



**BWYLLGOR ANSAWDD, DIOGELWCH A PHROFIAD  
QUALITY, SAFETY AND EXPERIENCE COMMITTEE**

<b>DYDDIAD Y CYFARFOD: DATE OF MEETING:</b>	09 April 2026
<b>TEITL YR ADRODDIAD: TITLE OF REPORT:</b>	Infection Prevention and Control Update: Arrangements with the Health Board to Prevent and Control Infection
<b>CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:</b>	Sharon Daniel, Executive Director of Nursing, Quality and Patient Experience
<b>SWYDDOG ADRODD: REPORTING OFFICER:</b>	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 provide the Quality, Safety and Experience Committee (QSEC) with assurance on the Health Board's current infection prevention and control (IP&C) arrangements, governance structures and improvement activity, and highlights key areas of focus to support ongoing compliance with national standards and the delivery of safe, high quality care for the population served.

Cefndir / Background

Infection prevention and control (IP&C) is a fundamental component of safe, effective and high quality healthcare and is a core statutory responsibility of Health Boards in Wales. Robust IP&C arrangements are essential to protect patients, staff and visitors from Healthcare Associated Infections (HCAs), reduce avoidable harm, and support the delivery of safe and sustainable services across all care settings.

Health Boards in Wales are required to have effective systems in place to prevent, identify and manage infection risks in accordance with national legislation, standards and guidance, including the Public Health (Wales) Act 2017, the Health and Social Care (Quality and Engagement) (Wales) Act 2020, and Welsh Government policies relating to healthcare associated infection and antimicrobial resistance. These duties are reinforced through national infection prevention and control manuals, surveillance requirements, and professional standards, which collectively set expectations for governance, assurance and continuous improvement.

Effective IP&C relies on strong leadership, clear accountability, skilled specialist teams, and consistent application of evidence based practice across clinical and nonclinical environments. Health Boards must ensure that staff are appropriately trained and supported, that infection risks are identified and mitigated promptly, and that learning from incidents, outbreaks and surveillance data is used to drive improvement and strengthen organisational resilience.

Within this context, IP &C Teams play a critical role in providing expert advice, oversight and assurance, supporting services to meet statutory requirements, respond to emerging risks, and

embed a culture of safety and quality. This includes close collaboration with clinical services, estates and facilities, occupational health, public health partners and external agencies to ensure a coordinated and proportionate response to infection risks.

## Asesiad / Assessment

### **Quality Assurance**

The Infection Prevention Strategic Steering Group (IPSSG) meets monthly. The terms of reference have been reviewed and approved by the Quality and Safety Intelligence Group (QSIG) in September 2025. The Executive Director of Nursing, Quality and Patient Experience is the Chair of IPSSG. IPSSG seeks to:

- Ensure that the organisational direction (the strategic direction) for the prevention, detection and rectification of irregularities or deficiencies in infection prevention and control is agreed and is in line with national standards and best practice
- Ensure that improvement and assurance arrangements are in place to promote best practice and make improvements in infection prevention and control with staff and patient protection being a fundamental principle of its business
- Promote inter-discipline working in the prevention and control of infection through effective communication and multi-disciplinary working.

With the introduction of the new Clinical Care Groups (CCG) and the integrated governance arrangements established, work is underway to review and improve operational ownership of the Infection Prevention Locality meetings. Each CCG is required to report on infection prevention and control matters to the IPSSG.

### Targeted Intervention and Reporting

In January 2024, Hywel Dda University Health Board was subject to Level 4 escalation with Welsh Government in relation to quality of care concerns associated with HCAs. Progress against agreed improvement actions, including those relating to infection prevention and control, is monitored through established internal governance arrangements, with routine oversight and escalation through Welsh Government's Integrated Quality and Performance Delivery Group (IQPDG). This provides a structured and coordinated forum for reviewing delivery against improvement trajectories, managing risks- and ensuring executive oversight. Assurance on infection prevention and control performance, key risks and mitigating actions was provided to QSEC through the regular Quality Assurance report, enabling ongoing scrutiny, transparency and assurance in line with Welsh Government expectations and statutory quality duties.

