Targeted Intervention Escalation Update: Hospital-Acquired Infections and Access

Lead Executive: Mrs Sharon Daniel, Executive Director of Nursing, Quality and Patient Experience
Report author: Mr Shaun Ayres, Director of Delivery

Where the position has moved

Purpose. This report brings the Committee up to date on the three hospital-acquired infection de-escalation criteria and on access, the second strand Welsh Government have asked the Health Board to examine. It adds the compliance position on nationally reportable serious incidents.

What has improved. E. coli fell to four hospital-onset cases in August, the first month at or below target since April. S. aureus reached its target of two in July. Access-linked incidents fell from 541 in the first eight months of 2025 to 451 in the same period this year, a fall of 17% against a 5% fall in all incident reporting. Serious incident investigations running beyond ninety working days fell from 68.4% in June to 29.2% on 7 September 2026.

What has not. C. difficile has moved the other way and is the clearest concern in this report. Cases have exceeded the monthly target in each of the last five months and July was the highest month recorded since this series began in 2023. Of the four access themes the Committee was asked to consider in August, three are still rising, and discharge planning has worsened since the spring.

What it means for de-escalation. One criterion has a realistic route to being met this autumn. On current performance the other two do not, and the rating for C. difficile moves to Alert.

Current Position

None of the three organisms has achieved the de-escalation standard, which requires monthly cases at or below the threshold for three consecutive months.

C. difficile moves from Advise to Alert. Five consecutive months above target, and a rise in the mean rather than one poor month, no longer supports the previous assessment of Advise.

S. aureus and E. coli remain Alert. Each reached its target in a single month during the year, so the thresholds are reachable. Neither has held a run.

E. coli is the one to watch. August at four cases opens a window that closes at the end of October. Two more months at five or fewer would give the Committee its first completed criterion in this domain.

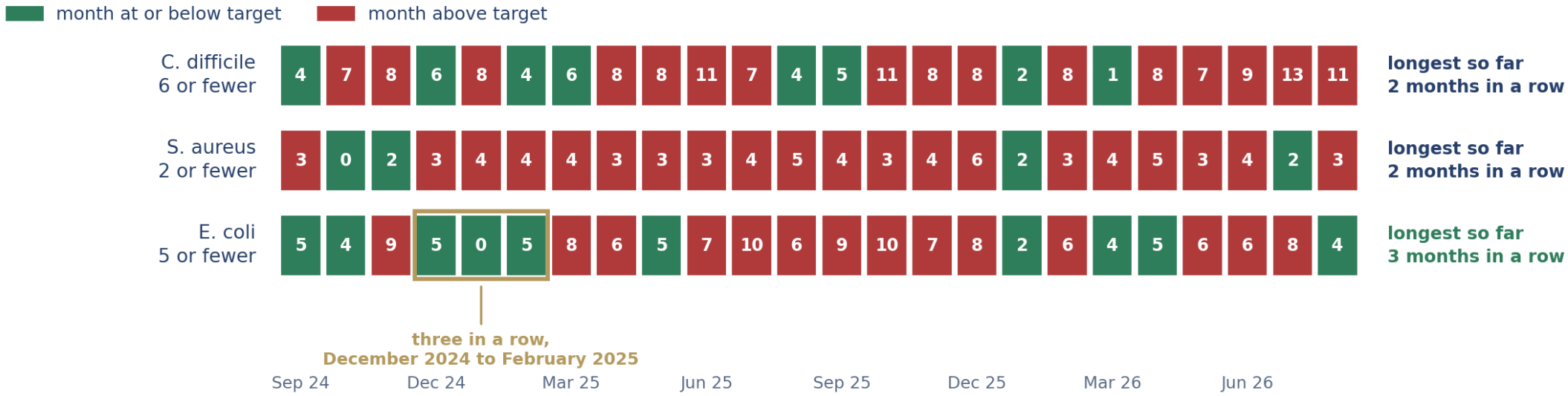
Organism	Rating	2026/27 to date	Months at target in the last 12 months	Earliest completion
C. difficile (≤6)	ALERT	9.6	3	End November
S. aureus (≤2)	ALERT	3.4	2	End November
E. coli (≤5)	ALERT	5.8	4	End October

Mean monthly cases April to August 2026. Months at target counts September 2025 to August 2026. Earliest completion assumes the target is met from September onwards.

How the three-month standard works

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The test is not whether we can reach the target in a single month. It is whether we can reach it three months in a row. A good month on its own does not meet the de-escalation target, and one month above target means we start counting again from the beginning.



We do reach the target. Over the last two years we were at or below target in eight months for C. difficile, four for S. aureus and ten for E. coli. These are levels we touch regularly.

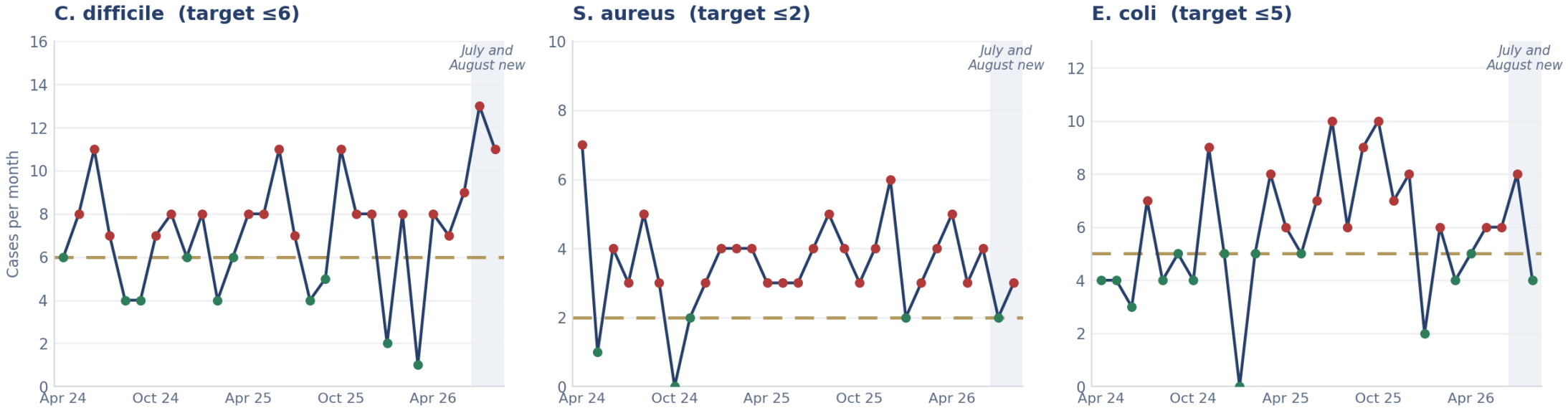
We do not stay there. The longest we have managed is two months together for C. difficile, ending March 2025, and two for S. aureus, ending November 2024. E. coli managed three together, from December 2024 to February 2025, then went back above target in March, so the improvement did not last.

