Meeting Date	29 October 2025	**Agenda Item**	3.1
Report Title	**Infection Prevention and Control**		
Report Author	Joanne Walters, Deputy Head of Nursing, Infection Prevention & Control		
Report Sponsor	Delyth Davies, Head of Nursing, Infection Prevention & Control		
Presented by	Joanne Walters, Deputy Head of Nursing, Infection Prevention & Control		
Freedom of Information	Open		
Purpose of the Report	This is an assurance report that provides an update on incidence, progress and actions relating to healthcare associated infections (HCAIs) within Swansea Bay University Health Board for the reporting period Quarter 2, 01 April 2025 to 30 September 2025.		
Key Issues	• Hospital onset case numbers for three of the four infections exceeded the Targeted Intervention de-escalation criteria during Quarter 2. The target was only achieved in relation to *Klebsiella spp* bacteraemias. • The health board continues to have the highest incidence of *C. difficile* in Wales. • *C. difficile* Periods of Increased Incidence (PII) and outbreaks continues to be of concern. • Additional pre-empt patients on wards is a regular occurrence; this over-crowding increases the risk of infection transmission. • A lack of decant facility is impacting on the ability to clean to the required health board standard in the rooms where cases of *C. difficile* have been identified. This increases risks to patients subsequently admitted or transferred to these rooms. • The health board continues to face significant challenges relating to healthcare associated infection risks, which are recorded in the health board's Risk Register. • The health board has achieved compliance with mandatory Infection Prevention and Control training at Level 1 and 2.		
Specific Action Required *(please choose one only)*	**Information**	**Discussion**	**Assurance**	**Approval**
	☒	☐	☒	☐

Recommendations	The Infection Prevention & Control Strategic Group is asked to: • **ACKNOWLEDGE:** the health board's position in relation to the Targeted Interventions improvement goals. • **ACKNOWLEDGE:** the performance of the health board towards achieving internal and national infection improvement goals. • **ACKNOWLEDGE:** the health board has the highest incidence of *C. difficile* infections, *Staphylococcus aureas* and *Pseudomonas aeruginosa* bacteraemia in Wales. • **ACKNOWLEDGE:** the continued increase in numbers of cases, and the numbers of periods of increased incidence, and outbreaks of *C. difficile* cases seen in Quarter 2, and the continuation of the Gold *C. difficile* High Incidence Management Group**.** • **ACKNOWLEDGE:** progress on Infection Prevention & Control Improvement Plan to 30th September 2025. • **ACKNOWLEDGE:** the IPC training compliance goal has been achieved (i.e. >80%). IPC Level 1 - 91.03%; Level 2 training - 85.32%. • **ACKNOWLEDGE:** the challenges and risks within the health board currently and mitigations recorded in the risks recorded in the health board's Risk Register.

INFECTION PREVENTION AND CONTROL

1. INTRODUCTION

This assurance report provides an overview of Swansea Bay University Health Board (SBUHB) progress against Welsh Government Targeted Intervention de-escalation criteria. The publication of Welsh Government's 2025/26 improvement goals was expected during Q2 but have not been circulated yet. The health board set internal 2025/26 healthcare associated infection reduction goals in April 2025, which are based on the Welsh Health Circular (WHC/2024/038) Healthcare Associated Infections goals published in September 2024. Progress against these internal goals is included within this report. The reporting period is 1st April 2025 – 30th September 2025.

The key HCAIs are:

a) *Clostridioides difficile* (*C. difficile*) infection
b) *Staphylococcus aureus* (*Staph. aureus*) bacteraemia
c) Gram negative bacteraemia *(Escherichia coli (E. coli), Klebsiella spp., Pseudomonas aeruginosa*).

This report also presents a summary of infection-related incidents and outbreaks that occurred between 1st April and 30th September 2025, along with a summary of the activities conducted across the health board in relation to the prevention, control, and management of infections.

The report also outlines the key risks and recommendations to address areas requiring action or improvement.