In January 2026, Welsh Government confirmed that the Health Board would remain in level 4 escalation for quality of care related to HCAs with a continued requirement to demonstrate:

- how we are delivering sustainable services through stabilisation of the increased trajectory of cases of HCAI and evidence of continuous improvement accompanied by a strong Quality Improvement (QI) approach and plan that has oversight and monitoring by QSEC and Board.
- appropriate governance and leadership through:
  - a clear improvement plan based on a root cause analysis to address the issue of hospital onset HCAs.
  - having clear and effective response mechanisms in place to respond to outbreaks reporting directly to Board.

The de-escalation criteria set by Welsh Government focus on reducing the number of hospital onset (HO) infections. In response, reporting to QSEC has been strengthened

through the Quality Assurance report to provide enhanced oversight and assurance. The April 2026 Quality Assurance report includes detail on identified- areas for improvement, actions agreed to address the issues raised, and progress against these actions. Information relating to outbreaks has also been incorporated to support transparency, learning and ongoing scrutiny.

### **Quality Control (and Quality Planning)**

#### Quality Statement: infection prevention and control

In February 2026, Welsh Government published the [quality statement for infection prevention and control](#). The Health Board is required to undertake a review of their status in relation to each of the 54 quality attributes described in the quality statement. This will act as a baseline and contribute to the development of, or alignment to, existing local improvement plans and will be used to assess delivery, experience and assurance according to national expectations.

Work, led by the I IP & C Team with input from the CCGs, is planned to establish the current position against each attribute and improvement actions required to meet the quality statement. The position assessment and improvement plan will be reported through IPSSG to the QSIG. Regular updates will also be provided to the QSEC through the Quality Assurance report.

#### NHS Wales National Standards of Healthcare Cleanliness

In March 2026, Welsh Government published the NHS Wales National Standards of Healthcare Cleanliness. The revised Standards set out a national approach to the provision and maintenance of safe, clean healthcare environments across health boards and trusts. The Standards have been developed by the HCAI: Antimicrobial Resistance & Prescribing (HARP) Team in Public Health Wales, under the leadership of the HCAI Delivery Group alongside engagement with the wider service. They set clear expectations on what good looks like and are accompanied by a range of supporting actions to ensure compliance.

Health Boards and NHS Wales Trusts have been asked by Welsh Government to undertake a detailed baseline assessment and quantify both the resource requirements of implementing the standards and the expected benefits and savings where relevant. The quality and financial impact assessments were to be submitted to Welsh Government by 20 March 2026 for their consideration on successful implementation of the Standards. The standards will be shared when available in the public domain.

An update will be provided to the next IPSSG on the Health Board's assessment and plan for implementation of the standards.

#### Antimicrobial resistance and healthcare associated infection improvement goals: 2025 to 2027 (WHC/2025/039)

In October 2025, Welsh Government published the [Antimicrobial resistance and health care associated infection improvement goals: 2025 to 2027](#). This Welsh health circular reaffirmed the improvement goals previously set out in WHC/2024/038 reflecting on the data from the previous year and the updated targets set out in the new AMR National Action Plan. To note: there is an overlap between the Quality Statement for infection prevention and control, the National Standards of Healthcare Cleanliness, the requirements for de-escalation under targeted intervention and this WHC.

The Antimicrobial Stewardship Group has been asked to consider the WHC and report through the IPSSG on the delivery of the actions set out in the WHC.

## Quality Improvement

### Clostridioides difficile (C. difficile) Collaborative Improvement Work

As part of the Health Board's response to (HCAI) improvement requirements, an improvement opportunity was identified through the C. difficile collaborative, focusing on the timely switch from intravenous (IV) to oral antimicrobial therapy where clinically appropriate. This intervention aligns with national antimicrobial stewardship principles and aims to reduce infection risk, improve patient experience and support safer, more effective care pathways.

Whilst the IV-to-oral switch was identified as the agreed Quality Improvement (QI) project, progress has not been advanced during this reporting period. It has been agreed that further development, delivery and monitoring of this work will be managed through the C. Difficile Improvement Group, ensuring appropriate clinical ownership, multidisciplinary input and alignment with antimicrobial stewardship arrangements. The IP&C Team will continue to support this work through governance oversight and reporting via established structures.

### Review of IPC Level 2 Training

A review of IPC Level 2 training compliance has been undertaken, with compliance figures routinely reported to CCGs through existing assurance mechanisms. Attendance at face-to-face training sessions has been consistently low, despite face-to-face delivery being recommended every three years, with annual IPC updates required for all staff.