The problem is staying at the target rather than getting to it. That is what the improvement programme has to change.

The infection trend at a glance

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Hospital-onset infections: monthly trend, April 2024 to August 2026



Green points show months at or below target; red points show months above it. The shaded band is new since the Committee last saw this data.

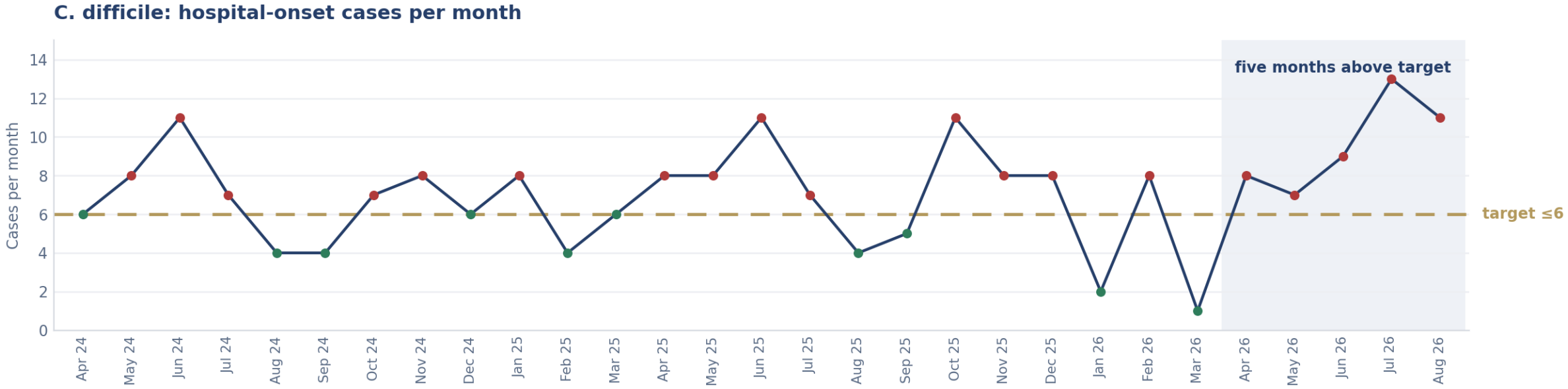
C. difficile: a mean of 6.8 in 2025/26 has risen to 9.6 across the five months of 2026/27 so far, against a target of 6. July reached 13, the highest month in the series.

S. aureus: 3.7 in 2025/26 and 3.4 so far in 2026/27, against a target of 2. July met the target for only the second time in twelve months, and the July and August average of 2.5 is the closest the organism has come.

E. coli: 6.7 in 2025/26 and 5.8 so far in 2026/27, against a target of 5. August fell to 4, the lowest month since March.

C. difficile: five months above target

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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 five months of 2026/27 so far average 9.6 (April 8, May 7, June 9, July 13, August 11).

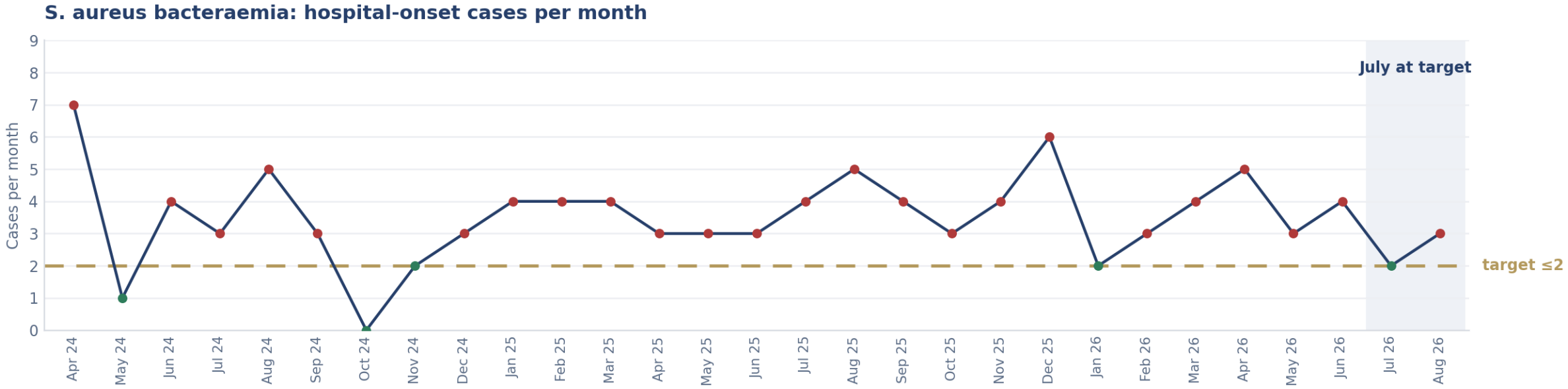
What the data tells us. The last month at or below target was March. Since then, the count has not fallen below seven, and July at 13 is the highest month since this series began in March 2023. This is a sustained shift rather than a single spike.

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, and cases are reviewed monthly at the assurance group. Against that, four cases of cross-infection were reported on Ward 4 at Withybush Hospital in August, arising while wards were relocated into the Ward 3 footprint for fire improvement works.

Assessment. The rating moves to Alert. The earliest the criterion could now be met is the end of November, and that needs the count back to six or fewer from September.

S. aureus: the target achieved in July

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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; 2026/27 so far averages 3.4 (April 5, May 3, June 4, July 2, August 3).