2. Progress on key healthcare associated infections (HCAI)

2.1 Progress against Targeted Intervention

The health board's monthly progress against the Targeted Intervention de-escalation criteria for hospital onset, healthcare associated infections (HCAI) is presented in Table 1. By the end of Quarter 2, the targets for all the infections had been exceeded. During September, the target was achieved for *Klebsiella* bacteraemia, but the de-escalation criteria was not achieved for any of the other four infections.

Table 1. Targeted Intervention Progress

Targeted Intervention - De-escalation Criteria for Hospital Onset HCAIs			Q1 TI - HO Cases to 30.06.25	Q2 2025/26 Actual			
HCAI TI Criteria 2025/26	Av. Monthly HO TI Criteria (Max. av. monthly cases)	Q1 TI Criteria (Max. quarterly cases)	Q1 TI - HO Cases to 30.06.25	Jul-25 Hospital Onset Total cases (actual)	Aug-25 Hospital Onset Total cases (actual)	Sep-25 Hospital Onset Total cases (actual)	Q2 TI - HO Cases to 30.09.25
SBUHB HCAI *C. difficile* 2025/26 TI Criteria	6	18	27 (+9)	13 (+7)	9 (+3)	19 (+13)	41 (+23)
SBUHB HCAI *Staph. aureus* bacteraemia 2025/26 TI Criteria	3	9	14 (+5)	8 (+5)	4 (+1)	5 (+2)	17 (+8)
SBUHB HCAI *E. coli* bacteraemia 2025/26 TI Criteria	4	12	18 (+6)	9 (+5)	5 (+1)	6 (+2)	20 (+8)
SBUHB HCAI *Klebsiella spp.* bacteraemia 2025/26 TI Criteria	4	12	18 (+6)	5 (+1)	5 (+1)	2 (-2)	12

(Hospital Onset (HO) infections are defined as a positive microbiology result for a sample collected on day three or more of a hospital admission with day 1 being the first day of the admission to an in-patient location).

2.2 Progress against internal health board reduction goals for key Healthcare Associated Infections (HCAIs): 1st April 2025 – 30th September 2025.

Progress against the **internal health board HCAI reduction goals** is shown in Table 2. These continue to be monitored and reported within the health board, to maintain a focus on infection reduction for patients in primary care, community, and hospital settings. Table 2 also includes the summary cumulative position for service groups, with the annual increase or reduction shown in brackets.

Charts showing the position of the health board and service group progress against the infection improvement trajectories, up to 30th September 2025, are detailed in **Appendix 1**.

Table 2: Service Group Annual Comparison to end of September 2025

	CDI	SaBSI	EcBSI	KIBSI	PAER BSI
SBUHB - Total	122 (↓ 8%)	63 (↑ 5%)	138 (↑ 18%)	60 (=)	15 (↑ 7 cases)
PCTSG - CAI	41 (↑ 14%)	25 (↑ 14%)	85 (↑ 33%)	26 (↑ 30%)	4 (=)
PCTSG - HAI	3 (↑ 1 case)	0 (=)	0 (=)	0 (=)	1 (↑ 1 case)
MH&LD – HAI	3 (↑ 3 cases)	1 (↑ 1 case)	1 (=)	0 (=)	0 (=)
MORR – HAI	63 (↓ 3%)	30 (↑ 11%)	40 (↑ 48%)	26 (↑ 8%)	5 (↑ 1 case)
NPTH - HAI	3 (↓ 70%)	2 (↑ 2 cases)	3 (↓ 50%)	4 (↑ 1 case)	0 (=)
SH - HAI	9 (↓ 44%)	4 (↓ 56%)	8 (↓ 35%)	4 (↓ 50%)	5 (↑ 5 cases) target exceeded
Other HB Cases Identified in SBUHB	0 cases	1 case	1 case	0 cases	0 cases

Appendix 2 provides a comparison with other acute health boards in Wales in relation to incidence of these infections per 100,000 population and per 1,000 admissions. Compared with other health boards in Wales, Swansea Bay has the highest incidence per 100,000 population for *C. difficile* infections, *Staphylococcus aureas* and *Pseudomonas aeruginosa* bacteraemia.

a) Clostridioides difficile

The internal infection reduction target has been exceeded by 9 cases, but there has been an 8% annual decrease in overall case numbers compared to the same reporting period in 2024/25. The health board still has the highest incidence of *C. difficile* in NHS Wales; the cumulative incidence rate is 61.94/100,000 population; this is lower than the same period in 2024/25 (62.97/100,000 population). The acute hospital comparisons can be seen in **Appendix 2.**

C. difficile toxin positive HCAI cases are reported in Datix and continue to be reviewed by the Service Group Director-led HCAI scrutiny panels to establish if the patient infection episodes were managed appropriately, and to determine if the infection episodes could have been prevented. Each of the acute hospital sites have achieved a reduction in overall case numbers, with Primary Care seeing a 14% increase.

