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Bwrdd Iechyd Prifysgol
Bae Abertawe
Swansea Bay University
Health Board



Meeting Date	23 May 2023		Agenda Item	3.1
Report Title	Healthcare Acquired Infections Update Report			
Report Author	Nicola Lewis, Interim Matron, Infection Prevention & Control			
Report Sponsor	Gareth Howells, Executive Director of Nursing & Patient Experience			
Presented by	Delyth Davies, Head of Nursing, Infection Prevention & Control			
Freedom of Information	Open			
Purpose of the Report	This paper provides the Committee with an update on the Health Board's progress against Tier 1 infections and against the Infection Improvement Plan.			
Key Issues	<ul style="list-style-type: none"> The final 2022/23 end of year performance is reported for the Health Board and Service Groups, with comparison to other Welsh acute Health Boards as infection incidence per 100,000 population and per 1,000 hospital admissions. The reduction in <i>E. coli</i> bacteraemia in the Health Board in 2022/23 resulted in the Health Board (or its predecessor organisations) achieving one of the Welsh Government Reduction Expectations for the first time. An update is provided on progress against the overarching Improvement Plan to the end of Q4. Interim infection reduction expectations are presented for 2023/24 (awaiting formal publication of Welsh Government expectations). Trajectories have been calculated, and circulated, for each Service Group. The Health Board and Service Group position against these trajectories, to 30th April 2024 is presented. A recent Internal Audit of <i>Infection Prevention & Control: Service Group Governance Arrangements</i> has provided an outcome of reasonable assurance. Compliance with infection-related mandatory training is provided (against a national target of 85% compliance). Infection Prevention & Control Level 1 & Level 2 training compliance at 30/04/2023 was 86.17% and 23.03% respectively. ANTT training compliance (combined) is reported on ESR as being 23.73% (staff undertaking either of two courses with same content). 			
Specific Action Required	Information	Discussion	Assurance	Approval
	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Recommendations	Members are asked to: <ul style="list-style-type: none"> NOTE the 2022/23 end of year (EOY) position against the tier 1 infections to 31/03/2023 (Table 1); NOTE the Health Board 2022/23 EOY position in comparison to other Welsh acute Health Boards in relation to the incidence per 100,000 population (Appendix 1) and per 1,000 hospital admissions (Appendix 2) to 31/03/2023. 			

	<ul style="list-style-type: none"> - NOTE EOY update to 2022/23 Infection Prevention Improvement Plan (Appendix 3) and Service Group Progress (including days between cases in Appendix 4). - NOTE the interim Infection Reduction Expectation Goals, April 2023 – March 2024. - NOTE the position against the key indicator infections (Tier 1) to 30/04/2023 (Appendix 5). - NOTE that the Internal Audit Report on Infection Prevention & Control: Service Group Governance Arrangements has reported an outcome of reasonable assurance. - NOTE the compliance with mandatory infection prevention-related training (Appendix 6), and the expectation for Service Groups to focus on achieving 85% compliance. - NOTE the six areas of focus for the 2023/24 Infection Prevention Improvement Plans. - AGREE the proposed initial actions related to ongoing infection improvement.
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Infection Prevention and Control Report

		Agenda Item	4.1
Freedom of Information Status		Open	
Performance Area	Healthcare Acquired Infections Update Report		
Author	Nicola Lewis, Interim Matron, Infection Prevention & Control		
Lead Executive Director	Gareth Howells, Executive Director of Nursing & Patient Experience		
Reporting Period	30 April 2023	Report prepared on	10 th May 2023

Summary of 2022/23 Position

The final end of year (EOY) position for the Health Board in relation to the key indicator infections (Tier 1) are shown in Table 1:

Table 1: 2022/23 end of year performance.

	SBUHB Total case numbers 2022/23	2022/23 FY Reduction Expectation rate/100,000 population (*Reduction Expectation Number)	SBUHB 2022/23 Rate/100,000 population	Annual comparison (%)
<i>C. difficile</i>	201	25	51.41	3% ↑
<i>Staph. aureus</i> bacteraemia	147	20	37.60	5% ↑
<i>E. coli</i> bacteraemia*	260	67	66.50*	10% ↓
<i>Klebsiella spp.</i> bacteraemia*	107	84*	27.37	15%↑
<i>Pseudomonas aeruginosa</i> bacteraemia*	44	27*	11.25	83%↑

(* The reduction in *E. coli* bacteraemia means that this is the first year that this Health Board (or its predecessor organisations) has achieved one of the Welsh Government Reduction Expectations.

A summary EOY position for Service Groups is shown in the table below, identifying the number of cases in the reporting year, with annual increase or reduction shown in brackets.

Table 2: Service Group Summary Position for March 2023 (EOY cumulative)

	CDI	SABSI	EcBSI	KIBSI	PAERBSI
SBUHB Total	201 (3% ↑)	147 (5% ↑)	260 (10% ↓)	107 (15% ↑)	44 (83% ↑)
PCTSG - CAI	68 (13% ↑)	57 (12% ↓)	156 (20% ↓)	51 (31% ↑)	15 (6 cases ↑)
PCTSG - HAI	2 (50% ↓)	0 (equal to)	3 (50% ↑)	0 (equal to)	0 (equal to)
MH&LD – HAI	0 (1 case ↓)	0 (equal to)	1 (1 case ↑)	0 (equal to)	0 (equal to)
MORR – HAI	90 (6% ↑)	64 (36% ↑)	58 (9% ↑)	36 (equal to)	19 (7 cases ↑)
NPTH - HAI	4 (33% ↓)	2 (1 case ↑)	2 (87% ↓)	2 (equal to)	1 (equal to)
SH - HAI	37 (8% ↓)	24 (8%↓)	40 (67% ↑)	18 (20% ↑)	9 (7 cases ↑)

NHS Wales Comparison

Public Health Wales (PHW) published final data on the incidence of the key healthcare associated infections for [NHS Wales](#) as a whole, and for [individual Health Boards](#), and for individual [acute hospitals in Wales](#). Incidence is shown as a rate per 100,000 population, and a rate per 1000 admissions. This data is accessible online.

From this published data, it is possible to benchmark the Health Board's performance. It is beneficial to undertake this comparison to provide additional context. Across Wales, over the last financial year, the trends in the rates of these infections is as follows:

- *C. difficile* (CDI): 7% increase;
- *Staph. aureus* bacteraemia (SABSI): 4% increase;
- *E. coli* bacteraemia (EcBSI): (1% reduction);
- *Klebsiella spp.* bacteraemia (KIBSI): 15% increase;
- *Pseudomonas aeruginosa* bacteraemia (PAER SI): 4% increase.

Table 3, below, shows the position in relation to achievement of the Welsh Government (WG) reduction expectation for Welsh Health Boards for 2022/23 FY was as follows:

	Health Boards that achieved WG Reduction Expectation
<i>C. difficile</i>	Cwm Taf Morgannwg UHB
<i>Staph. aureus</i> bacteraemia	No Health Boards achieved the expected reduction
<i>E. coli</i> bacteraemia	ABUHB, C&V UHB, SBUHB
<i>Klebsiella spp.</i> bacteraemia*	No Health Boards achieved the expected reduction
<i>Pseudomonas aeruginosa</i> bacteraemia*	ABUHB, C&V UHB

Charts in [Appendix 1](#) provide an NHS Wales comparison (for Health Boards with acute hospitals) per 100,000 population. From these charts for the individual key infections, SBUHB currently has the highest incidence of *Staph. aureus* and *Pseudomonas aeruginosa* bacteraemia.

Charts in [Appendix 2](#) provide an NHS Wales comparison for all acute hospitals in Wales per 1000 hospital admissions. From these charts for the individual infections, that the rates of healthcare associated infections in SBUHB hospitals over 2022/23 has been lower than many other NHS Wales acute hospitals. Neath Port Talbot Hospital's rates of infection were consistently amongst the lowest in Wales. Rates of [E. coli bacteraemia](#) in Morriston Hospital were the fifth lowest of the eighteen hospitals, with Neath Port Talbot having the lowest incidence. It is noted also, that although SBUHB had the highest incidence of [Pseudomonas aeruginosa](#) bacteraemia in Wales (per 100,000 population), its hospitals did not have the highest incidence of infection per 1,000 admissions.

