



IS-BWYLLGOR ANSAWDD, DIOGELWCH A PHROFIAD QUALITY, SAFETY AND EXPERIENCE COMMITTEE

DYDDIAD Y CYFARFOD: DATE OF MEETING:	08 OCTOBER 2026
TEITL YR ADRODDIAD: TITLE OF REPORT:	Infection Prevention and Control Assurance Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Sharon Daniel, Executive Director of Nursing, Quality and Patient Experience
SWYDDOG ADRODD: REPORTING OFFICER:	Cathie Steele, Interim Assistant Director of Nursing Assurance and Safeguarding Rebecca Richards, Head of Infection Prevention

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Er Sicrwydd/ For Assurance

ADRODDIAD SCAA SBAR REPORT

Sefyllfa / Situation

The purpose of this report is to enable the Quality, Safety and Experience Committee (QSEC) to consider the effectiveness of the Health Board's infection prevention and control (IPC) arrangements. It sets out progress against the IPC Organisational Improvement Plan 2026–27, Welsh Government targeted intervention requirements and Internal Audit recommendations; the current healthcare-associated infection (HCAI) performance position; evidence of improvement and organisational learning; and the areas where further evidence, action or sustained improvement is required.

Cefndir / Background

Infection Prevention and Control remains a key organisational priority due to the Health Board's ongoing targeted intervention status relating to healthcare associated infections.

In January 2026, Welsh Government confirmed that the Health Board would remain in targeted intervention for quality of care associated with HCAs and identified requirements relating to:

- Sustained reduction in hospital-onset infections.
- Delivery of a robust quality improvement programme.
- Strong governance and leadership arrangements.
- Effective outbreak response mechanisms.
- Clear Board oversight and scrutiny of improvement activity.

Following the Internal Audit review of IPC, which resulted in a 'Limited Assurance' opinion, the Health Board developed and implemented an IPC Organisational Improvement Plan. The plan provides the framework through which improvement activity, surveillance, governance, quality assurance, quality control and quality improvement are coordinated and monitored.

The Improvement Plan has been developed using the principles of Quality Planning, Quality Control, Quality Assurance and Quality Improvement and aligns organisational priorities with Welsh Government expectations, the IPC Quality Statement and requirements associated with targeted intervention.

A detailed summary of progress against the IPC Organisational Improvement Plan 2026/27 is provided in Appendix 1.

Asesiad / Assessment

The evidence presented demonstrates strengthened governance, audit and improvement arrangements, alongside active management of outbreaks and delivery of workforce education. However, the position remains mixed: hospital-onset infections continue to be a key concern, IPC Level 2 training compliance remains below expectation and further evidence is required that improvement actions are consistently embedded across Clinical Care Groups and are producing sustained improvement in outcomes. These areas are set out below to support the Committee's consideration of whether current controls and improvement arrangements are sufficiently effective.

Quality Assurance

Governance and Assurance Framework

The Infection Prevention Strategic Steering Group (IPSSG) provides strategic oversight of IPC arrangements and delivery of the Organisational Improvement Plan. Progress is routinely monitored through established governance arrangements and reported through organisational oversight mechanisms.

Since approval of the Improvement Plan, significant progress has been made in strengthening organisational assurance arrangements through:

- Development of an IPC Assurance Framework.
- Implementation of a comprehensive IPC Audit Programme.
- Continued HCAI assurance reviews.
- Strengthened governance and reporting expectations across Clinical Care Groups and IPSSG subgroups.

The IPSSG Terms of Reference have been reviewed to strengthen the Group's authority, membership, reporting expectations and escalation arrangements. The revised Terms of Reference will require each Clinical Care Group (CCG) to report routinely to IPSSG on progress against its IPC improvement actions, HCAI performance, audit findings, workforce compliance, risks and exceptions. Progress will be reviewed at each IPSSG meeting using the agreed improvement plan and exception-reporting arrangements, with CCG leads accountable for explaining variance, confirming remedial action, ownership and timescales. Actions will only be recorded as complete when the required evidence has been submitted and validated through the agreed governance process. Actions that remain overdue, off trajectory or unsupported by sufficient evidence will be escalated through the relevant CCG governance route and, where unresolved or of material significance, to the Executive Team and QSEC for further scrutiny.