To address the rising burden and high prevalence rates of *C. difficile* in the health board, the *Clostridioides difficile* (*C. difficile*) Standards: Risk Assessment and Governance Framework has been introduced. This framework aims to support compliance with national and best practice guidance and promote robust oversight, reporting, and escalation in the management of *C. difficile* across the health board. The operational challenges, over occupancy in clinical areas, insufficient single room capacity and the environment continue to present challenges in adhering to the framework. Due to operational pressures, Morriston service group have found it challenging to implement ward closures and avoid the placement of additional, pre-emptive admissions into clinical areas with a high incidence of *C. difficile* cases. Isolation of positive cases is being achieved, but following diagnosis, the decanting of bays to enable 4 D cleaning has been difficult to facilitate.

b) *Staph. aureus* bacteraemia

Although there has been a 5% increase in the case numbers reported across the health board compared to the same period in Quarter 2, 2024/25, the cumulative position to date is on trajectory to achieve the internal improvement goal. Singleton is the only health board site that has achieved a reduction in case numbers. Skin and soft tissue infections were identified as the most common source for the bacteraemias, accounting for 29% of all cases, with line associated infections being the next most common source (14%).

All service groups need to maintain the focus on infection reduction strategies aimed at the reducing the infection risk associated to this skin colonising bacterium. This includes appropriate, targeted screening and decolonisation of

the organism, reducing the presence of invasive devices, strict adherence to aseptic technique and the provision of chlorhexidine gluconate, skin decolonisation personal hygiene wipes for inpatients.

c) Gram negative bacteraemia *(E. coli, Klebsiella spp., Pseudomonas aeruginosa*)

The internal infection target for *E. coli* bacteraemia had been exceeded by 28 cases (18 % annual increase) at the end of Quarter 2 compared to the same period during 2024/25. Increased case numbers had been recorded in Morriston and Primary care while Singelton and Neath both achieved reductions and are on target to achieve the improvement goal.

Community acquired infections accounted for 61% of the cases diagnosed. The most common source for the community acquired bacteraemia was urinary tract infections (51%), with Hepatobiliary disease being the second most common source in 25% of the cases. The presence of stones and stents was identified in almost 40% of the cases who had a bacteraemia due to underlying hepatobiliary disease.

There has been no overall reduction in the number of *Klebsiella* cases; the cumulative total is currently equal to the same reporting period in 2024/25. A reduction in *Klebsiella* spp, cases number was achieved by the Singleton site at the end of Q2. The most common sources for these infection episodes were found to be associated mostly to urinary tract infections, along with underlying hepatobiliary disease and respiratory tract infections.

Although the overall number of *Pseudomonas* cases reported are low compared to the other Tier One organisms, there has been a 47% increase in cases when compared to the same reporting period in 2024/25. Many of these infection episodes were hospital acquired infections associated to underlying skin and soft tissue and respiratory tract infections.

2025/26 National infection improvement goals

The health board continues to report progress on the national goals established 2024/25. The publication by Welsh Government of the healthcare associated infection goals for 2025 to 2026 was expected to be published during the second quarter of the financial year but has not yet been published.

3. Infection Prevention & Control Improvement Plan

3.1. Overarching 2025/26 Infection Prevention Improvement Plan

Progress to this year's Infection Improvement plan is shown in **Appendix 3**.

Forty-five percent of actions have been achieved.

Forty-five percent are on track for achieving the agreed outcome.

The remainder of the actions are currently off-track and are being impacted by current service pressures, for example, the ability to provide a decant facility.