Update on Overarching 2022/23 Infection Prevention Improvement Plan

There were a number of identified actions within the original Improvement Plan that at the outset were unable to be funded and these actions were not progressed and marked as such within the plan (greyed cells).

Other actions aimed at expanding surveillance, including surveillance of catheter associated urinary tract infection, hospital acquired pneumonia and surgical site infection, were not progressed. A review of existing Health Board electronic systems was undertaken to determine if there were opportunities to utilise these existing systems to collect data. These actions retrospectively were considered to have been overly ambitious with existing systems or without investment in surveillance systems.

Progress against the overarching Infection Prevention improvement plan has been updated to the end of Quarter 4, and can be found in **Appendix 3**.

Due to a number of factors, including available resource, service pressures, challenges presented by a winter of COVID, influenza and norovirus, there had been slippage in some of the timeframes. Of the 35 initial actions identified in the programme, 6 actions did not proceed, as these actions were not considered viable/feasible to achieve within the available resource. Of the remaining 29 identified actions:

- 69% (20) were achieved/completed (GREEN).
- 17% (5) were partially achieved (AMBER).
- 14% (4) did not achieve the expected outcomes (RED); these included:
- Desired reduction in *C. difficile*, *Staph. aureus* bacteraemia; *Klebsiella spp.* bacteraemia;
- The Infection Prevention Digital Dashboard was demonstrated at the Infection Control Committee on 28th March 2023. A User Guide has been developed; the Digital Intelligence Team and Head of Nursing, IPC, will meet with Service Group Directors to demonstrate its use and functionality. Further development and enhancement of the dashboard will continue, taking into consideration feedback from users and additional and future functionality.

Service Group Improvement Progress

Each Service Groups presented progress against their 2022/23 infection improvement plans at the April Quality Management Board. Service Groups reported and updated on:

- The strengthening of their governance processes in relation to infection prevention and control, each having established Infection Control Committees, with structures and terms of reference reflecting those of the Health Board Infection Control Committee.
- Improvement priorities for 2023/24. These included the continued development and maturation of processes to improve intelligence relating to factors considered to have a causal relationship to the infection development (potential elements of avoidability).
- A reduction in *Staph. aureus* bacteraemia identified as a priority, through improvements to sustain application of evidence-based practice for peripheral line insertion and maintenance, and through improved compliance with aseptic technique training. Primary Care, Communities & Therapies have identified wound clinics as area where there may be potential to influence skin and soft tissue infections, which may be a primary source of infection leading to *Staph. aureus* bacteraemia
- The Rapid Improvement Programme at Morriston Hospital continued during the final quarter. At the start of the rapid improvement programme, a number of wards were identified as having the highest frequency of infections such as *C. difficile*, *Staph. aureus* bacteraemia and *E. coli* bacteraemia in the preceding 12 month. Days between cases of these infections have been recorded from 1st April 2022. During the programme, many of the targeted wards recorded increasing periods without new infections.
- [Appendix 4](#) identifies a number of wards and units in Morriston to be commended for achieving increasing days between infections.

2023/24 Infection Reduction Expectation – position to 30 April 2023

Welsh Government has yet to publish 2023/24 HCAI reduction expectations. There had been an increase in the majority of key infections across Wales in 2022/23; consequently, it is anticipated that the infection reduction expectations will remain the same as those for 2022/23. However, as the Health Board achieved the 2022/23 reduction expectation for *E. coli* bacteraemia, there will be an expectation that the Health Board achieves an additional 10% reduction during 2023/24.

As in previous years, the reduction expectation trajectories have been calculated in a way that reflects the proportion of cases associated with each Service Group. Service Group, and overall Health Board, interim trajectories for 2023/24 have been calculated. These have been shared with

each Service Group to be considered in the development of their individual improvement plans (trajectories are shown in charts in [Appendix 5](#)). The trajectories for Morriston and Singleton have required adjustment to reflect the acute medical service redesign.

Table 4 summarises the interim infection reduction goals for 2023/24. These goals may be subject to change should Welsh Government publish goals that differ to those that are shown below.

Table 4: Interim Infection Reduction Expectation Goals, April 2023 – March 2024

Infection	Annual total (max.): Apr-23 to Mar-24	Average monthly reduction goal (max.)
<i>C. difficile</i> (CDI)	<95 cases	<8 av.
<i>Staph. aureus</i> bacteraemia (SABSI)	<71 cases	<6 av.
<i>E. coli</i> bacteraemia (EcBSI)	<234 cases	<19 av.
<i>Klebsiella spp.</i> bacteraemia (KI BSI)	<71 cases	<6 av.
<i>Ps. aeruginosa</i> bacteraemia (PAERBSI)	<24 cases	<2 av.

A summary position for the Health Board is shown in the table below, identifying the cumulative position for the financial year 2023/24, the monthly case numbers, and the average monthly goal.

Table 5: Health Board Summary Position for April 2023

(* three of the 18 cases of *C. difficile* in April 2023 were community associated infections, in patients residing in neighbouring Health Board boundaries: 2 in Hywel Dda and 1 in Cwm Taf Morgannwg)

Infection	Monthly total: April 2023	Average monthly reduction goal (max.)
<i>C. difficile</i> (CDI)	18*	<8 (annual maximum: <95 cases)
<i>Staph. aureus</i> bacteraemia (SABSI)	16	<6 (annual maximum: <71 cases)
<i>E. coli</i> bacteraemia (EcBSI)	26	<19 (annual maximum: <234 cases)
<i>Klebsiella spp.</i> bacteraemia (KI BSI)	8	<6 (annual maximum: <71 cases)
<i>Ps. aeruginosa</i> bacteraemia (PAERBSI)	2	<2 (annual maximum: <24 cases)

[Appendix 5](#) shows the number of cases of these key indicator infections for the new Financial Year to the end of April 2023.

In 2023/24, Service Groups must continue to focus on quality improvement programmes aimed at reducing episodes of harm and improving safe care. The Service Groups have put in place healthcare associated infection case review panels over the last twelve months. These panels provide the forum for high-level scrutiny of cases, determination of elements of avoidability, and opportunity to identify contributory factors and shared learning. Each Service Group will need to further develop these case review panels over the first quarter of 2023/24 and identify quality improvement actions that can reduce episodes of harm caused by infection.

Internal Audit of Infection Prevention & Control: Service Group Governance Arrangements

The purpose of the audit was to review the effectiveness of the governance arrangements in place within the Service Groups to manage the risks relating to Infection Prevention and Control. The Health Board received the final Internal Audit report on 9th May 2023. The audit review has resulted in an outcome of **reasonable** assurance. The improvement plan for 2023/24 includes goals that would enable the Health Board to achieve further improvement.

2023/24 Infection Prevention Improvement Plans

Learning from the improved scrutiny of healthcare associated infections undertaken by Service Groups during 2022/23 identified areas for continuing improvement. Key areas of focus for the Service Groups for 2023/24 include:

- Achieve ≥85% compliance with mandatory Level 1 IP&C training (all available staff); ≥85% compliance with Level 2 IP&C training (relevant staff); ≥85% compliance with ANTT training (only for staff undertaking aseptic procedures). Training compliance to 30/04/23 is detailed in [Appendix 6](#). Overall compliance at 30/04/23 (reported via ESR) for Level 1 IP&C training was 86.17%; Level 2 IP&C training compliance was 23.03%; ANNT combined compliance 23.73%.
- Achieve measureable improvement in the application of evidence-based practice for the insertion and management of invasive devices.
- Achieve measurable improvement in antimicrobial stewardship, with a proactive schedule of antimicrobial-related audit (utilising Audit Management and Tracking (AMaT) clinical audit assurance).
- Undertake IPC-related audit to demonstrate application of standard infection prevention & control precautions in practice (utilising AMaT).
- Achieve ≥95% compliance with National Standards of Cleanliness (using MyAudit for reporting).
- Continue with quality priority improvements in medical device decontamination, undertaken by appropriately trained and competent staff, to demonstrate compliance with national decontamination standards.