These arrangements provide greater triangulation of surveillance, audit findings, training, improvement activity and outbreak management, supporting enhanced organisational assurance and oversight.

To further strengthen organisational assurance and support improvement, the Health Board hosted a supportive visit by the Head of Nursing for Infection Prevention/ The Healthcare

Associated Infection, Antimicrobial Resistance and Prescribing (HARP) Public Health Wales (PHW) on the 9 September 2026 at Glangwili Hospital (GGH). The visit provided independent professional challenge and expert advice, enabling the organisation to benchmark progress against national expectations, identify opportunities for improvement and share examples of good practice.

Internal Audit Progress

Substantial progress has been made in responding to recommendations arising from the Internal Audit review.

Key improvements include:

- Implementation of a Board-approved IPC Organisational Improvement Plan.
- Development of a comprehensive IPC Audit Programme.
- Strengthening of governance and reporting arrangements.
- Increased oversight of workforce compliance and improvement actions.

Progress has been made in responding to the Internal Audit recommendations.

Targeted Intervention

The Health Board remains subject to targeted intervention arrangements relating to HCAs. Progress against improvement actions and delivery against Welsh Government requirements continues to be monitored through established governance structures.

Focus remains on:

- Hospital-onset *Clostridioides difficile* infections.
- Hospital-onset bacteraemias.
- Delivery of the IPC Improvement Plan.
- Governance and organisational assurance arrangements.
- Demonstration of sustainable improvement and organisational learning.

Quality Control and Quality Planning

Quality Statement for IPC

Work continues to progress against the Welsh Government Quality Statement for IPC. Assessment against the quality attributes is being used to inform organisational priorities, identify improvement opportunities and align delivery of the IPC Organisational Improvement Plan with national expectations.

NHS Wales National Standards of Healthcare Cleanliness

Work is continuing to align local assurance, audit and improvement arrangements with the NHS Wales National Standards of Healthcare Cleanliness. These standards provide a national framework for the provision and maintenance of safe, clean healthcare environments and support IPC quality assurance arrangements.

Healthcare Associated Infection Performance

Performance against Welsh Government HCAI Improvement Goals remains mixed.

Areas currently performing in line with trajectory include:

- Methicillin-resistant *Staphylococcus aureus* (MRSA) overall and hospital-onset performance.
- Overall *Klebsiella* trajectory.
- Overall *Pseudomonas* trajectory.

Areas requiring continued improvement include:

- Overall and hospital-onset *Clostridioides difficile*.
- Hospital-onset Meticillin-sensitive *Staphylococcus Aureus* (MSSA).
- Hospital-onset *Klebsiella*.
- Hospital-onset *Pseudomonas*.
- Overall and hospital-onset *E. coli*.

Hospital-onset infections remain the principal determinant of future de-escalation discussions and continue to be a primary area of organisational focus.

An Executive-led Weekly *C. difficile* Review Panel has been introduced to provide focused oversight of each new hospital-onset case and the delivery of associated improvement actions. The Panel brings together executive, IPC, antimicrobial stewardship and Clinical Care Group representation to review the findings of case investigations, identify contributory factors and recurring themes, agree immediate corrective action and monitor delivery to completion. Clinical Care Groups are required to account for identified lapses, confirm responsible owners and timescales, and provide evidence that actions have been implemented and tested. Actions will only be closed when the Panel is satisfied that sufficient evidence of completion and impact has been provided; unresolved, repeated or material exceptions are escalated through IPSSG and the relevant executive governance route, with significant concerns reported to QSEC.

Community Infection Prevention and Health Protection

The Community IPC and Health Protection Team continues to provide specialist support across community services, care providers and partner agencies to prevent and manage infection risks.

During 2026/27, significant closed setting activity has been associated with management of:

- Respiratory outbreaks.
- Gastrointestinal outbreaks.
- COVID-19 incidents.
- Scabies outbreaks, including incidents involving crusted scabies.

Management of these incidents has demonstrated effective multi-agency working involving Health Protection Teams, Primary Care, Local Authorities, community providers and IPC specialists.

Learning arising from outbreak investigations has informed improvements relating to:

- Early recognition and escalation of infection risks.
- Treatment and prescribing pathways.
- Contact management processes.
- Environmental decontamination.
- Education and support for community-based staff.