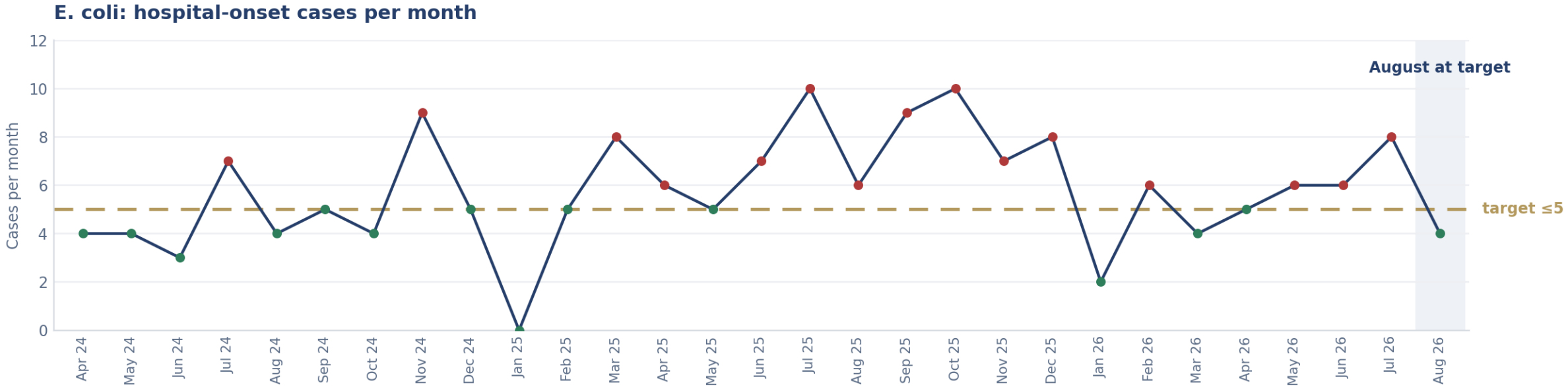
What the data tells us. July at two cases was the first month at target since January and the second in twelve months. August returned to three. The underlying level has edged down, from a first quarter mean of 4.0 to 2.5 across July and August, which is the closest the organism has come to the threshold.

What the actions are doing. Device-related, wound and musculoskeletal sources predominate, so the insertion and maintenance of invasive devices is where prevention has most effect. Aseptic non-touch technique, the standard method for handling devices and wounds without introducing infection, remains the focus. Care groups monitor compliance, assessor training is offered to clinical areas and high-rate areas are shared monthly.

Assessment. The rating remains Alert because no run has been held. A September at two or fewer would put the criterion within reach by the end of November.

E. coli: a window has opened

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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; 2026/27 so far averages 5.8 (April 5, May 6, June 6, July 8, August 4).

What the data tells us. August at four cases is the lowest month since March and the fourth month at or below target in the last twelve. The longest run so far in this reporting period is two months, March and April. Urinary tract and catheter-associated sources predominate, and community-onset infection far exceeds hospital-onset, so prevention reaches beyond the hospital.

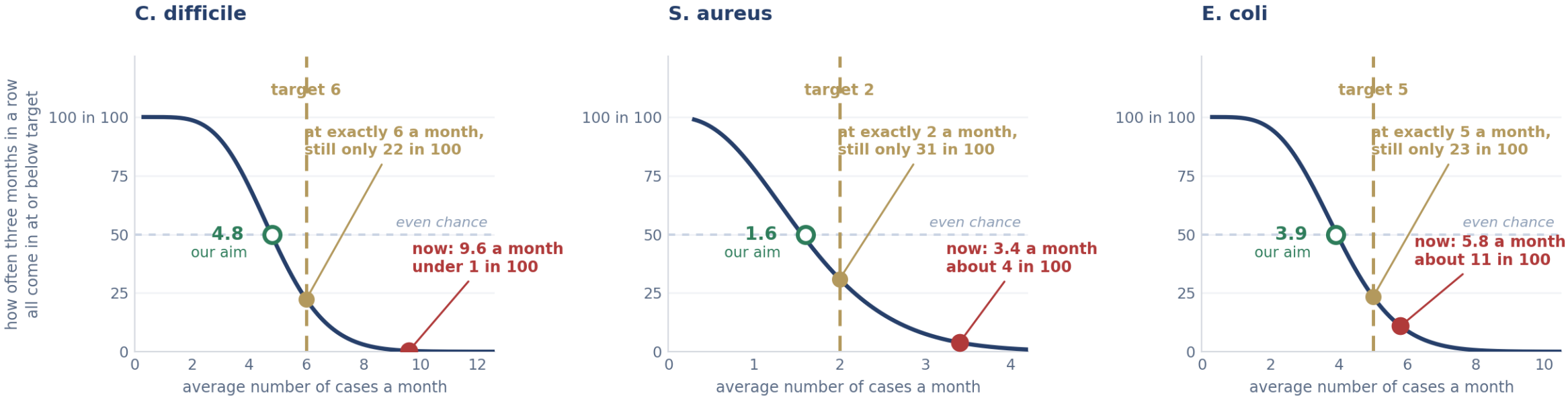
What the actions are doing. A urinary tract infection quality improvement programme is in development. Hand hygiene observational audits and infection prevention validation audits continue. Catheter avoidance, prompt removal and hydration are the levers that move this organism.

Assessment. The rating remains Alert until a run is held. September and October at five or fewer would meet the standard, and this is the single clearest opportunity in the report.

Why we have to aim below the target

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These are small numbers, so the count moves up and down from month to month even when nothing about our practice has changed. That movement decides whether any single month comes in at or below target and needing three months in a row makes it matter three times over.



How to read the charts. Along the bottom is the average number of cases we record in a month. Up the side is how often three months in a row would all come in at or below target. The gold line marks the target.