4. Outbreaks and clusters, untoward incidents, Periods of Increased Incidence (PII), and ward/bay closures from diarrhoea and vomiting.

4.1. Periods of Increased Incidence (PII) and outbreaks of *Clostridioides difficile (C. difficile).*

A period of increased incidence (PII) is when two hospital-acquired cases of *C. difficile* are attributed to the same ward location within a 28-day period. In Swansea Bay, the PII can include both toxin positive and toxin negative cases.

The National Anaerobic Reference Unit in Cardiff performs Whole Genome Sequencing (WGS) analysis on all *C. difficile* positive samples. If cases have the same genomic cluster code, they are genetically related. When the same WGS cluster code is identified for two or more cases, and epidemiological links are confirmed (i.e. linked in time and place), a transmission event is reported in Datix (i.e. outbreak).

There were nineteen new *C. difficile* PII's, and seven epidemiologically linked transmission events reported during Q2. **Charts 5 and 6** in **Appendix 4** include the details of the *C. difficile* PIIs and outbreaks reported in Datix since May 2022.

Whilst it is not possible to clearly identify the exact events where transmissions occurred, themes reported from the case reviews and outbreak meetings include delays in sampling and isolation of symptomatic patients. These may have contributed to other patients being exposed to *C. difficile*. Also, shared reusable patient equipment could have been a potential contributing factor in the transmission events if not effectively decontaminated between use.

4.2. Incidents and outbreaks

Table 7 in **Appendix 5** provides the number of Datix reported infection-related incidents and outbreaks (not associated with *C. difficile*), where two or more confirmed cases were identified that were associated in time and place. There were 21 outbreaks during Q2. The incidence of seasonal respiratory virus infections increased during September with Covid-19 accounting for most outbreaks and incidents across the health board.

Although IPC advice was provided to close wards, this was often not possible to maintain due to operational pressures. Additional challenges that increase the risk of being exposed to infectious patients include the lack of mechanical ventilation, insufficient single room accommodation, and the inability to isolate

all patients who require isolation (suspected and confirmed cases of infection). The overcrowding caused by the regular use of pre-emptive beds (on-boarding) also increases infection risk and impacts the ability to effectively clean the environment and equipment. Twice weekly Infection Control Safety Huddle meetings continue to be held, with increased frequency at times of high incidence. The allocation of additional enhanced cleaning of areas with increased infection risk are decided at this meeting.

5. Education & Training

Training compliance

The Infection Prevention and Control Team, along with local training practice leads, continue to deliver ad-hoc, non-mandatory infection prevention and control (IPC) related training and updates to both clinical and non-clinical staff employed by the health board. This is in addition to any online training undertaken by staff.

The tables in **Appendix 6** identify the percentage compliance with mandatory training and numbers of staff that have undertaken IPC-related training to 30th September 2025.

Level 1 and Level 2 Infection Prevention & Control Training

(Table 8 and Table 9)

- The national minimum compliance target in ESR for both Level 1 and Level 2 IPC courses is 80%. Level 1 compliance across the health board is 91.03% and level 2 is 85.32%. Estates and Ancillary and the Medical and Dental staff groups are the only groups below the 80% target, but compliance has increased for both groups since the last reporting period.

Hand Hygiene Practice Assessment and Hand Hygiene Assessors (Table 10)

- Over the last three years (1st October 2022 to 30th September 2025), the IPCT has trained 605 Hand Hygiene Assessors across the service groups. Detailed information regarding Hand Hygiene Assessors is available for each service group. These assessors provide clinical staff with annual updates on effective hand decontamination practice: accurate reporting of this refresher training is dependent on the assessor returning their training records to the IPCT in a timely fashion.
- ESR reports Hand Hygiene Competence compliance within the health board as 29.05% (Table 11). To ensure appropriate compliance levels are recorded, Hand Hygiene Assessors must send records of staff who have received their annual update to administrators within the service groups who can upload data onto ESR. Alternatively, records can be sent to the IPC administration team to ensure competence compliance is recorded in ESR.