Recurrent scabies outbreaks continue to present a system risk. Incidents are being identified, escalated and managed through multi-agency arrangements, and learning has informed treatment, contact management, decontamination and staff education.

Winter Preparedness

A Winter Acute Respiratory Infection Preparedness Framework has been developed in response to lessons identified during previous winter periods.

Priority areas include:

- Respiratory cohorting and isolation arrangements.

- Escalation planning.
- Workforce surveillance.
- Respiratory dashboards.
- Enhanced monitoring and audit processes.
- Respiratory outbreak preparedness.

The Winter Acute Respiratory Infection Preparedness Framework sets out organisational arrangements for cohorting, isolation, escalation, surveillance, dashboard monitoring and outbreak management.

Quality Improvement

Workforce Development, Education and Training

Workforce development remains a key component of the IPC Organisational Improvement Plan and supports sustainable improvement in infection prevention practice, outbreak management and patient safety.

Current IPC Level 2 mandatory training compliance is:

- Required staff: 9,489
- Completed: 7,107
- Compliance: 74.9%

IPC Level 2 compliance is 74.9% (an improvement from 71% noted by Internal Audit in December 2025), with Medical and Dental staff compliance at 56.0% (an improvement from 41.12% noted by Internal Audit). This position indicates that essential IPC knowledge may not yet be consistently embedded across the workforce.

Current Aseptic Non-Touch Technique (ANTT) compliance is:

- Required staff: 6,980
- Completed: 5,960
- Compliance: 85.4%

Whilst the overall ANTT position exceeds the organisational target of 85%, Medical and Dental staff compliance remains lower at 65.2% and will continue to be monitored through established governance arrangements.

In addition to mandatory training programmes, the IPC Team has maintained a significant programme of targeted opportunistic education.

Between April and September 2026, the IPC Team delivered 205 opportunistic training interactions across acute hospital sites. Training was delivered directly within clinical environments and focused on real-time learning in response to outbreaks, surveillance findings, incidents and quality improvement priorities.

Key educational themes included:

- Scabies awareness and management.
- Hand hygiene.
- Chain of infection.
- Commode cleaning and decontamination.
- Personal Protective Equipment (PPE).
- Equipment decontamination.

Approximately 125 interactions related to scabies awareness, reflecting learning from acute and community outbreak activity. A further 42 interactions focused on hand hygiene improvement.

Training activity was principally delivered at GGH, Withybush Hospital (WGH), Prince Philip Hospital (PPH) and Bronglais Hospital (BGH) and involved a broad range of multidisciplinary staff groups.

Organisational Learning and Improvement

Learning from HCAI reviews, outbreak investigations, surveillance findings and assurance activity is disseminated through IPSSG, Clinical Care Groups, locality meetings and targeted education sessions.

Recent learning has focused on:

- Clostridioides difficile management.
- Scabies outbreak management.
- Environmental decontamination.
- Hand hygiene compliance.
- Escalation and outbreak management processes.
- Aseptic technique and device-associated infection prevention.

This approach supports a culture of continuous improvement and ensures that learning is translated into practical improvement activity across services.

Improvement Programmes

Improvement activity continues through:

- Clostridioides difficile improvement initiatives.
- Antimicrobial stewardship programmes.
- Hand hygiene improvement activity.
- ANTT monitoring and improvement work.
- Local Clinical Care Group improvement plans.
- Delivery of actions arising from the IPC Organisational Improvement Plan.

Taken together, the evidence shows strengthened IPC governance, audit, surveillance, education and improvement arrangements. It also shows that hospital-onset HCAI performance remains mixed, workforce compliance is variable and several changes require further evidence of consistent implementation and sustained impact.

Argymhelliad / Recommendation

The Quality, Safety and Experience Committee is asked to:

- Consider the evidence presented on delivery of the IPC Organisational Improvement Plan, implementation of Internal Audit recommendations, current HCAI performance, workforce compliance, outbreak management and organisational learning.
- Consider whether the governance arrangements, controls and improvement actions described are operating effectively and providing sufficient evidence of sustained improvement.
- Identify any areas where further evidence, escalation or corrective action is required.
- Receive assurance regarding the effectiveness of executive oversight arrangements for hospital-onset infection trajectories, workforce compliance, Clinical Care Group

accountability, community outbreak management and delivery of the IPC Organisational Improvement Plan.