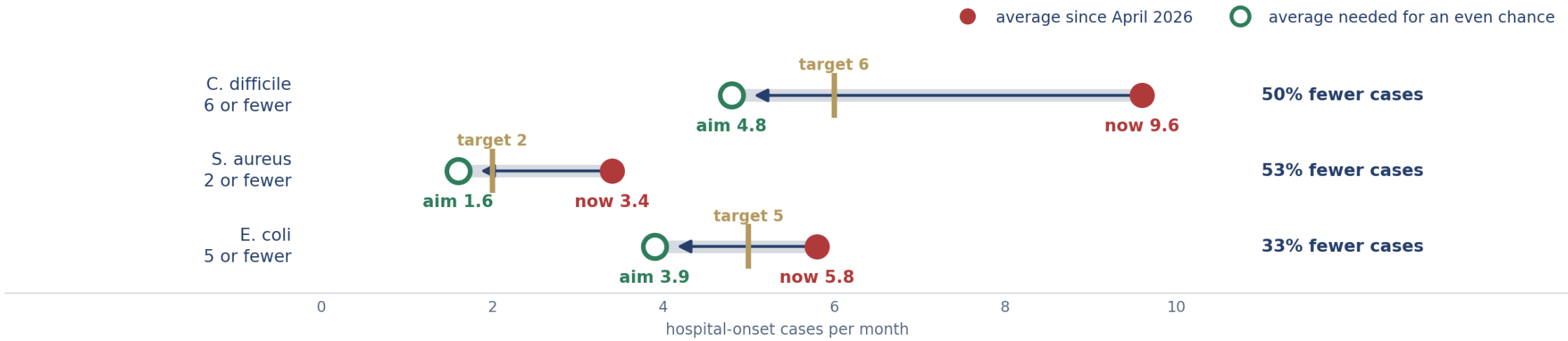
What they show. Hitting the target on average is not enough. If C. difficile averaged exactly six cases a month, only about 22 three-month stretches in every 100 would have all three months at or below six. At our current average of 9.6 it is fewer than 1 in 100. E. coli, at 5.8, is about 11 in 100, so August followed by September and October is possible but unlikely at our current level.

What these numbers are. They say how often something would happen at a given level of infection. They are not a prediction for this autumn. The only way to move them is to bring the average number of cases down.

The level we need to get to

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If we aim at the level where three months in a row becomes an even chance, each organism has a single number to work to. In all three cases that number is about a fifth below the target.



What this means. C. difficile has to halve, from an average of 9.6 cases a month to about five. S. aureus has to come down by about half, from 3.4 to between one and two. E. coli needs a third fewer, from 5.8 to about four, and is the closest to three months in a row this autumn.

What we are doing. We are managing the improvement programme against the average number of cases a month, rather than against whether we pass or fail in a single month, because the average is what aseptic technique, catheter care and antimicrobial stewardship actually change. Closing the technique and training gaps set out later in this pack is the first call on that work, and C. difficile is where the effect will show first.

What we ask of the Committee. To consider the average number of cases a month alongside the criterion from November, so the Committee can see cases falling even in months when we do not meet the target, and support for agreeing with Welsh Government how we will evidence the standard has been met when we reach it.

What the infections are telling us

Taken together, the three organisms point at a small number of modifiable drivers rather than isolated events.

Invasive devices. S. aureus remains 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, and they reach beyond the hospital.

Antimicrobial use and the environment. C. difficile tracks antibiotic exposure and environmental contamination. Three periods of increased incidence were notified nationally over the summer: scabies on Cadog Ward at Glangwili in July, scabies on Dewi Ward in August, and C. difficile cross-infection on Ward 4 at Withybush, the last of these while wards were relocated for fire improvement works. Estate pressure and decontamination therefore sit alongside prescribing as one consideration.

The common thread is unchanged from August. The interventions are known and in place. The gap is reliable, everyday delivery at ward level, and the C. difficile position is what that gap now looks like in the data.

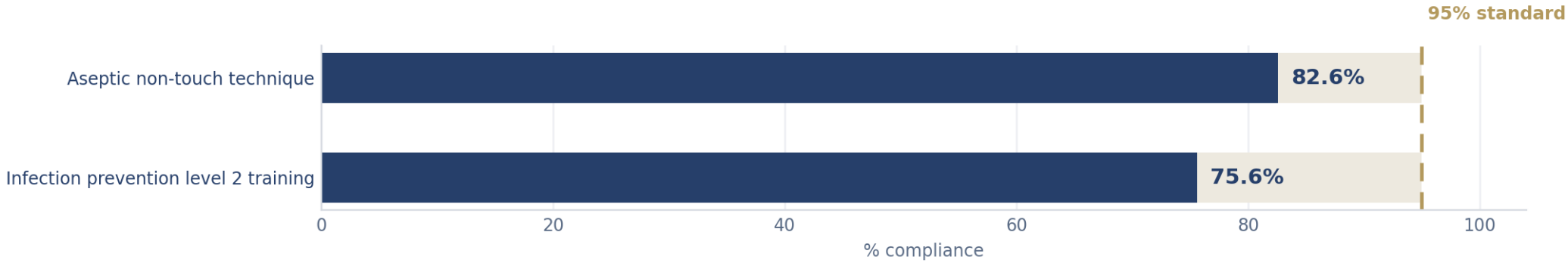
Where assurance is not yet complete

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In August we identified two compliance gaps as the principal barrier to sustained de-escalation. These remain the latest figures reported to the Committee.

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 the assurance we can give.

Training and the environment. Infection prevention level 2 training is below the required standard and the assessment against the national cleaning standards for Wales was not complete at the last report.



Why this matters now. C. difficile has deteriorated across the same months in which these gaps have stayed open. That is not proof of cause, but closing them is the most direct route back to target.