All Service Groups will continue to undertake scrutiny of healthcare associated infections at Service Director level. Improvement work continues within Service Groups, and regular review and discussion with the Executive Directors of Nursing and Medicine and Service Directors will continue.

Service Groups will submit their 2023/24 infection prevention improvement plans to the Health Board's Infection Prevention & Control Group at the end of June 2023.

Challenges, Risks and Mitigation

- Current pressures on Health Board services, both in the community and in hospitals, continue to be extreme, as are the pressures on providing social care packages. The demand for unscheduled acute care remains high, leading to increased demand for inpatient beds, with surge capacity being utilised. In addition to the above, increased length of stay and staff shortages increase risks of delivering safe patient care.
- The service pressures on acute sites continue to impede the ability to decant bays for 4D cleaning bay areas, and clinical areas affected by periods of increased incidence of *C. difficile* in line with Health Board standards. 3D cleaning is undertaken using disinfectants and all single rooms, bathrooms and toilets are reactively & proactively 4D UV-C cleaned.
- Further, bed spacing and ventilation within the majority of inpatient settings pose an ongoing risk in relation to transmission of COVID-19 and other acute viral infections.
- Planned preventive maintenance of the aging estate is compromised by the lack of dedicated decant facilities.
- Original plans for dedicated decant facilities in Morriston are being reviewed by Capital Planning to provide a more economically viable proposal.
- The Infection Prevention & Control nursing team resource is challenged and stretched due to a shortfall in hours because of secondment and vacancy. The resource and configuration of the

team will be reviewed to ensure appropriate distribution of the resource to respond to service reconfiguration and changing risks and needs. The review will take into consideration also the development needs of the team, to optimise succession planning and provide a robust service to meet the needs of the Health Board in the future.

Actions in progressing Infection Prevention Improvement Plan (what, by when, and by whom)

Action: Confirmation of Service Group Infection Prevention Improvement Plans for 2023/24, and submission of these to the Health Board Infection Prevention & Control Group. **Target completion date:** 29.06.23. **Leads:** Service Group Directors.

Action: Evaluate the IPC audit tools available in AMaT to assess suitability for use in Swansea Bay. **Target completion date:** 31.05.23. Interim Matron IP&C.

Financial Implications

A Department of Health impact assessment report (IA No. 5014, 20/12/2010) stated that the best estimate of costs to the NHS associated with a case of *Clostridioides difficile* infection is approximately **£10,000**. The estimated cost to the NHS of treating an individual cost of MRSA bacteraemia is **£7,000** (the cost of MSSA bacteraemia could be less due to the availability of a wider choice of antibiotics). In an NHS Improvement indicative tool, the estimated cost of an *E. coli* bacteraemia is between **£1,100** and **£1,400**, depending on whether the *E. coli* is antimicrobial resistant.

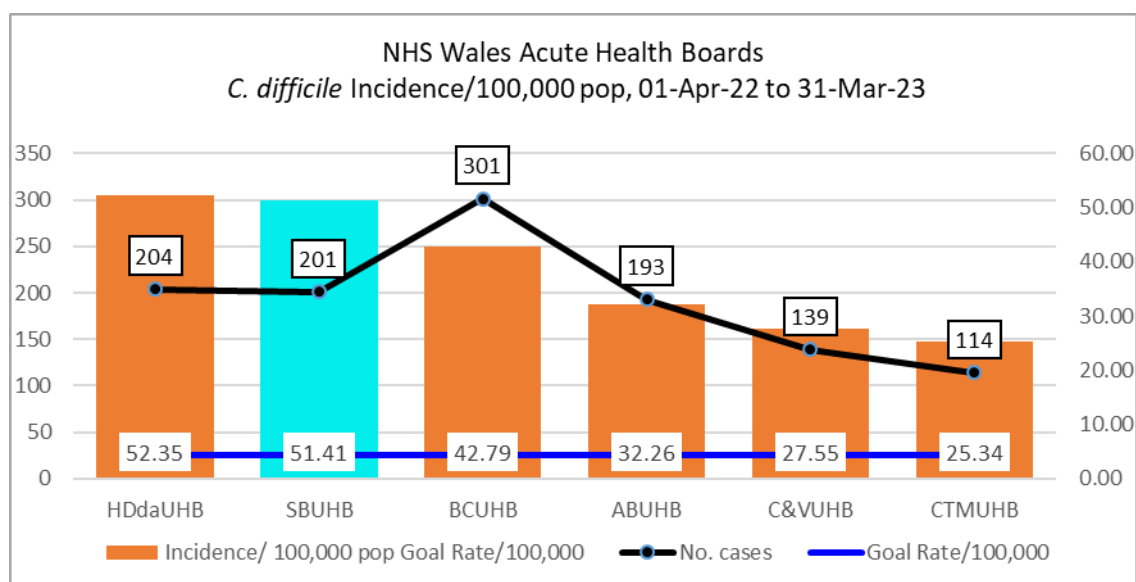
The estimated costs related to healthcare associated infections, from 01 April 2023 to end of April 2023 is as follows: *C. difficile* - £180,000; *Staph. aureus* bacteraemia - £112,000; *E. coli* bacteraemia - £29,500; therefore, a total cost of **£321,500**.

Recommendations

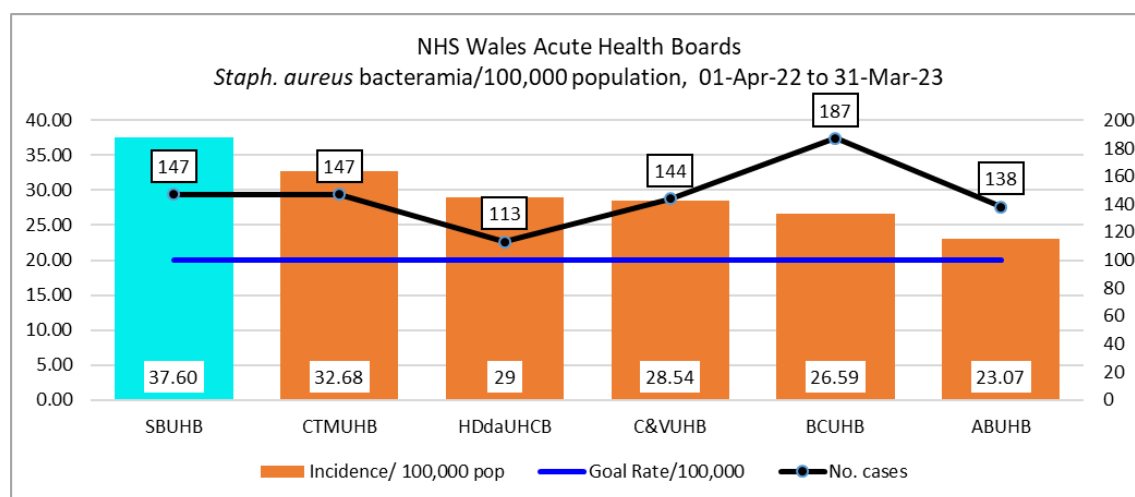
Members are asked to:

- NOTE the 2022/23 end of year (EOY) position against the tier 1 infections to 31/03/2023 (Table 1);
- NOTE the Health Board 2022/23 EOY position in comparison to other Welsh acute Health Boards in relation to the incidence per 100,000 population ([Appendix 1](#)) and per 1,000 hospital admissions ([Appendix 2](#)) to 31/03/2023.
- NOTE EOY update to 2022/23 Infection Prevention Improvement Plan (Appendix 3) and Service Group Progress (including days between cases in [Appendix 4](#)).
- NOTE the interim Infection Reduction Expectation Goals, April 2023 – March 2024.
- NOTE the position against the key indicator infections (Tier 1) to 30/04/2023 ([Appendix 5](#)).
- NOTE that the Internal Audit Report on Infection Prevention & Control: Service Group Governance Arrangements has reported an outcome of **reasonable** assurance.
- NOTE the compliance with mandatory infection prevention-related training ([Appendix 6](#)), and the expectation for Service Groups to focus on achieving 85% compliance.
- NOTE the six areas of focus for the 2023/24 Infection Prevention Improvement Plans.
- AGREE the proposed initial actions related to ongoing infection improvement.