Amcanion: (rhaid cwblhau) Objectives: (must be completed)	
Cyfeirnod Cylch Gorchwyl y Pwyllgor: Committee ToR Reference:	3.7 Receive assurance on delivery against the areas of targeted intervention, and the required elements for de-escalation, that are aligned to the Committee
Cyfeirnod Cofrestr Risg Datix, Teitl a Sgôr Risg Cyfredol: Datix Risk Register Reference and Score:	838 Risks of substandard provision of Microbiology services at WGH due to poor laboratory Infrastructure 1640 Risk of harm to patients due to a lack of recommended Airborne Isolation Suites 2457 Risk to patient, staff and visitor safety due to feral pigeon population control at Withybush General Hospital
Parthau Ansawdd: Domains of Quality Quality and Engagement Act (sharepoint.com)	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: Quality and Engagement Act (sharepoint.com)	Not Applicable
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Nodau Cynllunio 2026/27 Planning Goals 2026/27	6. Safe, Timely, High Quality Care 1. Healthy, Thriving Teams 3. 20Four7 Population Health
Hypergyswllt i Amcanion Llesiant HDdUHB 2026 Hyperlink to HDdUHB Well-being Objectives 2026	7. Improve health and well-being by focusing on prevention and early intervention, while working in partnership to ensure everyone has equal access to care and opportunities for good health

Model Cymdeithasol ar gyfer Iechyd a Llesiant: (wedi'i gwblhau ar gyfer newid strategol a/neu newidiadau sylweddol i wasanaethau) A Social Model for Health and Wellbeing: (complete for strategic change and/or significant service changes)	5. A more preventative approach, including earlier identification and intervention, will be taken to support people to maintain and improve their health and wellbeing.
Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Public Health Wales. (2023). <i>Code of practice for the prevention and control of healthcare associated infections</i>. Public Health Wales. Welsh Government. (2024). <i>Quality statement for infection prevention and control</i>. Welsh Government. Welsh Government. (2024). <i>Antimicrobial resistance and healthcare associated infection improvement framework for NHS Wales</i> (Welsh Health Circular). Welsh Government.
Rhestr Termau: Glossary of Terms:	AMR – Antimicrobial Resistance. ANTT – Aseptic Non-Touch Technique. ARI – Acute Respiratory Infection. CCG – Clinical Care Group. C. difficile – <i>Clostridioides difficile</i>, a bacterium that can cause diarrhoea and colitis. HCAI – Healthcare Associated Infection. HON – Head of Nursing. IPC – Infection Prevention and Control. IPSSG – Infection Prevention Strategic Steering Group. MRSA – Methicillin-Resistant <i>Staphylococcus aureus</i>. MSSA – Methicillin-Sensitive <i>Staphylococcus aureus</i>. PPE – Personal Protective Equipment. PHW – Public Health Wales. QSEC – Quality, Safety and Experience Committee. RAG Rating – Red, Amber, Green status used to indicate progress or risk. TBP – Transmission-Based Precautions. WHC – Welsh Health Circular. WG – Welsh Government.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y cyfarfod hwn:	

Parties / Committees consulted prior to this meeting:	
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Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	No additional recurrent revenue or capital requirement is identified for approval through this report. Delivery of the IPC Organisational Improvement Plan, assurance arrangements, audit programme and workforce education is currently being managed within existing Health Board resources. However, healthcare-associated infections and outbreaks can create material, variable operational costs through additional diagnostics and treatment, personal protective equipment, enhanced cleaning and decontamination, staff absence or additional staffing, isolation and cohorting requirements, extended length of stay, and loss of available bed capacity. Sustained reductions in avoidable infections and earlier outbreak control therefore have the potential to release capacity and reduce avoidable expenditure, although financial benefits have not been quantified in this report. Any future investment or capital requirements identified through the improvement programme—including those relating to isolation facilities, infrastructure, digital surveillance or workforce capacity—will be subject to prioritisation, financial appraisal and the appropriate business case and governance processes.
Ansawdd / Gofal Claf: Quality / Patient Care:	The report supports improved quality and patient care by strengthening prevention, early identification and management of healthcare-associated infections and outbreaks. Effective delivery of the IPC Organisational Improvement Plan, audit programme, surveillance, case review, workforce education and escalation arrangements should reduce avoidable infection, deterioration, extended length of stay and disruption to care. Current mixed hospital-onset HCAI performance and variable workforce compliance indicate an ongoing potential for adverse patient outcomes if controls are not consistently embedded. These risks are mitigated through executive oversight, Clinical Care Group accountability, targeted improvement activity, assurance reviews and escalation of exceptions. No separate Quality Impact Assessment is required for this assurance report; any material service changes arising from the programme will be subject to proportionate QIA before implementation.
Gweithlu: Workforce:	Delivery requires sustained clinical, IPC, medical, nursing, pharmacy, estates, facilities, digital and managerial engagement. HCAs and outbreaks can adversely affect workforce capacity through staff infection or exposure, sickness absence, exclusion from work, additional workload, enhanced cleaning, cohorting and outbreak