Key risks and next steps

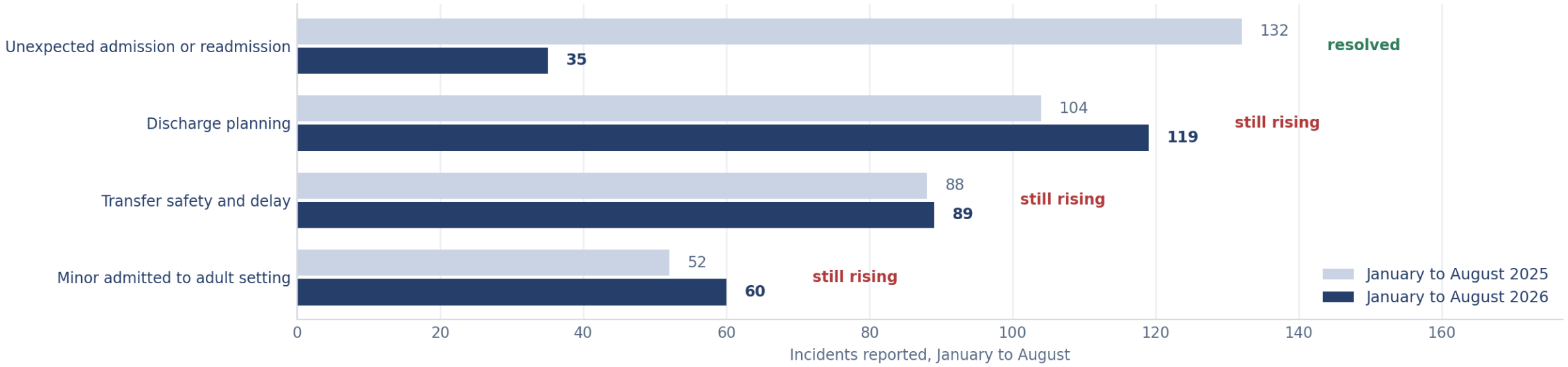
Risks. C. difficile has been above target for five consecutive months and now carries the highest risk to de-escalation in this domain. S. aureus and E. coli remain above threshold, although each reached target within the year. Compliance gaps in technique and training limit what the improvement programme can deliver. Negative pressure isolation capacity remains a red-rated infrastructure risk for high consequence infections.

Next steps. Return C. difficile to six or fewer cases a month from September and hold it. Hold E. coli at five or fewer through September and October to complete the three-month standard. Bring 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. Continue to develop options for compliant isolation facilities for future executive consideration.

Trajectory. The assessment assumes no further deterioration and depends on consistent ward-level delivery.

Access: what we said in August

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In August we flagged four access themes as rising and asked the Committee to focus on them. Two months on, one has resolved/progressed and three have not.

Unexpected admission and readmission has fallen sharply, from 132 incidents in the first eight months of 2025 to 35 in the same period this year. The fall is steady from the autumn of 2025 rather than a single step, and is concentrated in escalation to high dependency care. The Committee may wish to seek assurance from the care group on what has driven it.

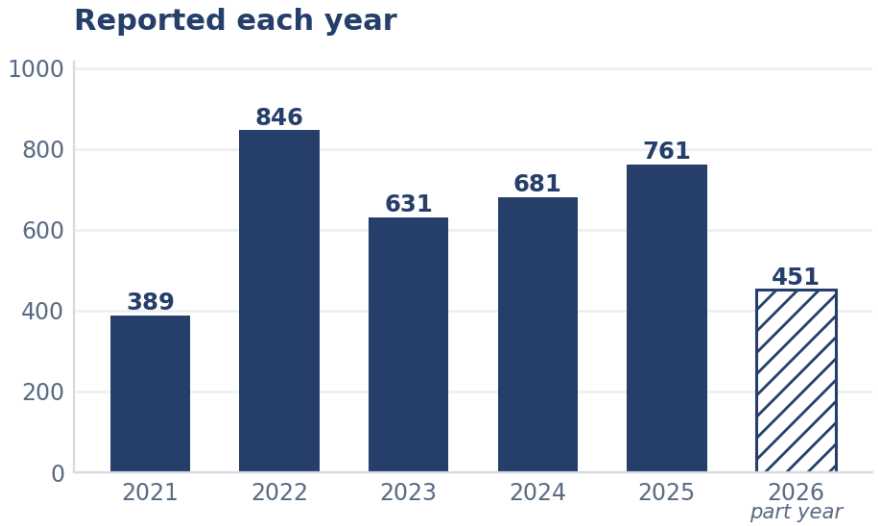
Discharge planning has worsened. Discharge incidents rose from 104 to 119, and within them the failure we named in August, a service referral not being made, rose from 13 to 49. Nineteen of this year's 49 arose at the emergency departments in Glangwili and Withybush.

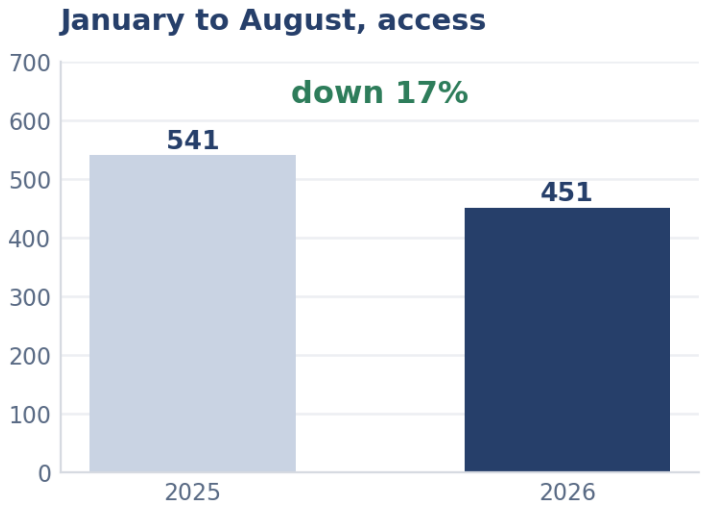
Transfer is flat in total but the safety component is rising: inappropriate or unsafe transfers rose from 38 to 46, and August was the busiest month in the period at 18 transfer incidents.

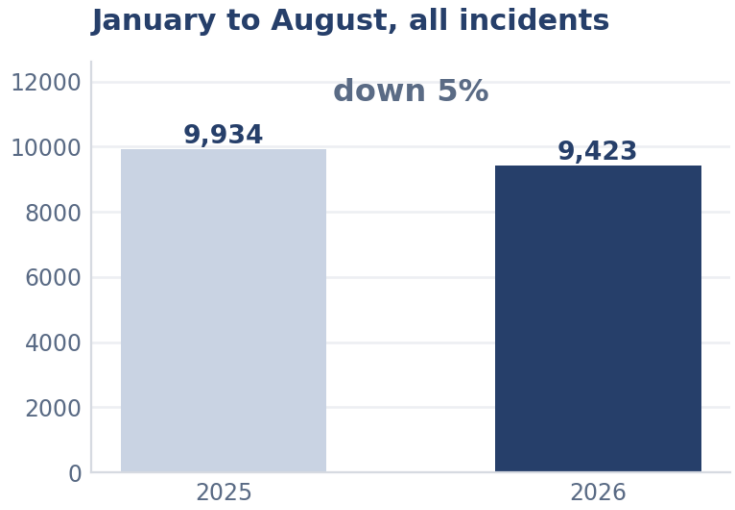
Admission of a minor to an adult setting continues to rise, from 52 to 60, and has already passed its 2024 full-year total of 59. The safeguarding concern we raised in August stands.

