit the impact of the programme. Negative pressure isolation capacity is a red-rated infrastructure risk for high consequence infections.

Next steps. Hold aseptic technique compliance to the 95% standard and pursue mandatory competency on the electronic staff record. Complete the cleaning standards assessment. Progress the urinary tract infection quality improvement programme. Sustain monthly case review and shared learning. Continue to develop capital options for isolation facilities for future executive consideration.

Trajectory. The assessment assumes no further deterioration and depends on consistent ward-level delivery. The most recent month is provisional.

Wider infection prevention risks

Three wider risks bear on assurance this quarter.

Glangwili Intensive Care. An action plan continues following Stenotrophomonas maltophilia colonisation linked to unit drains. There were no cases in March and April; a new case at the end of May prompted a review with nursing, infection prevention, estates and facilities; and there were no further cases in June.

High consequence infectious diseases. Preparedness for Hantavirus and Ebola continues. Overall acute site readiness is rated Amber, with red-rated risks in negative pressure isolation capacity. A feasibility study for compliant isolation facilities is in progress and will require significant capital investment.

Outbreaks and scabies. No respiratory or norovirus outbreaks were reported in June. Scabies and associated contact tracing remain an operational pressure, reflecting increased prevalence in the community.

Access-linked incidents: scale and spread

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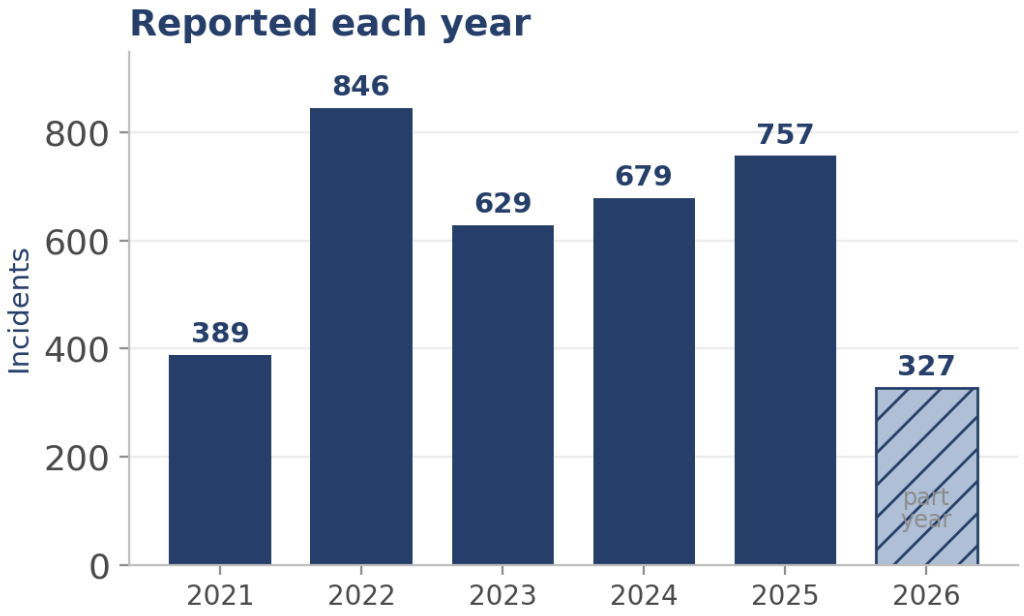