Over the last rolling 12-month period (1st October 2024 to 30th September 2025), 2,995 staff have had a hand hygiene practice assessment, with the assessment undertaken by either the department-based Hand Hygiene Assessors or the IPC team. In response to Infection incidents, outbreaks, and PII, the IPCT visit affected areas and offer hand hygiene practice assessment to staff on duty.

Aseptic Non-Touch Technique (ANTT) (Table 12)

Compliance with ANTT training to 30th September 2025 is recorded in ESR as 30.39% for the ANTT e-learning course, and the competency assessment compliance as 16.88%. Training reports from ESR uses **all** health board staff as the denominator for compliance. However, not all health board staff are required to undertake ANTT e-learning or competency assessment, therefore the compliance percentage is not a true representation of compliance. Service Groups may wish to consider alternative methods of recording compliance.

High Consequence Infectious Disease (HCID) PPE Training

Since October 2024, five Registered Nurses have attended the accredited HCID PPE Train the Trainers course in Mexborough. Swansea Bay UHB currently has four qualified HCID PPE Trainers who provide the training and assessment of staff in addition to undertaking their clinical roles; one has subsequently left the organisation.

The HCID PPE trainers are delivering training sessions and competency to relevant staff across the health board who may be required to care for a suspected HCID case. To date, the HCID PPE training has been provided to more than 67 members of health board staff consisting mostly of nurses and a small number of medical staff.

The details of the trainers and the records of who has been HCID PPE competency assessed are held in the Health Board On-call Teams folder so they can be accessed in the event of a suspected HCID case presenting to hospital. Being Fit test trained to wear an FFP3 mask is an essential pre-requisite to be able to care for a suspected HCID. The details of the FFP3 assessors and the details of the staff they have assessed are currently held within ESR but for ease of access, there is a plan to store these in the ON CALL Teams folder too.

6. Assurance

Reporting

- The Quality & Safety Group receives quarterly assurance reports relating to infection prevention and control. In addition, any issues for escalation can be taken to the Quality & Safety Group outside of the quarterly reporting schedule.
- The assurance reports are formally presented to the Quality & Safety Committee quarterly.
- The performance tracker, showing performance against the Tier 1 infection reduction expectations, is circulated weekly to the Executive Team and Service Group Directors and is available on the IPC SharePoint site.
- The Targeted Intervention performance tracker is circulated to the Executive Leads for HCAI, and performance is reported formally at monthly Targeted Intervention and Integrated Quality, Planning and Delivery meetings with Welsh Government.
- Senior IP&C staff attend each Service Group Infection Control Group. The IP&C Matrons and the Matron, Decontamination Operational Lead, together with Band 7 Infection Control Nurses, ensure support is provided to the Service Group Triumvirates.
- The IPC team actively participates in healthcare associated infection review panels within Service Groups, consulting closely with service group IP&C leads and clinical staff from each ward/department.
- The senior members of the IPCN team, along with other Corporate Nurses, participate in Quality & Safety assurance visits across the health board to review Safe & Effective Care provision.
- The *Clostridioides difficile (C. difficile*) Standards: Risk Assessment and Governance Framework was introduced in August, following IPCSG member approval. The Deputy Head of Nursing, IPC planned to attend senior team meetings in Service Groups to raise awareness of the Standards and Framework and promote its adoption, but these meetings were unfortunately cancelled due to service pressures within the Service Groups who had declared Business Continuity. Further meetings will be scheduled in Q3.

7. Infection Prevention Team Audit Programme

All acute inpatient settings are undertaking monthly audits using the IPC Standard Precautions in the Care Environment audit tool in the Audit Management

and Tracking system (AMaT). Where noncompliance is recorded, service group staff are responsible for developing and monitoring improvement action plans within the system.

Out-Patient and Mental Health settings are still being introduced to the system currently.

The IPC programme of audit includes annual and biannual audits of Standard Precautions Practice. At the end of Quarter 2, the infection control team had undertaken 125 audits. The team is on track to complete the programme during the year. In addition, eighty-two audits have been by the team undertaken in response to outbreaks and PII's. All areas audited were provided with immediate verbal feedback ahead of the audit report being available electronically.