Access-linked incidents: where we stand

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Scale. We have recorded 3,759 access-linked incidents since 2021, covering delayed access and admission, transfers and discharge. The 2026 figure runs to the end of August and is provisional.

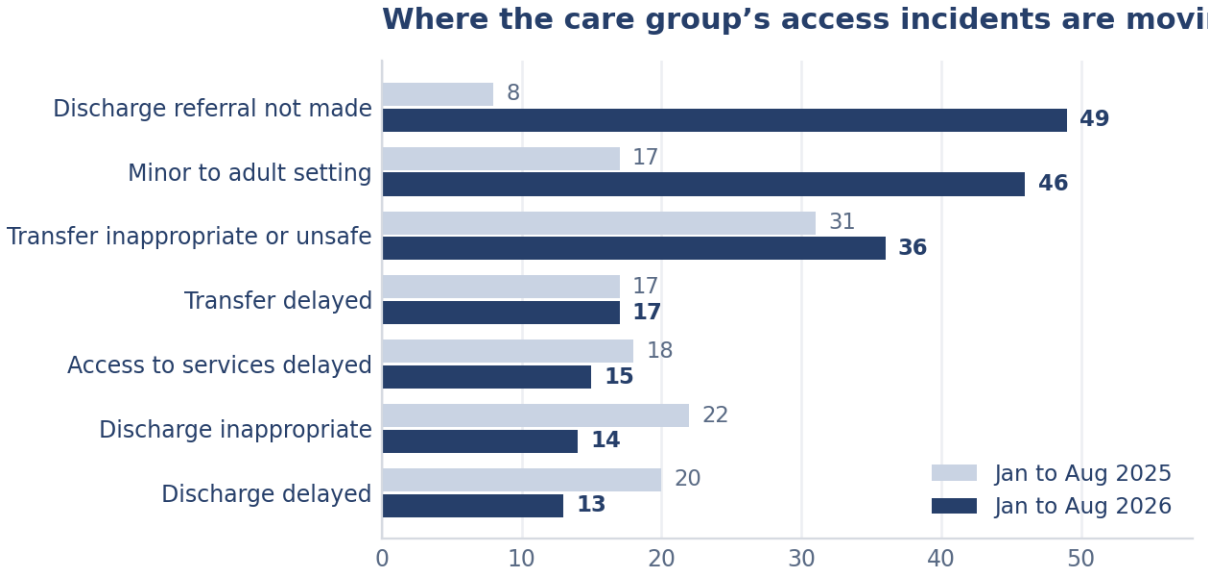
Direction. Access-linked incidents fell from 541 in the first eight months of 2025 to 451 in the same period this year, a fall of 17%. All incident reporting fell by 5% over the same period, so access pressure is easing faster than reporting overall. This is the clearest positive movement in the access data.

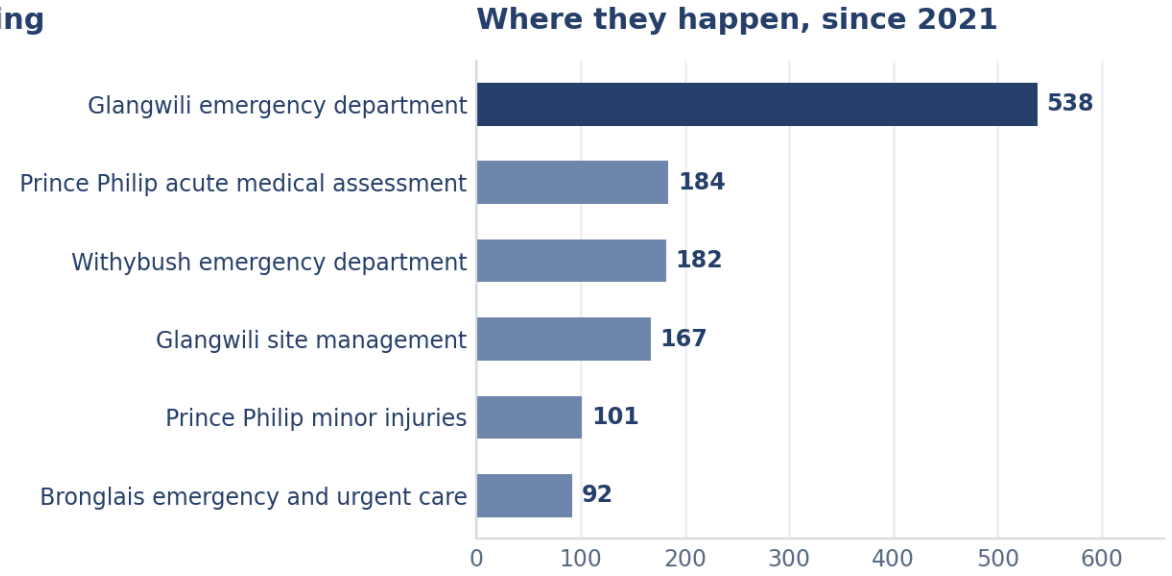
Harm. Most cause no or low individual harm. Ninety-five have reached moderate or greater harm since 2021, including seven severe or catastrophic. The value of this data is as a leading indicator of flow and access pressure rather than as a harm count.

Closure. A hundred and thirty-five of this year's access incidents have yet to complete a post-investigation harm assessment, against thirty at the same point last year. Across all incidents from 2025 onwards, 1,562 remain open beyond sixty days and 1,128 beyond a hundred and twenty, two-thirds of them within Community and Integrated Medicine. Closure timeliness is therefore a live assurance question alongside the volumes.

Review: incidents in unscheduled care

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Shape. The attached highlights access incidents within Community and Integrated Medicine, our Urgent and Unscheduled Care Group. 2,151 of the 3,759 access-linked incidents since 2021 sit there, and in the first eight months of this year the care group recorded 279 against 255 last year. While the Health Board total has fallen, this care groups has not.