Competence Name	Assignment Count	Required	Achieved	Compliance %
NHS CSTF Infection Prevention and Control - Level 2 - 1 Year	9531	9531	7031	73.77%
NHS MAND Aseptic Non Touch Technique - 3 Years	7018	7018	5967	85.02%

To note: level 1 training compliance is currently 88.4%

In response, a revised approach to training delivery has been agreed. Staff will be directed to IPC Elearning to support improved accessibility and compliance, whilst the IP&C Team will deliver targeted, opportunistic face-to-face training based on identified themes informed by lessons learned from Hospital Acquired Infection (HAI) assurance meetings, risks and areas of concern. This will enable training activity to be aligned with surveillance data, incident learning and emerging infection risks, supporting focused improvement activity where it will have the greatest impact.

This blended approach is intended to strengthen assurance, improve compliance with mandatory training requirements and support sustained improvement in infection prevention practice across clinical areas.

### Argymhelliad / Recommendation

The Quality, Safety and Experience Committee is asked to take an assurance on the Health Board's current infection prevention and control arrangements, governance structures and improvement activity, and highlights key areas of focus to support ongoing compliance with national standards and the delivery of safe, high-quality care for the population served.

### **Amcanion: (rhaid cwblhau)**

### **Objectives: (must be completed)**

Committee ToR Reference: Cyfeirnod Cylch Gorchwyl y Pwyllgor:	3.23 Assure the Board in relation to its compliance with relevant healthcare standards and duties, national practice, and mandatory guidance.
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol:	Not applicable

Datix Risk Register Reference and Score:	
Parthau Ansawdd: Domains of Quality <a href="#">Quality and Engagement Act (sharepoint.com)</a>	7. All apply
Galluogwyr Ansawdd: Enablers of Quality: <a href="#">Quality and Engagement Act (sharepoint.com)</a>	6. All Apply
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: <a href="#">Hyperlink to HDdUHB Well-being Objectives Annual Report 2021-2022</a>	4. Improve Population Health through prevention and early intervention, supporting people to live happy and healthy lives 8. Transform our communities through collaboration with people, communities and partners

<b>Gwybodaeth Ychwanegol: Further Information:</b>	
Ar sail tystiolaeth: Evidence Base:	<a href="#">Quality statement for infection prevention and control</a> NHS Wales National Standards of Healthcare Cleanliness <a href="#">Antimicrobial resistance and health care associated infection improvement goals: 2025 to 2027.</a>
Rhestr Termiau: Glossary of Terms:	Included within the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Pwyllgor Ansawdd, Diogelwch a Phrofïod: Parties / Committees consulted prior to Quality, Safety and Experience Committee:	

<b>Effaith: (rhaid cwblhau) Impact: (must be completed)</b>	
<b>Ariannol / Gwerth am Arian: Financial / Service:</b>	The arrangements and improvement activity outlined in this report are being delivered largely within existing resources and established governance structures, with no immediate additional recurrent financial requirement arising directly from this paper. Infection prevention and

	<p>control activity is embedded within core clinical, nursing, estates and facilities functions.</p> <p>However, there are potential service and resource implications associated with national requirements, particularly the <i>NHS Wales National Standards of Healthcare Cleanliness</i>, for which a baseline assessment has been completed and submitted to Welsh Government. Any future workforce, operational or financial impacts will be subject to national decisions and local prioritisation.</p> <p>Service impacts are focused on strengthening assurance, improving compliance with mandatory IPC training and supporting sustained improvement in infection prevention practice, managed through revised training delivery, targeted quality improvement activity and strengthened reporting to minimise service disruption while improving safety and quality outcomes.</p>
<p><b>Ansawdd / Gofal Claf: Quality / Patient Care:</b></p>	<p>The arrangements and improvement activity described in this report are intended to have a positive impact on patient safety and quality of care by strengthening infection prevention and control governance, assurance and improvement arrangements across the Health Board. Effective IP&amp;C systems reduce the risk of healthcare-associated infections, prevent avoidable harm to patients, staff and visitors, and support the delivery of safe, effective and high-quality care. The paper highlights enhanced oversight through strengthened reporting to the QSEC, targeted quality improvement activity, improved use of surveillance and incident learning, and revised approaches to mandatory IPC training. Collectively, these measures support earlier identification and mitigation of infection risks, improved compliance with national standards, greater consistency in infection prevention practice and improved patient outcomes, particularly in the context of targeted intervention and ongoing scrutiny of hospital-onset infections.</p>
<p><b>Gweithlu: Workforce:</b></p>	<p>The arrangements and improvement activity outlined in this report are being delivered largely within existing workforce structures, with infection prevention and control responsibilities embedded across clinical, nursing, estates and facilities teams. Workforce impacts are primarily associated with the requirement to strengthen compliance with mandatory IPC training, including IPC Level 1 and Level 2 training, and to support consistent application of evidence-based infection prevention practice across services. In response to low attendance at face-to-face training, a revised blended training approach has been agreed, combining increased use of e-learning with targeted, opportunistic face-to-face sessions informed by surveillance data, incident learning and identified risk areas. This approach is intended to improve accessibility</p>