	response requirements. IPC Level 2 compliance remains below expectation overall, particularly among Medical and Dental staff, creating a risk that required knowledge and practice are not consistently embedded. Mitigation includes targeted education, opportunistic ward-based training, monthly compliance monitoring, named Clinical Care Group accountability and escalation through IPSSG and executive governance. No immediate change to the funded establishment is proposed; any emerging requirement for additional specialist or operational capacity will be assessed through workforce planning and the appropriate business-case process.
Tegwch lechyd: Health Equity:	Potential impacts on health equity have been considered. Infection risk and the consequences of outbreaks may be greater for older people, people with frailty or long-term conditions, care-home residents, people requiring invasive devices, and communities experiencing barriers to timely access, prevention advice or treatment. The report supports a positive equity impact through system-wide surveillance, early recognition, targeted prevention, vaccination promotion, community IPC support and partnership working across primary care, local authorities and care providers. Data and improvement activity should be reviewed by population group and setting where available to identify unwarranted variation and ensure proportionate support. A separate equity-focused health impact assessment has not been undertaken because this is an assurance report and does not itself propose a service change; one will be completed if subsequent proposals could materially affect access, outcomes or particular population groups.
Risg: Risk:	The principal risks are continued hospital-onset HCAs, inconsistent implementation of IPC controls, workforce training below the required level, recurrent community and closed-setting outbreaks, limitations in isolation and laboratory infrastructure, and insufficient evidence that improvement actions are embedded and sustained. These risks may result in avoidable harm, service disruption, additional cost and delayed de-escalation from targeted intervention. Mitigations include the Board-approved IPC Organisational Improvement Plan, executive-led review of hospital-onset cases, routine surveillance and audit, strengthened IPSSG and Clinical Care Group accountability, outbreak control arrangements, workforce education, evidence-based closure of actions and escalation through established governance routes. Related organisational risks remain recorded and managed through the Datix risk register.
Cyfreithiol: Legal:	The Health Board is required to provide safe care and maintain effective systems for the prevention and control

	of infection in accordance with applicable health and safety, public health, patient safety, quality and employment obligations. Failure to apply appropriate precautions, respond effectively to outbreaks, act on identified risks or evidence compliance could increase exposure to regulatory action, claims, enforcement or challenge. The governance, surveillance, audit, training, risk-management and escalation arrangements described in this report support compliance and organisational due diligence. Specific legal advice will be sought where an incident, proposed control measure or service change raises a material legal issue.
Enw Da: Reputational:	The Health Board's targeted intervention status, HCAI performance and management of significant outbreaks may attract interest from patients, the public, staff, regulators, Welsh Government and the media. Reputational risk would increase if preventable infections continued, actions were not delivered, or assurance was not transparent and evidence based. Conversely, open reporting of the mixed position, demonstrable executive oversight, timely escalation, shared learning and sustained improvement will support confidence in the organisation's response. Communications relating to outbreaks or material concerns will continue to be coordinated through established governance and communications arrangements.
Gyfrinachedd: Privacy:	This report presents aggregate assurance information and does not include directly identifiable patient or staff information. IPC surveillance, case review, contact tracing, occupational health and outbreak management may require confidential information to be processed and shared with authorised Health Board teams and partner agencies. Information must continue to be limited to what is necessary, accessed on a need-to-know basis, shared through approved secure routes, retained appropriately and handled in accordance with data-protection, confidentiality and information-governance requirements. Any new or materially changed use of personal data arising from digital surveillance or service redesign will be subject to information-governance review and, where indicated, a Data Protection Impact Assessment.
Cydraddoldeb: Equality:	Equality impacts have been considered. The report does not propose a change to eligibility, access or service provision and no direct adverse impact on people with protected characteristics has been identified. Effective IPC arrangements are expected to have a positive impact by reducing avoidable infection and supporting consistent standards of care. Implementation should nevertheless take account of individual communication, language, disability, cultural, religious and other reasonable-adjustment needs when providing information, applying