Where it concentrates. Two themes account for almost all of the movement. A service referral not being made on discharge rose from 8 to 49, and admission of a minor to an adult setting from 17 to 46. Forty-three of this year's sixty minor admissions were reported on Merlin Ward at Glangwili and a further eleven on Morlais Ward, so the theme sits in one hospital.

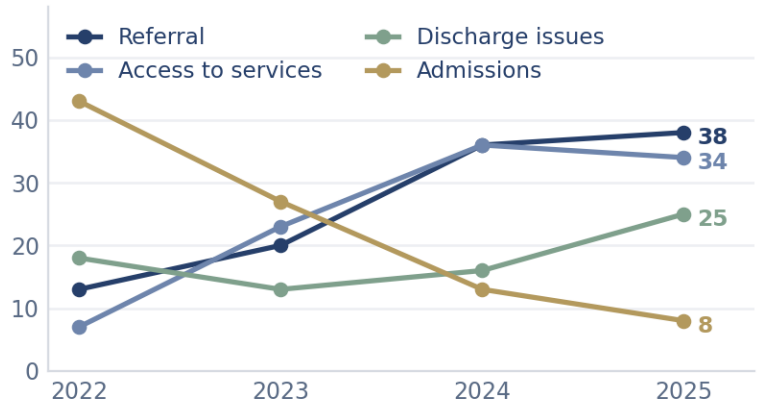
Where it happens. Glangwili emergency department accounts for 538 of the care group's access incidents since 2021, the largest single location by a wide margin, followed by the acute medical assessment unit at Prince Philip and the emergency department at Withybush.

What this suggests. Two responses would address most of the movement. Completing the discharge referral before a patient leaves the emergency department is a process fix within the care group's control. The pathway for young people presenting to adult settings reflects the availability of age-appropriate placements and needs a joint response with Mental Health and Learning Disabilities.

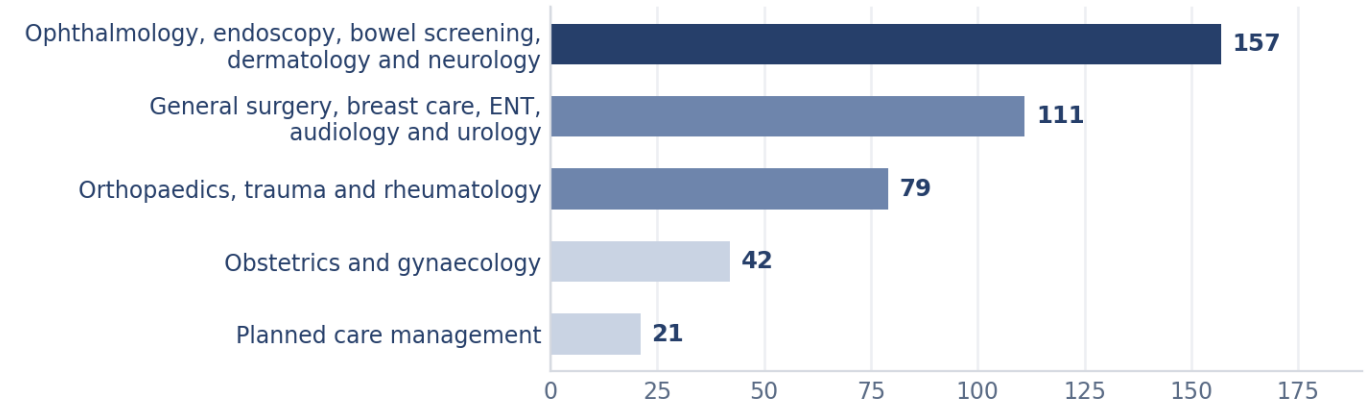
Review: complaints in Planned and Specialist Care

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The themes behind appointments, Planned and Specialist Care



Where they concentrate, since 2025



Appointments, the largest theme by far, ran between 259 and 361 a year over the same period.

The review into access complaints within Planned and Specialist Care. 1,771 of the 2,621 access-related complaints since 2021 sit there, in our elective and outpatient services.

What people/patients complain about. Appointments dominate, at 1,347 of the 1,771. A delay in an appointment, waiting time or transport accounts for 604 of those and a cancelled appointment for a further 394. Behind appointments, referral rose every year to 2025 while admissions fell from 43 a year to 8, and within referral a delayed referral is the reason in 70 of 123 cases.

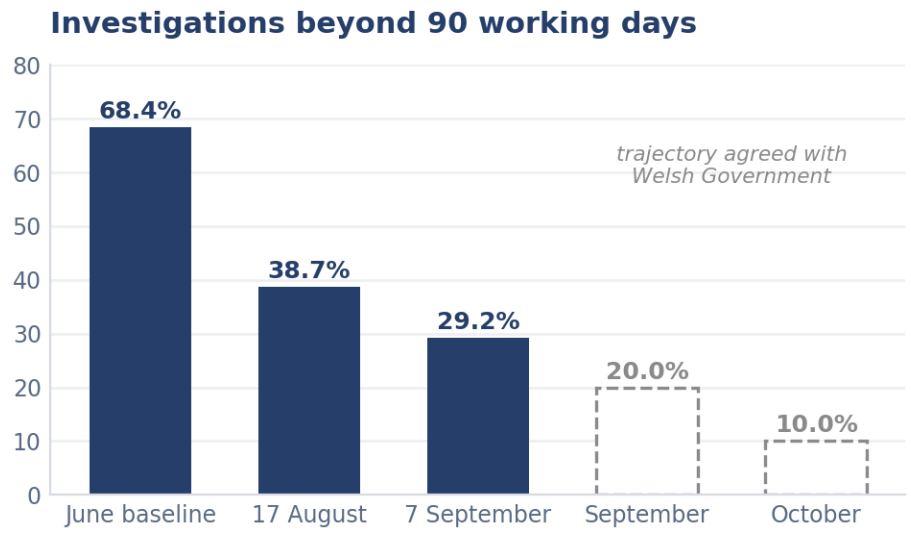
Where it concentrates. Since the start of 2025, three service groups account for most of the volume: ophthalmology, endoscopy, bowel screening, dermatology and neurology at 157; general surgery, breast care, ear nose and throat, audiology and urology at 111; and orthopaedics, trauma and rheumatology at 79.