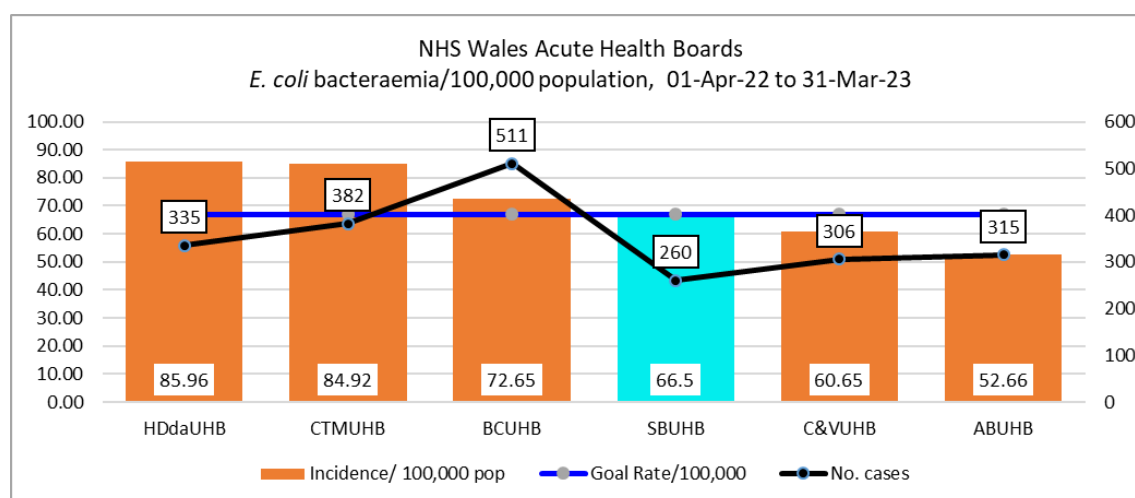
C. difficile incidence per 100,000 population



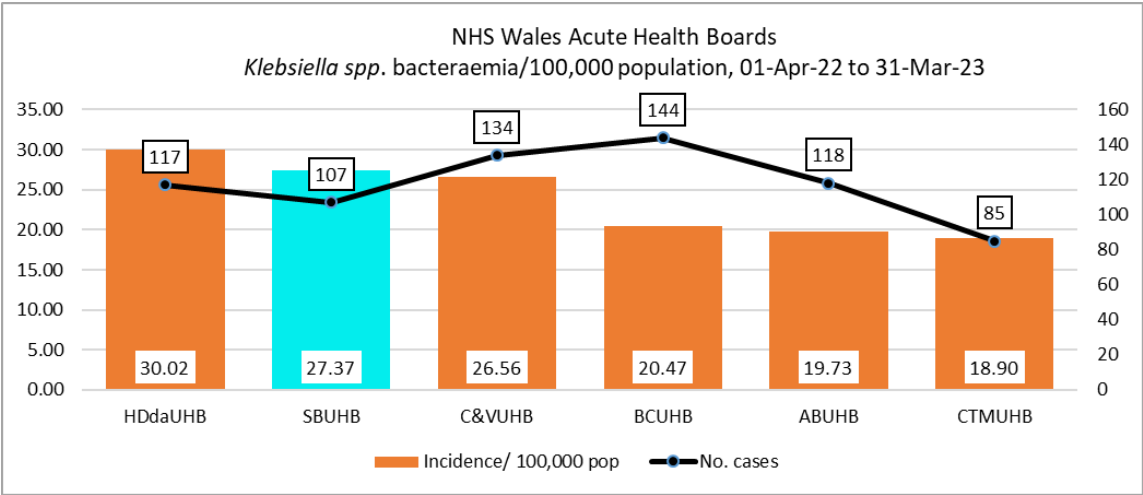
Staph. aureus bacteraemia incidence per 100,000 population



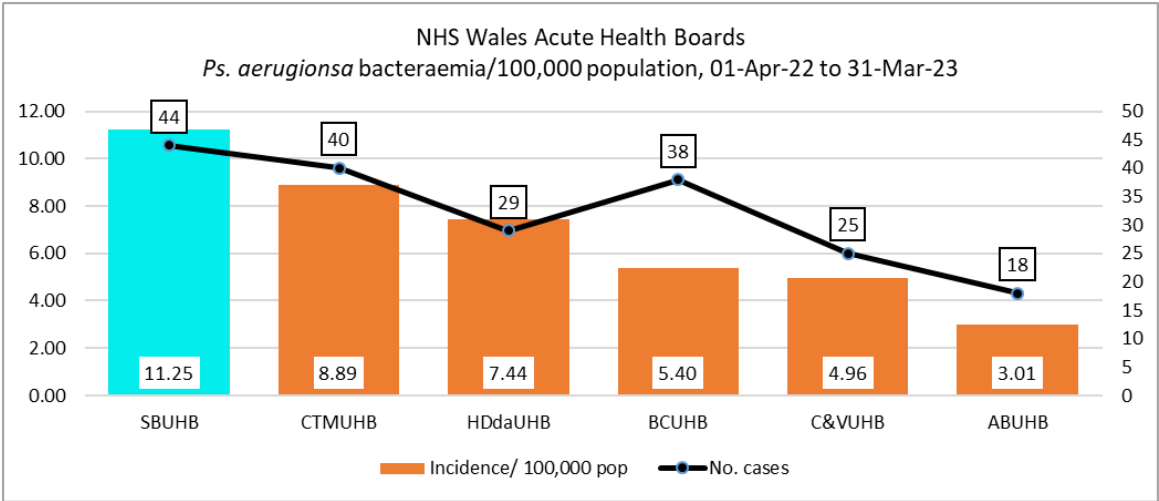
E. coli bacteraemia incidence per 100,000 population



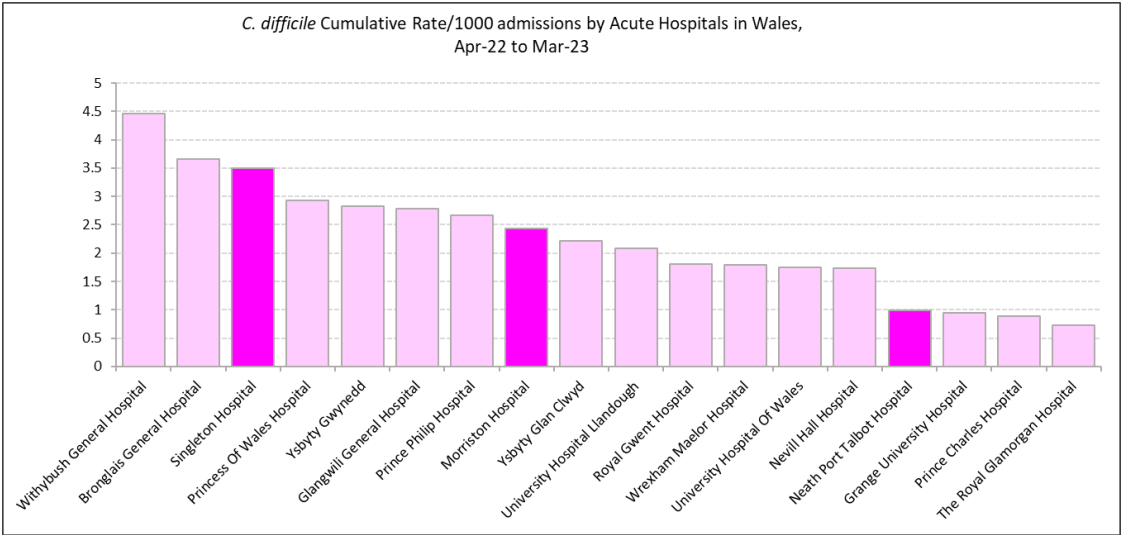
Klebsiella spp. bacteraemia incidence per 100,000 population