	precautions, arranging isolation, treatment or visitor restrictions, and planning outbreak responses. Equality monitoring and engagement should inform any subsequent material service change. EqlA screening has not been undertaken for this assurance report; proportionate screening and, where indicated, a full EqlA will be completed for future policies or service changes arising from the improvement programme.
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Appendix 1

Infection Prevention and Control (IP&C) Organisational Improvement Plan 2026-27

Purpose: Demonstrate readiness for de-escalation by providing assurance to IPSSG, QSEC and Welsh Government demonstrating:

- Reduction in hospital-onset infections
- Reduce community-onset infections through system-wide prevention and early intervention
- Effective governance and escalation
- Evidence of sustained improvement

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

Monitoring Group: Infection Prevention Strategic Steering Group

Action Owners: Assistant Director for Patient Safety, Quality and Experience (ADPS,Q&E) (for each CCG) / Associate Medical Director (AMD) (for each CCG) / Interim Assistant Director of Nursing, Assurance and Safeguarding (ADoN (A&S) / Head of Infection Prevention and Control (IPC) / Head of Nursing Health Protection

Objective	Action	Evidence expected	Date to be achieved	Action lead	Update
Quality Planning					
Establish a single Board-approved IP&C improvement programme	Develop and approve one integrated IP&C improvement plan aligned to escalation requirements, HCAI trajectories and the QMS framework	Plan approved by QSEC	30 June 2026	ADON (A&S) / Head of IPC	Each action has been added to AMaT and monitoring of implementation will be undertaken through IPSSG
		Improvement plan monitored through use of AMaT and updates on delivery provided to each IPSSG meeting.	31 Dec 2026	ADON (A&S) / Head of IPC	

Define the IP&C governance and accountability framework	Review and ratify the IP&C governance structure, including IPSSG, subgroups, CCG reporting lines and revised Terms of Reference	IPSSG Terms of Reference reviewed and approved by QSIG	30 June 2026	ADON (A&S)	
		Letter to be sent to all IPSSG members reminding members about submission of written reports and attendance at meetings	30 June 2026	EDoNQPE	
		100% of subgroups reporting to IPSSG bi-monthly	30 Sept 2026	IPSSG Sub-group chairs	
		CCG reporting arrangements clarified with 100% of CCGs reporting bimonthly (as per workplan)	30 Sept 2026	ADPS,Q&E (for each CCG)	
Translate organisational priorities into ward-level IP&C plans	Ensure all Clinical Care Groups (CCGs) have local IP&C plans aligned to organisational priorities, local infection challenges and incidence, with a focus on high-impact interventions such	All CCG plans include named leads, escalation routes, HCAI reduction targets, and defined high-impact interventions aligned to local infection risks.	31 July 2026	ADPS,Q&E (for each CCG)	

	as care bundles and targeted ward-based controls.				
Strengthen public health partnership working for infection prevention	Establish a formal joint work programme with Public Health, local authority and primary/community services to coordinate surveillance, outbreak prevention, vaccination promotion, antimicrobial stewardship and health protection messaging.	Agreed work programme with named leads	31 Dec 2026	Head of Nursing Health Protection / Senior Community Infection Prevention Nursing Team	
		Regular joint review meetings in place	31 Dec 2026	Head of Nursing Health Protection / Senior Community Infection Prevention Nursing Team	
		Shared reporting on risks, outbreaks and prevention priorities	31 Dec 2026	Head of Nursing Health Protection / Senior Community Infection Prevention Nursing Team	

		Evidence of coordinated system action	31 Dec 2026	Head of Nursing Health Protection / Senior Community Infection Prevention Nursing Team	
Quality Control					
Implement a standardised IP&C audit and surveillance system	Implement an IPSSG-approved IP&C audit programme covering environment, hand hygiene, device care and antimicrobial practice	100% of high-risk, due to surveillance data, areas audited monthly	30 Sept 2026	ADON (A&S) / Head of IPC / Clinical Director Pharmacy. Deputy Medical Directors (Acute and Primary Care)	
		≥90% completion of planned audits	30 Sept 2026	ADON (A&S) / Head of IPC / Clinical Director Pharmacy. Deputy Medical Director	