	<p>and compliance while minimising disruption to service delivery and supporting staff capability, confidence and safety in line with national standards and targeted intervention requirements.</p>
<p><b>Risg: Risk:</b></p>	<p>The principal risks identified within this paper relate to the ongoing risk of healthcare-associated infections, particularly hospital-onset infections, and the associated potential for patient harm, regulatory scrutiny and reputational impact if sustained improvement is not achieved. These risks are heightened in the context of Welsh Government targeted intervention and the requirement to demonstrate effective delivery against agreed improvement trajectories. The paper outlines mitigating actions through strengthened infection prevention and control governance, enhanced surveillance and incident learning, targeted quality improvement activity, improved compliance with mandatory IPC training and strengthened reporting to the QSEC and Board. Collectively, these measures are intended to reduce infection risk, support early identification and escalation of concerns, and provide assurance that risks are being actively managed in line with national standards and statutory quality duties.</p>
<p><b>Cyfreithiol: Legal:</b></p>	<p>The arrangements described in this report support the Health Board's compliance with its statutory duties relating to infection prevention and control, including responsibilities under the <i>Public Health (Wales) Act 2017</i> and the <i>Health and Social Care (Quality and Engagement) (Wales) Act 2020</i>. Failure to maintain effective infection prevention and control systems could increase the risk of regulatory non-compliance, enforcement action, legal challenge, or claims arising from avoidable patient harm associated with healthcare-associated infections. The paper outlines mitigating actions through strengthened governance, assurance and reporting arrangements, improved surveillance and incident learning, and targeted quality improvement activity, which collectively support legal compliance, reduce exposure to litigation risk and provide assurance that statutory quality and safety obligations are being actively managed, particularly in the context of Welsh Government targeted intervention.</p>
<p><b>Enw Da: Reputational:</b></p>	<p>The principal reputational risks identified within this paper relate to the ongoing scrutiny of healthcare-associated infections, particularly hospital-onset infections, and the Health Board's status within Welsh Government targeted intervention arrangements. Failure to demonstrate sustained improvement, effective governance and robust assurance could result in increased regulatory, political or media interest and potential loss of public confidence. The paper outlines mitigating actions through strengthened infection prevention and control governance, enhanced</p>

	<p>surveillance and reporting, targeted quality improvement activity and regular assurance to the QSEC and Board. Collectively, these measures support transparency, accountability and learning, and are intended to protect and strengthen the Health Board's reputation by demonstrating proactive management of infection risks and compliance with national standards and statutory quality duties.</p>
<p><b>Gyfrinachedd: Privacy:</b></p>	<p>No specific privacy impacts have been identified within this paper.</p> <p>The IP&amp;C arrangements and improvement activity described are delivered through existing governance, surveillance and assurance processes that operate in line with established information governance requirements.</p> <p>Any use of patient or staff information for surveillance, incident review or reporting purposes is managed within current data protection frameworks, ensuring confidentiality and compliance with relevant legislation and organisational policies.</p>
<p><b>Cydraddoldeb: Equality:</b></p>	<p>No specific negative equality impacts have been identified within this paper.</p> <p>The infection prevention and control arrangements and improvement activity described apply across all services and care settings and are intended to support safe, high-quality care for all patients, staff and visitors. The actions outlined are focused on strengthening governance, assurance, training and compliance with national standards, which are expected to have a positive and equitable impact by reducing the risk of healthcare-associated infections for all population groups.</p>