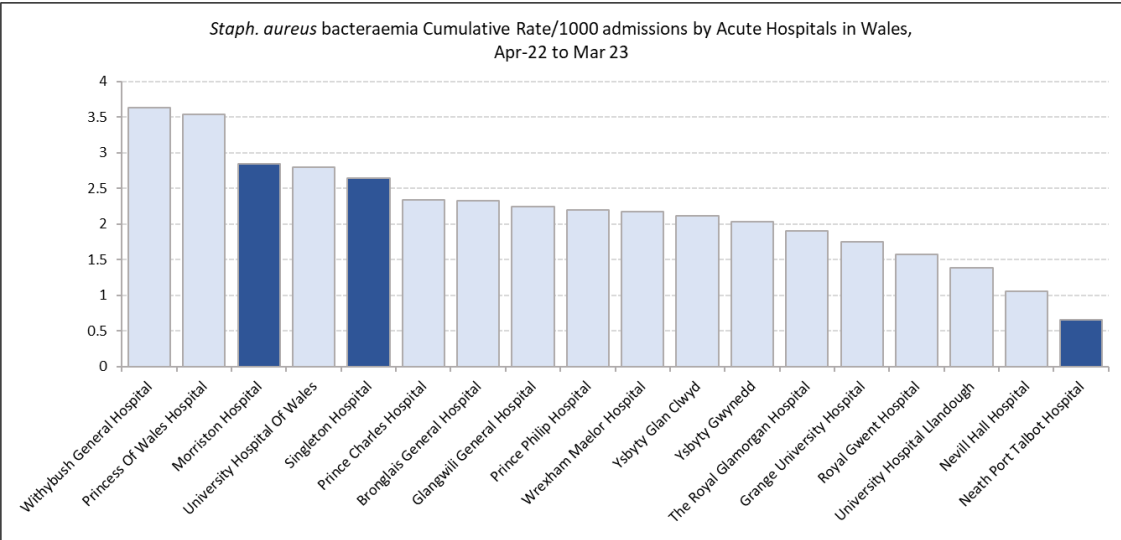
Pseudomonas aeruginosa bacteraemia incidence per 100,000 population



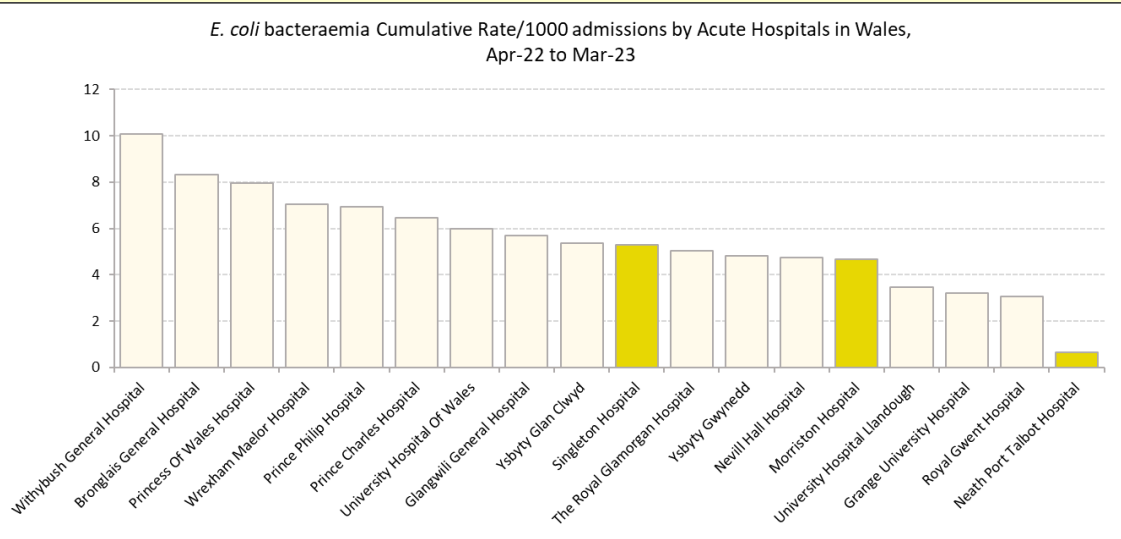
C. difficile incidence per 1,000 acute hospital admissions



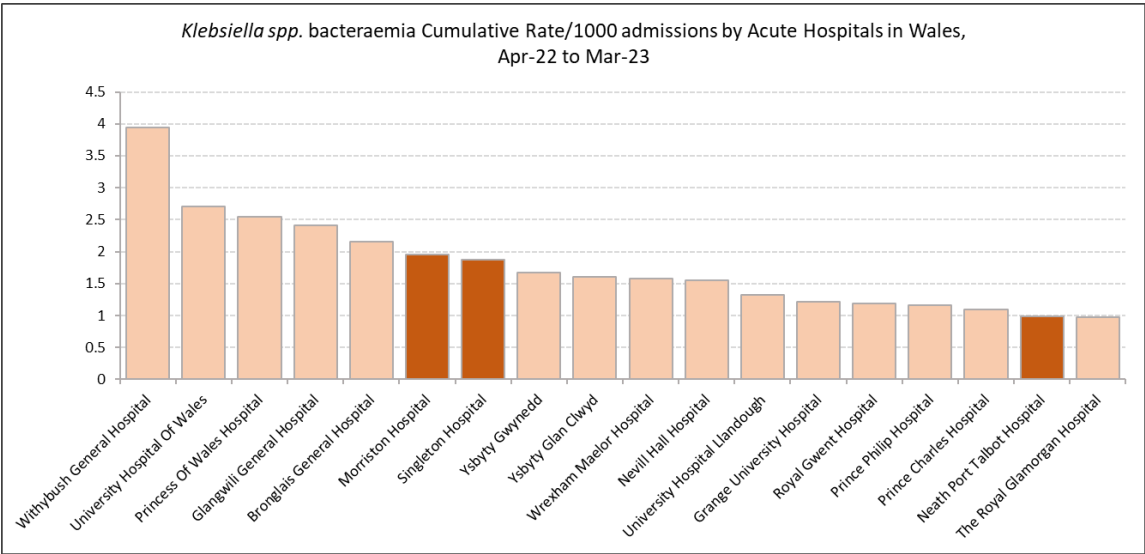
Staph. aureus bacteraemia incidence per 1,000 acute hospital admissions



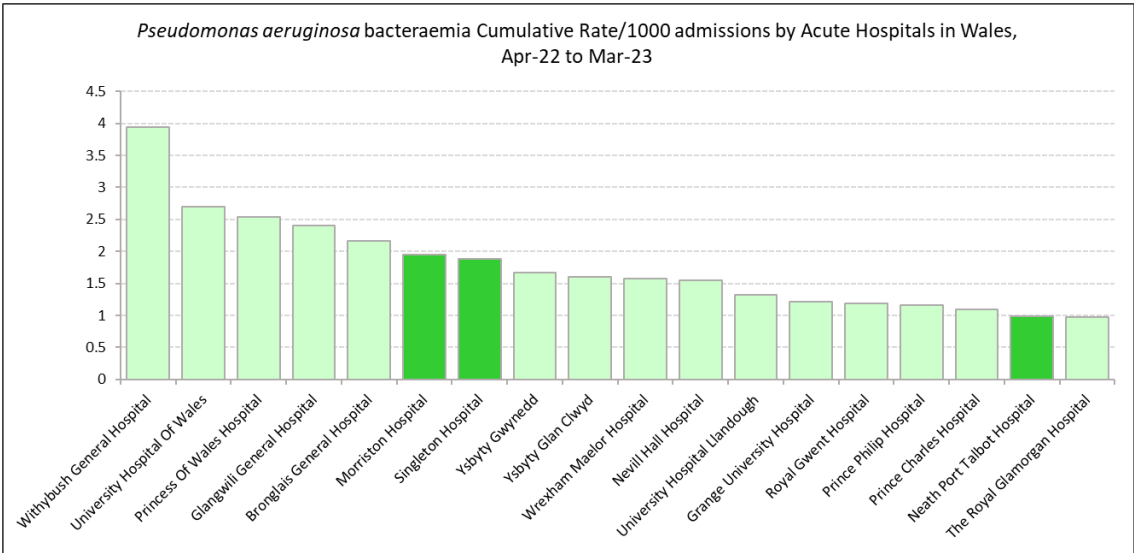
E. coli bacteraemia incidence per 1,000 acute hospital admissions