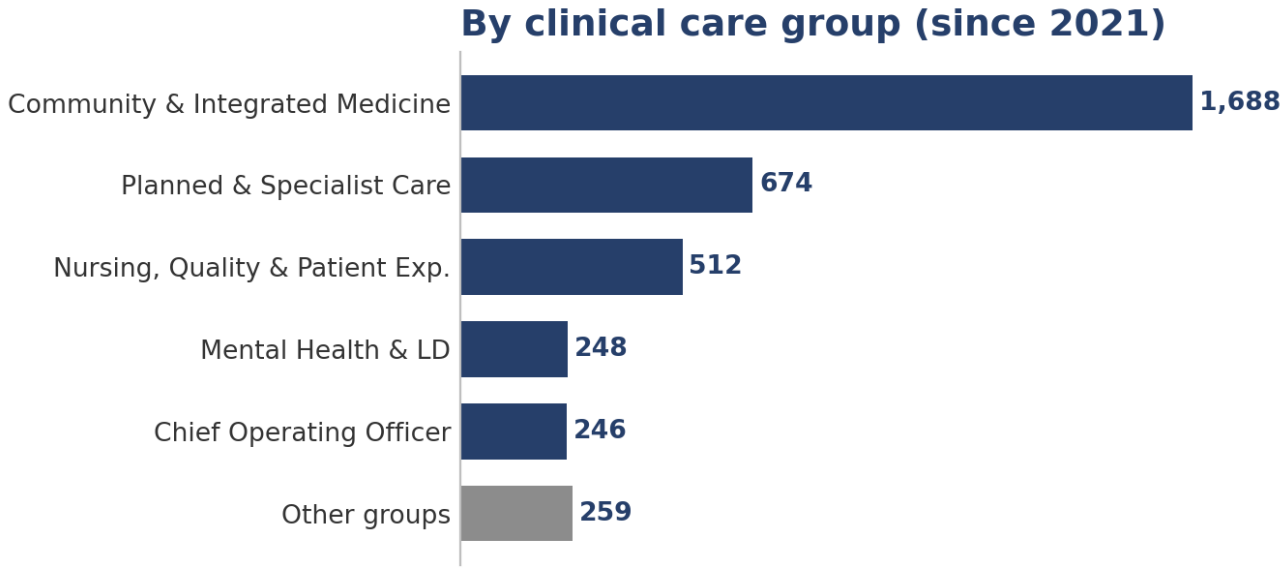

Welsh Government, through Performance and Improvement, has asked us to understand the impact on access. Access is not a formal de-escalation criterion, but our incident data gives an early, ward-level signal of where access pressure is showing.

Scale. We have recorded 3,627 access-linked incidents since 2021, covering delayed access and admission, transfers and discharge. Annual reporting rose from 629 in 2023 to 757 in 2025. The 2026 figure is part-year and provisional (end of June).

Harm. Most cause no or low individual harm (98%), but 91 reached moderate or greater harm, including 6 severe or catastrophic. The value is as a leading indicator of flow and access pressure, not only of harm.

Where it sits. Almost half fall within Community and Integrated Medicine, our Urgent and Unscheduled Care Group, with Planned and Specialist Care next. This is where focus will have most effect.

Access incidents: where to focus

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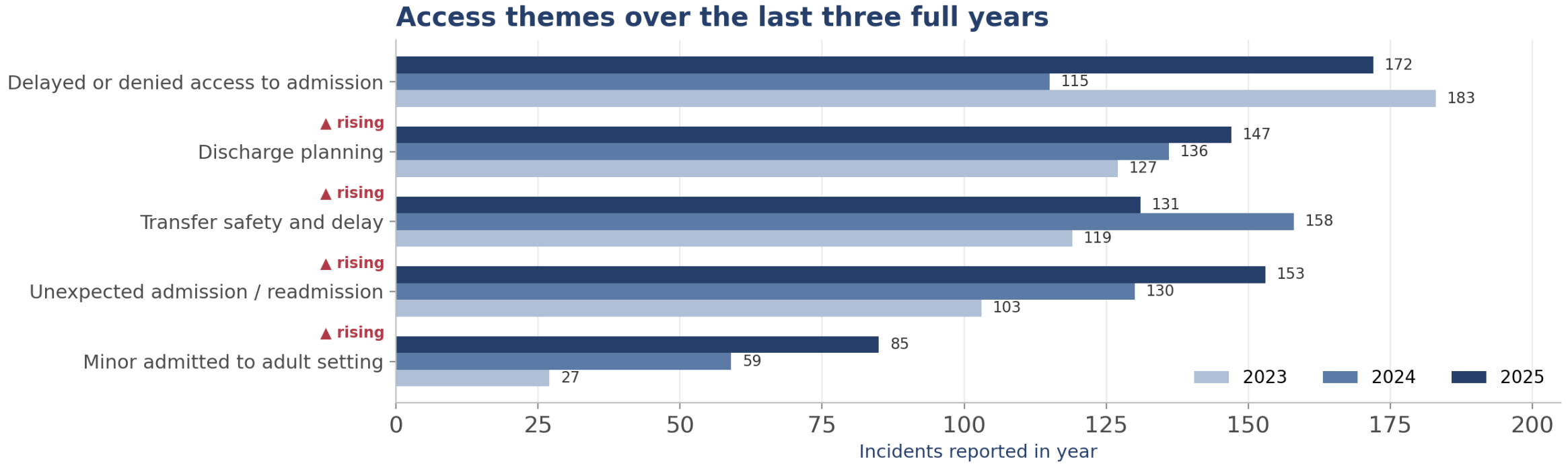

Grouped thematically, five access themes stand out, and four are rising.

Delayed or denied access to admission remains the largest single theme and reflects front-door and flow pressure.

Four themes are trending upwards and warrant focus: discharge planning, where the most common failure is a service referral not being made; transfer safety, including inappropriate or unsafe transfers; unexpected admissions and readmissions, including escalation to high-dependency care; and admission of a minor to an adult setting, which has more than trebled since 2021 and carries a specific safeguarding concern.