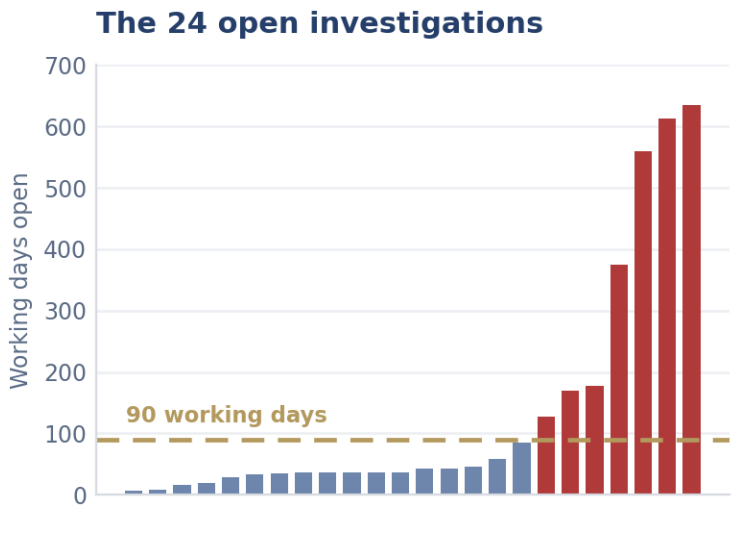
Outcome and harm. Of the 388 access complaints received here during 2025, 77 were upheld and 17 were graded at moderate harm or above on receipt. Volumes for 2026 are part-year and a material share of this year's complaints are still in progress, so this year's totals are not yet comparable.

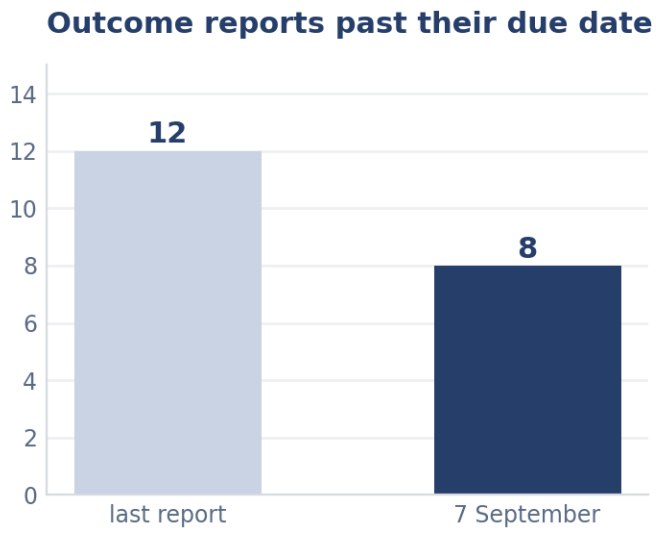
Reading the two lenses together. Complaints point at the planned and outpatient pathway; incidents point at unscheduled flow. Both converge on the same three levers: appointment and waiting time, referral completion, and discharge.

Nationally reportable incidents

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Nationally reportable incidents are the serious incidents every health board must notify Welsh Government of. Closure timeliness are managed rather than the number open, so stronger reporting is never discouraged.

The position. Twenty-four investigations are open. Seven have been open beyond ninety working days, 29.2% of the total, down from 38.7% at 17 August and 68.4% at the June baseline. NHS Wales Performance and Improvement recorded a significant reduction in overdue investigations on 4 September. The eight investigations whose outcome report has passed its due date are down from twelve at the last report.

Against trajectory. The profile agreed with Welsh Government is 20% in September and 10% or fewer in October. At 29.2% the Health Board are three cases short of the September point.

Where the difficulty sits. Five of the seven longest-running investigations are in Mental Health and Learning Disabilities and three of those have been open beyond 560 working days. The remaining two are in Community and Integrated Medicine. Weekly review, mandated closure dates and director-level escalation of stalled cases are working on the newer cohort, which is why the rate has more than halved since June.

What closes the gap. Three closures from the mental health cohort would reach the September point. They are the oldest and hardest cases in the system and each needs a named completion date.

What is improving and what remains a challenge

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Measure	Position in August	Position now	Direction
C. difficile	Advise, first quarter mean 8.0	Alert, 9.6 and five months above target	Worse
S. aureus	Alert, first quarter mean 4.0	Alert, 3.4 and target met in July	Improving
E. coli	Alert, first quarter mean 5.7	Alert, 5.8 and August at target	Window open
Aseptic technique and training compliance	82.6% and 75.6% against 95%	Refreshed position requested	Open
Access-linked incidents	757 in 2025, rising each year	451 in eight months, down 17%	Improving
Unexpected admission and readmission	Rising, flagged for focus	132 to 35 year on year	Resolved
Discharge referral not made	Named as the main discharge failure	13 to 49 year on year	Worse
Transfer inappropriate or unsafe	Rising, flagged for focus	38 to 46 year on year	Worse
Minors admitted to an adult setting	Trebled since 2021, safeguarding concern	52 to 60 year on year	Worse
Serious incidents beyond 90 working days	38.7% on 17 August	29.2% on 7 September	Improving
Outcome reports past their due date	Twelve	Eight	Improving

Recommendation

The Committee is asked to:

- **Note** that C. difficile moves from Advise to Alert, having exceeded its monthly target in each of the last five months and reached the highest monthly count in the series in July, and that all three hospital-acquired infection criteria are now rated Alert.
- **Receive assurance** from the improvement recorded in S. aureus and E. coli and support the focus on holding E. coli at five or fewer cases through September and October to complete the three-month standard.
- **Scrutinise and Consider** that clearing three consecutive months requires the underlying rate to sit below the monthly target rather than at it, and support reporting that rate alongside the criterion from November, together with confirming with Welsh Government how sustained achievement will be evidenced when we reach it.
- **Note** the reduction in serious incident investigations beyond ninety working days from 68.4% in June to 29.2% on 7 September and request a named completion date for each of the three longest-running mental health investigations.