Klebsiella spp. bacteraemia incidence per 1,000 acute hospital admissions



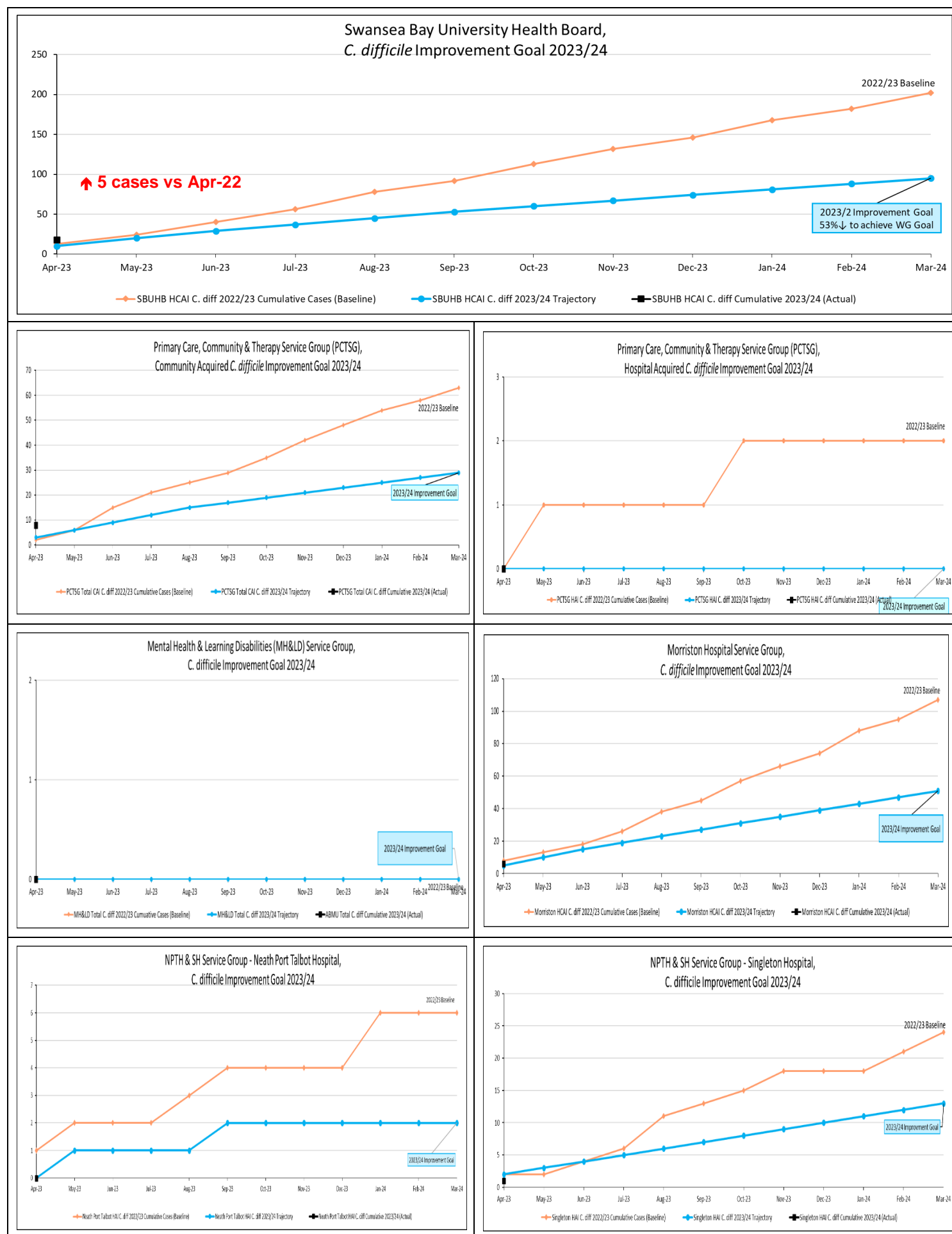
Pseudomonas aeruginosa bacteraemia incidence per 1,000 acute hospital admissions