		100% of audits with documented action plans	31 Dec 2026	ADPS,Q&E (for each CCG)	
Strengthen real-time HCAI surveillance and escalation	Further develop and embed the existing HCAI dashboard so that it supports routine use for infection surveillance, audit compliance, incidents, outbreaks and escalation.	Dashboard refined and used consistently across all sites.	31 Dec 2026	ADON (A&S) / Head of IPC / Head of Performance / Director of Digital	
		Reviewed at each IPSSG meeting.	31 Dec 2026	ADON (A&S)	
		Reviewed weekly within the CCG and CSG	31 Mar 2027	ADPS,Q&E (for each CCG)	
Improve workforce compliance with key IP&C practices	Achieve ≥85% compliance with IP&C training (Levels 1 and 2), with targeted improvement for Medical and Dental staff Baseline: Medical/Dental Level 2 compliance 41.12%	≥85% compliance with IP&C training	31 Dec 2026	Medical Director / AMD (for each CCG)	
		≥85% compliance with IP&C training	31 Dec 2026	EDoNQPE / ADoNPS,Q&E (for each CCG)	
		≥85% compliance with IP&C training	31 Dec 2026	Executive Director of Allied Health and Health Science /	

				ADPS,Q&E (Op AH&HS)	
		Compliance reports to be monitored monthly by each CCG and updates provided to IPSSG through the required CCG reports	31 Dec 2026	ADPS,Q&E (for each CCG)	
Strengthen device and antimicrobial controls	Strengthen high-impact interventions for device and antimicrobial management, including care bundles, EPMA-enabled prescribing oversight, daily review of invasive devices, and operational scrutiny of compliance and exceptions.	≥95% compliance with device care bundle and review documentation.	30 September 2026	ADPS,Q&E (for each CCG) / AMD (for each CCG)	
		≥90% compliance with antimicrobial stewardship and EPMA-related audit measures.	30 April 2027	ADPS,Q&E (for each CCG) / AMD (for each CCG)	
		Evidence of routine operational scrutiny at ward, site or CCG level.	30 September 2026	ADPS,Q&E (for each CCG) / AMD (for each CCG)	
Deliver measurable reductions in	Deliver the required improvement trajectories for hospital-onset HCAs, with	Monthly reduction trajectories achieved and	June 2026–	ADPS,Q&E (for each CCG) / AMD	

hospital-onset HCAs	monthly reductions in hospital-onset infections: • <i>E. coli</i> – 2 • <i>C. diff</i> – 2 • <i>Klebsiella</i> – 1 • MRSA – 0.5 • MSSA – 2	reported for each priority organism.	March 2027	(for each CCG)	
Improve antimicrobial stewardship across community settings	Work with Primary Care and Public Health to strengthen community antimicrobial stewardship through prescribing review, guideline compliance, audit and targeted support for high-prescribing areas.	Community prescribing baseline established	31 Mar 2027	Head of Nursing Health Protection / Senior Community Infection Prevention Nursing Team / Deputy Medical Director Primary Care	
		Audit programme in place	31 Mar 2027	Head of Nursing Health Protection / Senior Community Infection Prevention Nursing Team / Deputy	

				Medical Director Primary Care	
		Reduction in inappropriate antimicrobial prescribing	31 Mar 2027	Head of Nursing Health Protection / Senior Community Infection Prevention Nursing Team / Deputy Medical Director Primary Care	
		Improvement in compliance with local antimicrobial guidance	31 Mar 2027	Head of Nursing Health Protection / Senior Community Infection Prevention Nursing Team / Deputy Medical Director Primary Care	

Strengthen community surveillance, learning and escalation	Develop routine reporting arrangements for community-onset infection data, outbreaks in non-acute settings, and recurring themes from case review, so that learning informs prevention activity across the whole system.	Community surveillance reporting incorporated into governance structure	31 Dec 2026	Head of Nursing Health Protection / Senior Community Infection Prevention Nursing Team	
		Escalation triggers defined for community infection risks	31 Dec 2026	Head of Nursing Health Protection / Senior Community Infection Prevention Nursing Team	
		Learning from cases/outbreaks shared across services	31 Dec 2026	Head of Nursing Health Protection / Senior Community Infection Prevention Nursing Team	