What this suggests. Focus on discharge referral completion, transfer safety, and the readmission and escalation pathway, with a targeted look at the minor-in-adult-setting theme. These are access signals the Committee may wish to seek assurance on and will likely be a focus for Welsh Government and Performance and Improvement in the coming months.

Access complaints: scale and spread

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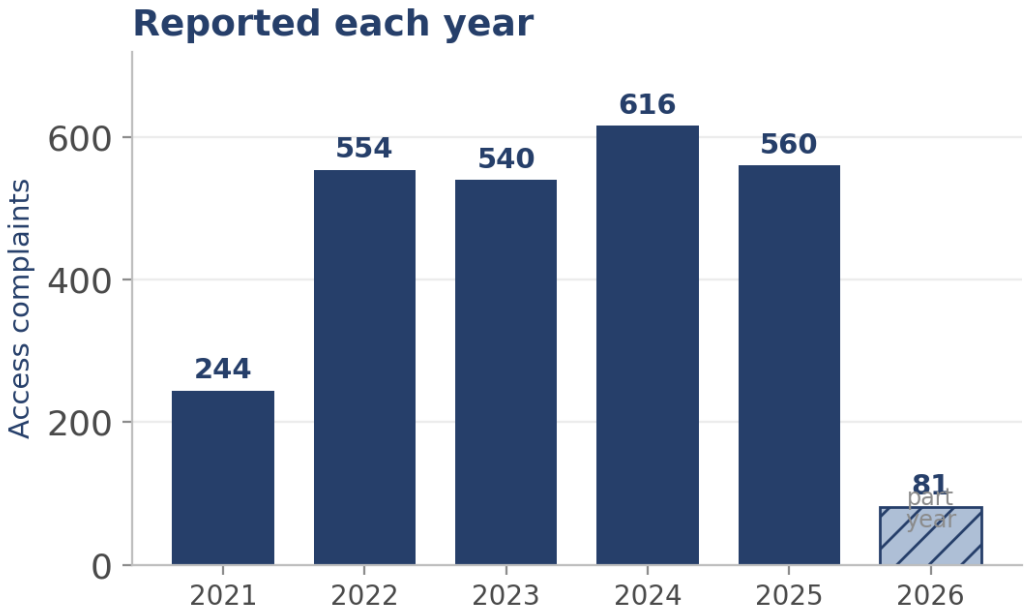
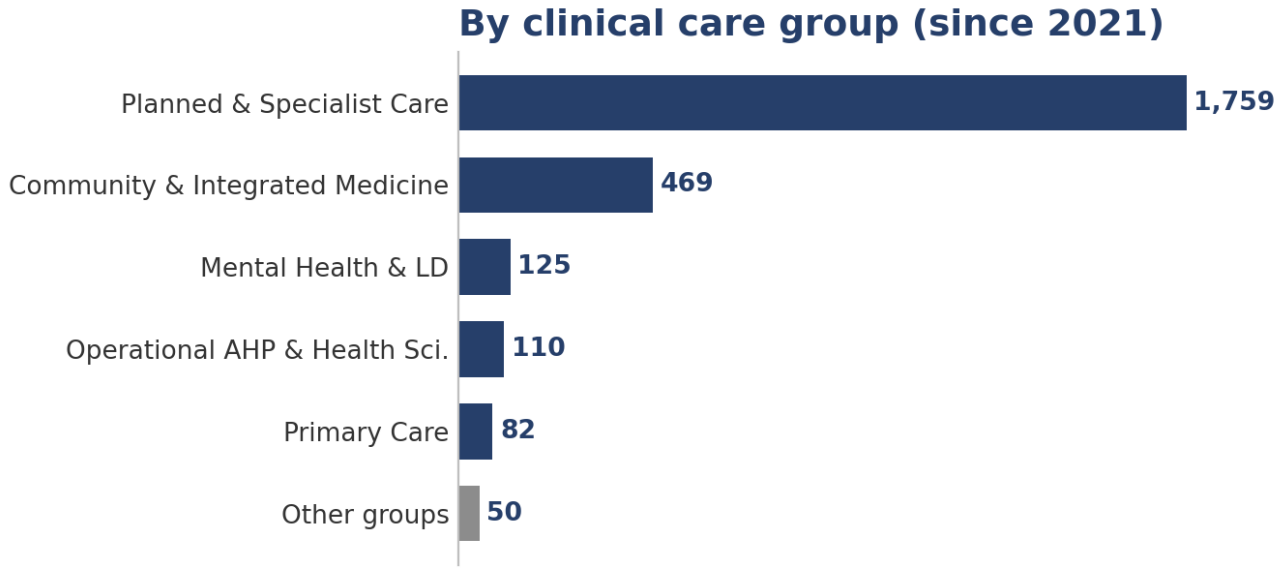