- 31 audits (25%) were Red (<69%)
- 44 audits (35%) were Amber (70-84%)
- 50 audits (40%) were Green (≥85%)

The IPC team offers support, advice and training to help clinical staff achieve improvements. Where audits identify concerns relating to standards of cleanliness and infection control practice, these concerns are escalated to the Ward Manager and relevant Matron for the clinical area.

8. Infection-related Incidents and Risks in DATIX

8.1. <u>Infection-related incidents</u> as reported in the RLDatix system 2025.

Statuses

New Incident	60 Records	54 Overdue
Management review	167 Records	165 Overdue
Under Investigation	329 Records	283 Overdue
Awaiting Closure	62 Records	44 Overdue
Closed	6667 Records	
Rejected	0 Records	

8.2. Risk Register

There are currently 13 open and accepted infection-related risks on the Risk Register which are outlined in **Table 14** below.

Table 14: Open and Accepted infection-related risks on the Risk Register

Infection-related risks on the Risk Register	Total
Executive Director of Nursing	6
Chief Operating Officer	1
Support Services	1
Morriston Hospital Service Delivery Unit	5
Total	**13**

Of the 13 open and accepted infection-related risks on the Risk Register, 6 had passed the review date. There has been email communication with all relevant Risk Handlers to request a review and update of overdue risks, the detail of which can be found in **Table 15**.

Table 15: Overdue review of infection-related risks, by Service Group	Overdue Review	Risk Register ID
Support Services	**1**	3778
Morriston Hospital Service Delivery Unit	**1**	3678, 3515, 797, 535, 3011

9. CHALLENGES, RISKS AND MITIGATION: HEALTHCARE ASSOCIATED INFECTIONS

- **Datix Risk 4180.** All Wales Cleaning Standards 2025 have been circulated. The cost of the new standards is approx. £5m. There is no funding available to implement the new standards. Current cleaning schedules remain the same, with enhanced cleaning being prioritised to areas determined to be of highest infection risk.
- Lack of a decant facility (**Datix Risk ID 2210**). There are still no permanent decant facilities available across the health board, which impacts on ability to decant bays and wards to undertake deep cleaning and high-level disinfection following *C. difficile* cases, and for maintenance and refurbishment.

- Increased risk to patients for acquisition of *C. difficile* infection (**Datix Risk ID 2286**). Gold *C. difficile* High Incidence Management Group continues. The *C. difficile* Standards Framework was agreed at Management Board in May 2025. Implementation commenced in August 2025. Additional pre-emptive beds are being used across most of the Morriston site (including wards in PII) to facilitate ambulance offloads and decompress operational pressures in Emergency Department.
- Service pressures across the acute sites, and in Morriston especially, preclude the ability to undertake a regular pro-active programme of 4D cleaning, and compromise the ability to undertake reactive 4D cleaning following episodes of infection such as *C. difficile*. Replacement parts for UV-C equipment high level disinfection equipment are now obsolete; consideration will need to be given to replace this equipment prior to them failing.
- The limited availability of single room isolation facilities continues to present a challenge to the appropriate management of patients with suspected or confirmed infections. This results in a risk of extended exposure of other patient contacts to the risk of transmissible infections, such as MRSA and other multi-drug-resistant organisms. Additionally, due to the competing demands for single rooms, there can be a delay in isolating patients while staff await confirmation of an infection prior to moving patients, which may add to the exposure risk for other patients and an extended period where organisms continue to contaminate the environment – **HBR 4 (Datix Risk ID – 739, 1750, 535, 797**).
- The high numbers of clinically optimised patients awaiting packages of care continues to put increased pressure on bed capacity in the acute sites. The additional patients "on-boarding" on most wards throughout Morriston continues. Additional beds in existing multi-bedded rooms further reduces space between beds. These factors increase the risk of infection transmission due to non-compliance with bed spacing guidance (**Datix Risk ID – 2488**).
- Bed spacing and presence of limited natural ventilation within most inpatient wards poses an ongoing risk in relation to transmission of infections, including COVID-19 and other seasonal viral infections, including influenza, Respiratory Syncytial Virus, parainfluenza, and Norovirus. In Morriston, the bed spacing in bays where additional pre-emptive beds have been introduced as part of the UEC "Test of Change", has been further reduced to 1.9m (**Datix Risk ID 2488**).