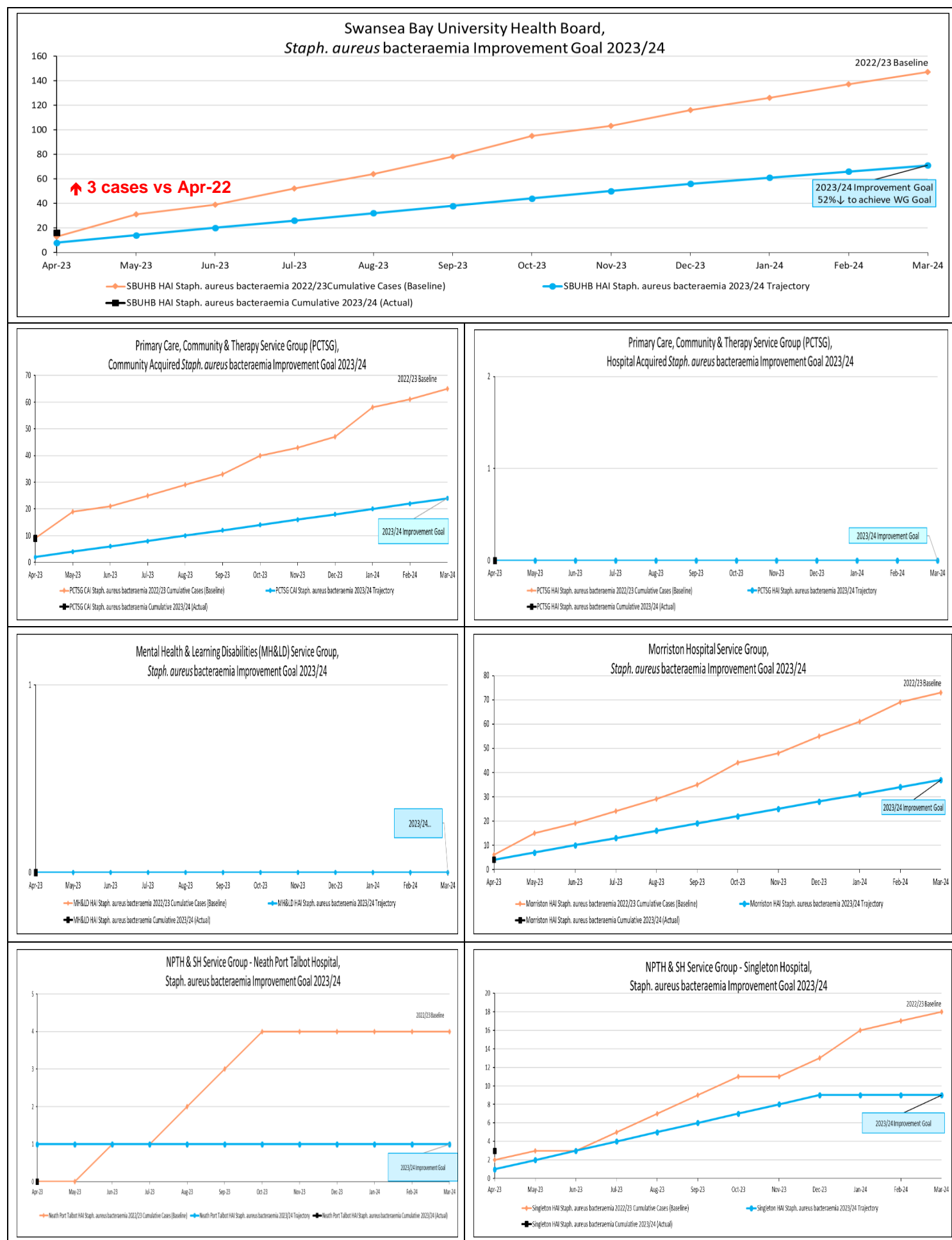


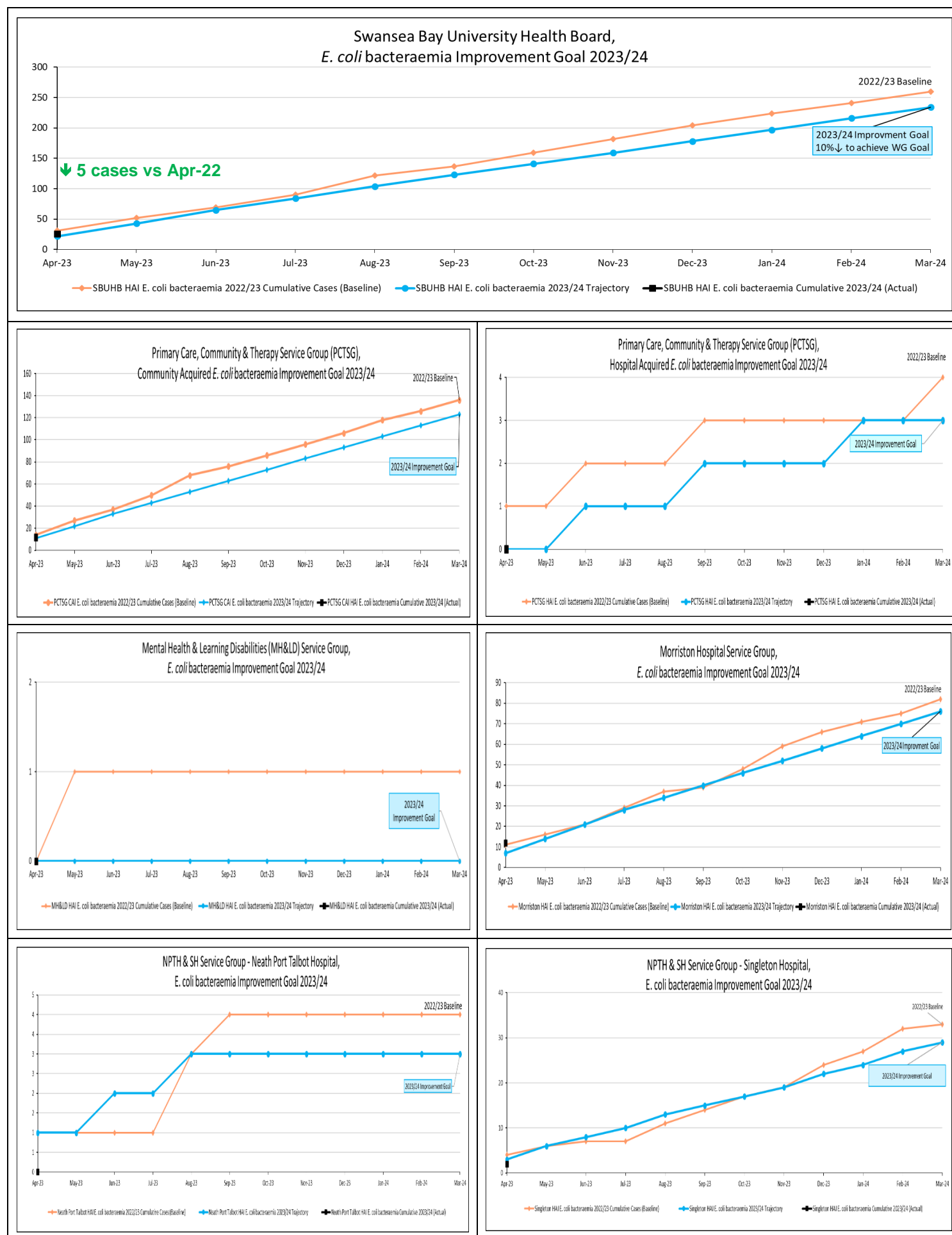
Ward	Days between cases
<i>C. difficile</i>	
West Renal Unit	376 days
Ward W	237 days
Ward A	227 days
Ward S	191 days
Cyril Evans	184 days
Ward H	181 days
<i>Staph. aureus</i> bacteraemia	
Ward H	376 days
Ward V	316 days
Powys Ward	289 days
West Renal Unit	266 days
Ward B	240 days
Gowers	218 days
Ward D	215 days
SDMU	200 days
ITU*	107 days
Liz Baker Renal Unit*	106 days

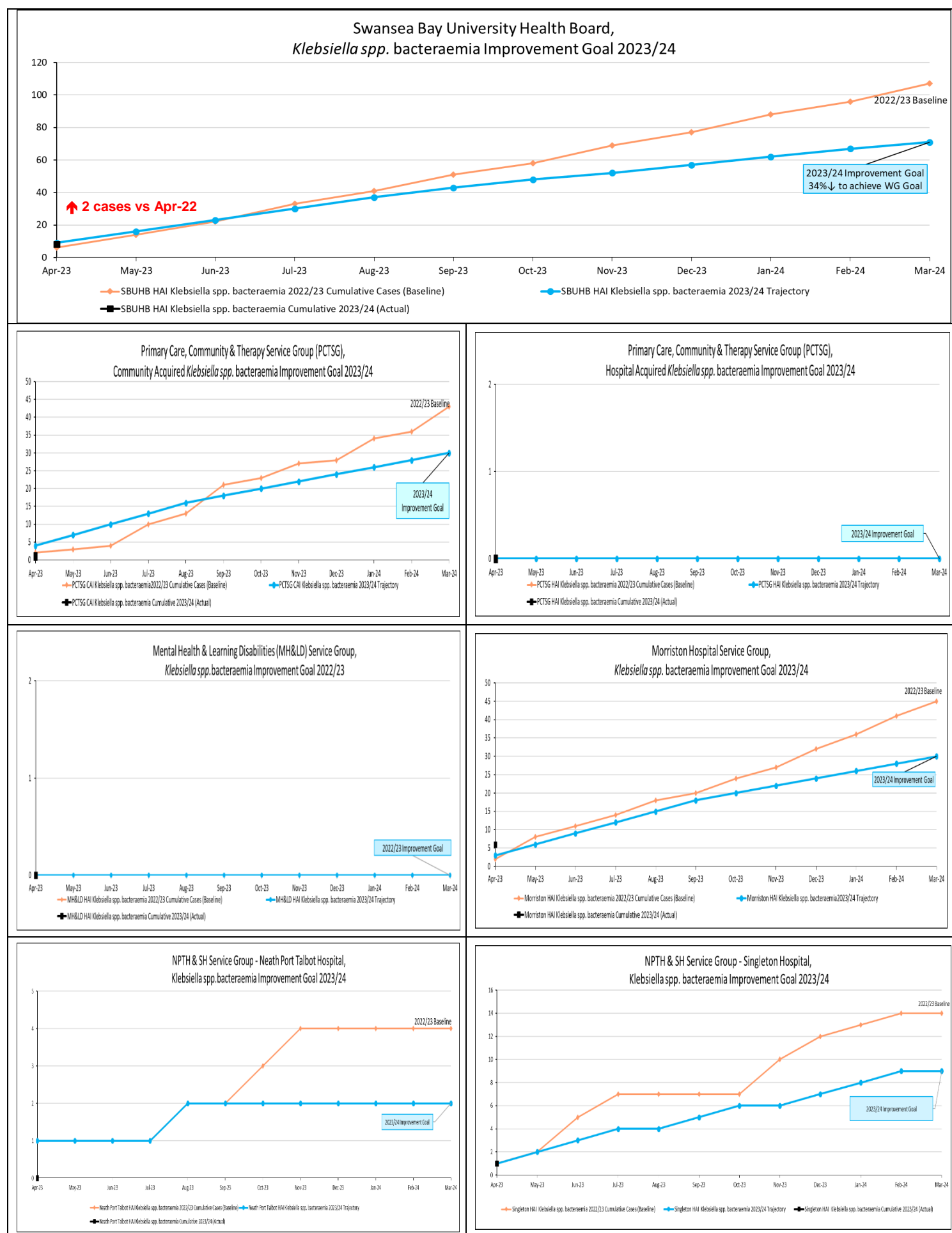
* Although other wards and units may have had more days between cases than these two units, ITU and Liz Baker Renal Unit are worthy of inclusion for commendation for the number of invasive devices or invasive procedures undertaken. For Liz Baker Unit in particular, between April and December 2022, the average number of days between was 30 days. To 12th April 2023, there had been 106 days between cases.