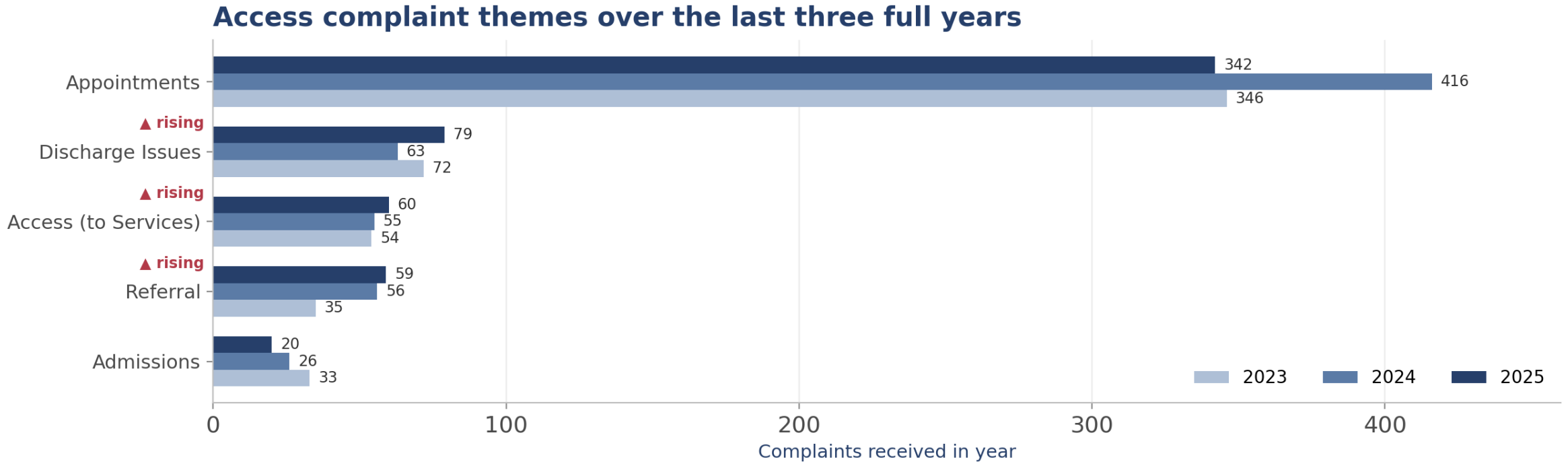
Complaints give a second lens on access, from the patient's side. Here we isolate the access-related complaints, so the Committee sees the same question the incident data raised.

Scale. We have recorded 2,595 access-related complaints since 2021, about one in four of all complaints, covering appointments, access to services, admissions, referral and discharge. Volumes rose from 244 in 2021 to a peak of 616 in 2024, and 560 in 2025. The 2026 figure is part-year and provisional (June 26).

Where it sits. Over two-thirds fall within Planned and Specialist Care, our elective and outpatient services. This is the reverse of access incidents, which concentrate in unscheduled care.

The two lenses together. Complaints point to the planned and outpatient pathway, incidents to unscheduled flow.

Access complaints: which themes stand out



Appointments is by far the largest access complaint theme, at 1,664 since 2021, and reflects waiting and outpatient access pressure.

Three themes are rising and echo the incident picture: access to services, referral, and discharge. Referral complaints have risen from 35 in 2023 to 59 in 2025, and access to services from 54 to 60. Admissions complaints are falling, and appointments, while the largest, has plateaued since its 2024 peak.

What this suggests. Complaints and incidents converge on the same access levers: appointments and access to planned care, referral pathways, and discharge. This is where Committee may wish to focus, and the response to Welsh Government, would have most traction. Clinical treatment remains the largest complaint theme overall but sits outside the access lens.

Recommendation

The Committee is asked to:

- **Scrutinise** that none of the three hospital-acquired infection de-escalation criteria has yet achieved the sustained three-month standard, and that the first quarter of 2026/27 has not improved the position.
- **Consider** the Alert ratings for S. aureus and E. coli and the Advise rating for C. difficile.
- **Receive assurance** from the improvement programme and monthly case review, while recognising that compliance gaps in technique and training remain the principal barrier to sustained de-escalation.
- **Discuss** the continued development of capital options for negative pressure isolation facilities to address the red-rated high consequence infectious disease risk.
- **Request** a future deep dive into current access issues; with a specific focus on Incidents within Community and Integrated Medicine CCG and Complaints within Planned and Specialist CCG