10. GOVERNANCE AND RISK ISSUES

Healthcare associated infections are associated with poor patient outcomes and are significant quality and safety issues. Continuing failure to achieve the infection reduction improvements is an unacceptable position for our patients (**HBR 4**) and has resulted in an escalation from Enhanced Monitoring to Targeted Intervention.

11. 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 £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.

Estimated costs related to healthcare associated infections, from 01 April 2025 to 30 September 2025, are as follows: *C. difficile* - £1,220,000; *Staph. aureus* bacteraemia - £441,000; *E. coli* bacteraemia - £160,200; therefore, a total cost of **£1,821,200**.

12. RECOMMENDATION

The Infection Prevention & Control Strategic Group is asked to:

- **ACKNOWLEDGE:** the health board's position in relation to the Targeted Interventions improvement goals.
- **ACKNOWLEDGE:** the performance of the health board towards achieving internal and national infection improvement goals.
- **ACKNOWLEDGE:** the health board has the highest incidence of *C. difficile* infection, *Staphylococcus aureus* and *Pseudomonas aeruginosa* bacteraemia in Wales.
- **ACKNOWLEDGE:** the continued increase in numbers of cases, and the numbers of periods of increased incidence, and outbreaks of *C. difficile* cases seen in Quarter 2, and the continuation of the Gold *C. difficile* High Incidence Management Group**.**

- **ACKNOWLEDGE:** progress on Infection Prevention & Control Improvement Plan to 30th September 2025.
- **ACKNOWLEDGE:** the IPC training compliance goal has been achieved (i.e. >80%). IPC Level 1 - 91.03%; Level 2 training - 85.32%.
- **ACKNOWLEDGE:** the challenges and risks within the health board currently and mitigations recorded in the risks recorded in the health board's Risk Register.

Governance and Assurance		
Link to Enabling Objectives *(please choose)*	**Supporting better health and wellbeing by actively promoting and empowering people to live well in resilient communities**	
	Partnerships for Improving Health and Wellbeing	☐
	Co-Production and Health Literacy	☐
	Digitally Enabled Health and Wellbeing	☐
	Deliver better care through excellent health and care services achieving the outcomes that matter most to people	
	Best Value Outcomes and High-Quality Care	☒
	Partnerships for Care	☐
	Excellent Staff	☐
	Digitally Enabled Care	☐
	Outstanding Research, Innovation, Education and Learning	☐
Health and Care Standards		
(please choose)	Staying Healthy	☐
	Safe Care	☒
	Effective Care	☐
	Dignified Care	☐
	Timely Care	☐
	Individual Care	☐
	Staff and Resources	☐

Quality, Safety and Patient Experience

Effective infection prevention and control needs to be everybody's business and must be part of everyday healthcare practice and be based on the best available evidence so that people are protected from preventable healthcare associated infections.

Financial Implications

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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. (*Trust and CCG level impact of E. coli BSIs* accessed online at: https://improvement.nhs.uk/resources/preventing-gram-negative-bloodstream-infections/).

Estimated costs related to healthcare associated infections, from 01 April 2025 to 30 September 2025, is as follows: *C. difficile* - £1,220,000; *Staph. aureus* bacteraemia - £441,000; *E. coli* bacteraemia - £160,200; therefore, a total cost of **£1,821,200**.

Legal Implications (including equality and diversity assessment)

Potential litigation in relation to avoidable healthcare associated infection.

Staffing Implications	
None identified.	
Long Term Implications (including the impact of the Well-being of Future Generations (Wales) Act 2015)	
A healthier Wales: preventing infections	
Report History	Previous meeting 4th August 2025
Appendices	**Appendix 1**. Tier 1 Progress. **Appendix 2**. All Wales comparison. **Appendix 3**. HB Improvement Plan 2025_26 to end Q2, 2025/26. **Appendix 4**. PII and WGS clusters for Quarter 2, 2025-26. **Appendix 5**. Incidents and outbreaks of infection, Quarter 2, 2025-26. **Appendix 6**. Infection Prevention & Control related education.