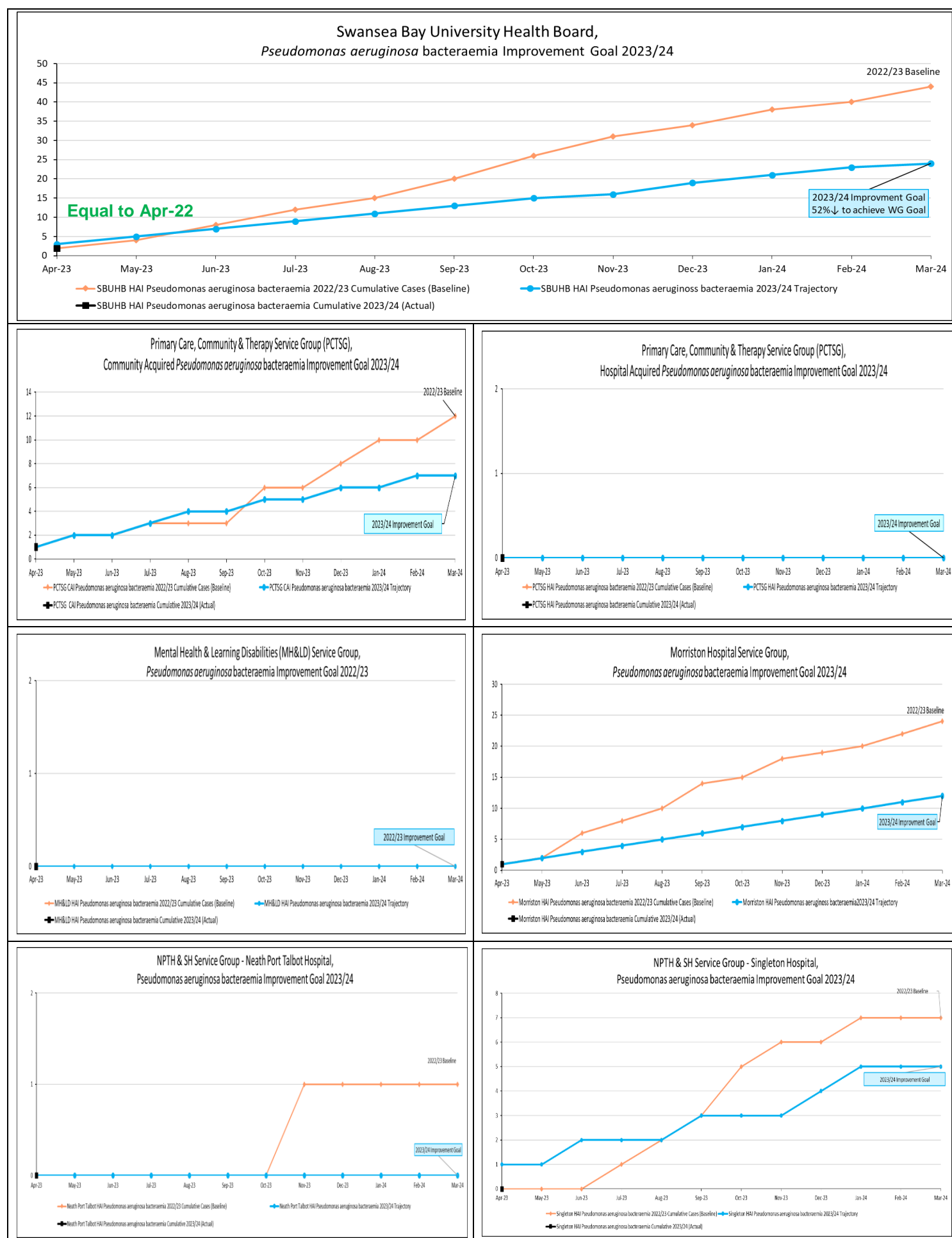
Ward	Days between cases
<i>E. coli</i> bacteraemia	
Gowers	376 days
Ward T	376 days
Cyril Evans	376 days
Ward C	376 days
Ward B	376 days
ITU	375 days
Ward W	281 days
Ward S	254 days
Ward A	231 days

C. difficile

Staph. aureus bacteraemia

E. coli bacteraemia

Klebsiella spp. bacteraemia

Pseudomonas aeruginosa bacteraemia

Training compliance obtained from ESR (National compliance target 85%)**Level 1 - Infection Prevention and Control Training compliance at 30th April 2023 – 86.17% overall**

Staff Group Infection Prevention and Control – Level 1 – 3-yearly	% Compliance 1 st – 30 th April 2023	Increase (↑) or decrease (↓) in compliance compared to previous report
Add Prof Scientific and Technic	88.66%	↓ (90.57%)
Additional Clinical Services	86.46%	↓ (86.75%)
Administrative and Clerical	89.70%	↑ (89.41%)
Allied Health Professionals	94.33%	↑ (92.82%)
Estates and Ancillary	81.43%	↓ (82.85%)
Healthcare Scientists	84.93%	↓ (88.15%)
Medical & Dental	52.20%	↓ (52.98%)
Nursing & Midwifery Registered	90.26%	↓ (90.74%)
OVERALL COMPLIANCE	86.17%	↓ (86.56%)

Level 2 - Infection Prevention and Control Training compliance at 30th April 2023 – 23.03% overall

Staff Group NHS CSTF Infection Prevention and Control - Level 2 – Annual	% Compliance 1 st – 30 th April 2023	Increase (↑) or decrease (↓) in compliance compared to previous report
Add Prof Scientific and Technic	15.28%	↑ (14.15%)
Additional Clinical Services	28.35%	↑ (28.20%)
Administrative and Clerical	6.85%	↓ (7.01%)
Allied Health Professionals	41.05%	↑ (39.23%)
Estates and Ancillary	2.45%	↓ (2.68%)
Healthcare Scientists	14.79%	↓ (15.43%)
Medical & Dental	12.78%	↓ (13.25%)
Nursing & Midwifery Registered	34.65%	↑ (33.16%)
OVERALL COMPLIANCE	23.03%	↑ (22.33%)

CAVEAT: Level 2 is mandated for clinical staff; however, the denominator is the entire HB workforce.

Aseptic non-touch Technique (ANTT) Training compliance at 30th April 2023 – 23.73%

Staff Group Aseptic Non Touch Technique Assessment - 3 Yearly e-Learning - once only	% Compliance 1 st – 30 th April 2023		Increase (↑) or decrease (↓) in compliance compared to previous report	
	e-Learning	e-Learning	e-learning	e-Learning
Add Prof Scientific and Technic	4.63%	1.39%	↓ (4.95%)	↑ (0.94%)
Additional Clinical Services	13.10%	11.18%	↓ (13.98%)	↑ (10.61%)
Allied Health Professionals	12.03%	6.36%	↓ (16.72%)	↑ (6.19%)
Healthcare Scientists	3.84%	6.30%	↓ (4.68%)	↓ (6.34%)
Medical & Dental	3.74%	3.96%	↑ (3.64%)	↑ (3.64%)
Nursing & Midwifery Registered	33.66%	17.91%	↓ (34.32%)	↑ (16.38%)
OVERALL COMPLIANCE	14.81%	8.92%	Not available	↑ (8.20%)
COMBINED COMPLIANCE	23.73%			

CAVEAT: this training is mandated only for those staff who undertake aseptic procedures; however, the denominator is the entire HB workforce.

NOTE: two courses providing the same content are accessible in ESR. Staff have complete one or the other of these courses and, as such, the compliance data has been combined.