		Collation of evidence of actions taken in response to trends (action maybe needed by Local Authority and Primary Care)	31 Dec 2026	Head of Nursing Health Protection / Senior Community Infection Prevention Nursing Team	
Quality Assurance					
Strengthen the IP&C assurance framework and evidence pack	Strengthen the existing IP&C assurance framework and evidence pack, aligned to the organisational improvement plan and the Welsh Government Quality Statement, for Board and Welsh Government scrutiny.	Assurance framework/evidence pack includes HCAI trends, audit compliance, training, risks, improvement actions and alignment to the Quality Statement. Used in 100% of QSEC reports.	31 July 2026	ADON (A&S) / Head of IPC	
Demonstrate readiness for de-escalation	Provide assurance to IPSSG, QSEC and Welsh Government on reduced hospital-onset infections, effective governance and sustained improvement	Quarterly assurance reports evidencing de-escalation readiness	Quarterly from Q2 2026/27	ADPS,Q&E (for each CCG) / ADON (A&S) / Head of IPC	
Quality Improvement					

Target high-risk wards and services	Identify the top three high-risk wards per site and implement intensive improvement plans	Weekly oversight by Heads of Nursing and Senior Nurses in place	31 July 2026	ADPS,Q&E (for relevant CCGs)	
		≥30% reduction in repeat infections and outbreaks in targeted areas	31 July 2026	ADPS,Q&E (for relevant CCGs)	
Embed a structured QI methodology	Implement PDSA-based improvement cycles for IP&C in all CCGs, with support from QI-trained staff within services across the organisation identified through liaison with Health Board QI Team	≥1 documented QI project per CCG.	31 March 2027	ADPS,Q&E (for each CCG) / AMD (for each CCG)	
		Evidence of implemented change and measurable outcome.	31 March 2027	ADPS,Q&E (for each CCG) / AMD (for each CCG)	
		QI support identified and linked to priority projects through Health Board QI Team	31 March 2027	ADPS,Q&E (for each CCG) / AMD (for each CCG)	
Strengthen organisational learning and response	Implement a structured review and learning process for all HCAI cases and outbreaks	100% of HCAI cases reviewed	31 July 2026	ADPS,Q&E (for each CCG) / Head of IPC / IP&C Team	

		Learning shared monthly across the organisation	31 July 2026	Head of IPC / IP&C Team	
Reduce community-onset infections through earlier prevention and intervention	Work with Primary Care, Local Authority, Community Services, Care Homes and Public Health to identify the main drivers of community-onset infections (for example UTIs, cellulitis, respiratory infections and community-onset bacteraemias) and implement targeted prevention measures.	Agreed list of priority community-onset infections	31 Dec 2026	Head of Nursing Health Protection / Senior Community Infection Prevention Nursing Team	
		Baseline and trajectory for community-onset cases established	31 Dec 2026	Head of Nursing Health Protection / Senior Community Infection Prevention Nursing Team	
		Joint prevention plan in place with primary and community partners	31 Dec 2026	Head of Nursing Health Protection / Senior Community Infection Prevention Nursing Team	

		Reduction trend demonstrated for priority community-onset infections	31 Dec 2026	Head of Nursing Health Protection / Senior Community Infection Prevention Nursing Team	
Improve prevention of infections associated with long-term conditions and frailty in the community	Target high-risk populations, including older people, care home residents and patients with recurrent infections, with focused interventions such as hydration, catheter care, wound care, vaccination uptake and early recognition/escalation pathways.	High-risk cohorts identified	31 Dec 2026	Head of Nursing Health Protection / Senior Community Infection Prevention Nursing Team	
		Targeted prevention bundles implemented	31 Dec 2026	Head of Nursing Health Protection / Senior Community Infection Prevention Nursing Team	
		Training/resources provided to community teams and care homes	31 Dec 2026	Head of Nursing Health	

				Protection / Senior Community Infection Prevention Nursing Team	
		Reduction in avoidable infection-related admissions from targeted groups	31 Dec 2026	Head of Nursing Health Protection / Senior Community Infection Prevention Nursing Team	